NHS
Berkshire Healthcare
NHS Foundation Trust

Quality Account 2022/23

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

caring for and about **you** is our top priority

committed to providing **good quality, safe services**

working **together** with **you** to develop **innovative solutions**

What is a Quality Account?

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

About the Trust

We are a community and mental health trust, providing a wide range of services to people of all ages living in Berkshire. To do this we employ approximately 4,500 staff who operate from our many sites as well as out in people's homes and in various community settings.

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

We have a major focus on the contribution we can make to the local population by working in collaboration with our commissioners and partner providers to identify new ways of working to benefit patients. We work in partnership with Berkshire's two acute hospital trusts, Royal Berkshire Hospital NHS Foundation Trust and Frimley Health NHS Foundation Trust. We also work closely with Berkshire's six local authorities and a diverse range of community and charitable organisations.

The Care Quality Commission (CQC) oversee patient quality and safety and we are rated overall as 'Outstanding' by them. This award supports our wider aim to be a leading provider of mental and physical health services.

As a Foundation Trust we are accountable to the community we support. NHS Improvement regulate our financial stability and have given us a financial sustainability risk rating of 4, which is the best rating we could have (they rate from 1 to 4, with 1 being at most risk and 4 being the least risk).

We are also a digital pioneer, having been named by NHS England as a 'Global Digital Exemplar'. This allows us to transform patient care through use of technology.

Contents

Quality Account Summary and Highlights 2022/23

Indicator (Click on links to access the related main sections of the report)	2022/23 Target	Results		Comment
		2021/22	2022/23	
Patient Experience				
I Want Great Care- % of patient respondents giving a positive rating (a score of 4 or 5 out of 5)	95%	N/A	**94%**	Target not met
Carer Experience - % of carers rating their experience as good or very good	No target set	96%	**89%**	
Harm-Free Care				
Number of falls on Older People's Inpatient Wards (Community Inpatient Wards and Older People's Mental Health Wards)	<26 per month	Target Met in 0/12 months	**Target Met in 8/12 months**	
Pressure ulcers (PUs) due to lapse in care by Trust staff	Number of category 2 PUs due to lapse in care by Trust staff	<19 per year	18	**1**	Target Met
	Number of category 3, 4 unstageable or deep tissue injury PUs due to lapse in care by Trust staff	<18 per year	2	**0**	Target Met
Self-harm incidents by mental health inpatients	≤42 per month	Target met in 1/12 months	**Target met in 3/12 months**	
Patients with Severe Mental Illness (SMI) referred to Community Mental Health Teams (CMHT) will have all parameters of the annual physical health check completed within one year of referral to the CMHT	85% by end of year	79% at end of year	**85% at end of year**	Target Met
Clinical Effectiveness				
Compliance with NICE Guideline on Supporting Adult Carers	≥80%	N/A	**97%**	Target Met
Supporting our People				
Staff sickness level	<3.5% per month	Target met in 2/12 months	**Target met in 0/12 months**	

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

Patient Experience Priorities
- We are meeting five of our mandated access targets and have put actions in place to meet the unmet target relating to audiology diagnostics.
- A 94% positive score (target 95%) was achieved in the 'I Want Great Care' patient experience tool, with an average 4.75 out of 5-star rating.

Patient Safety Priorities
We have met the following targets:
- <33 falls per month on our older people's inpatient wards (target met in 8/12 months)
- <19 category 2 and fewer than 18 category 3 or 4 pressure ulcers (PUs) due to a lapse in care by trust staff
- On 1st April 2023, 85% of patients with severe mental illness referred to our Community Mental Health Teams (CMHTs) had all seven parameters of the annual physical health check completed within a year of referral to CMHT.

Clinical Effectiveness Priorities
- We have participated in all applicable national clinical audits and operate a robust system for reviewing NICE guidance to ensure that care is delivered in line with national best practice standards.
- We continue reviewing, reporting and learning from deaths in line with national guidance.

Supporting our People Priorities
- We continue to implement our People Strategy 2021-24 with the aim of making the Trust a great place to work for everyone. All objectives related to supporting our staff are progressing.

Care Quality Commission (CQC) Rating
We are rated as "Outstanding" overall by the CQC and all our services are individually rated as either "Outstanding" or "Good".

2023/24 Trust Priorities

Patient Experience Priorities. We will: · Reduce the time patients wait for our services. Offer advice on healthy choices. Address inequality of access to services. Gain feedback from at least 10% of patients and make improvements based on this.

Patient Safety Priorities. We will: Protect patients and staff from infection. Prioritise patients at risk of harm from waiting times. Ensure face-to-face care where clinically indicated. Reduce falls, pressure ulcers, inpatient self-harm and suicides. Respond to physical health deterioration on inpatient wards. Improve the physical health of those with serious mental illness. Strengthen our safety culture.

Clinical Effectiveness Priorities. We will: Participate in relevant national audits and implement and report on NICE guidance. Review, report, and learn from deaths.

Supporting our People Priorities. We will: Ensure our teams have access to effective health and wellbeing support. Promote a culture of respect, compassion, and kindness. Not tolerate bullying, harassment, or abuse. Support staff to work flexibly and connect with their teams. Act on feedback from staff to improve satisfaction and identify inequalities. Provide opportunities for staff to show initiative and make improvements. Support staff to achieve their career aspirations. Welcome leavers, apprentices, students and international recruits to help close workforce gaps.

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

This Quality Account details our achievement against our key quality priorities for 2022/23. It highlights some of the service improvements our staff are proud to share and areas where we continue to strive to do better.

Our key priority is to provide safe, high-quality care to our patients, in addition to providing a great place to work for all our staff. Our achievements and strengths include:

- A positive value driven culture, fostering listening, learning and driving safer care.
- Our national staff survey results demonstrate a highly engaged and motivated workforce.
- We encourage innovation and every day continuous improvement led by our frontline staff.
- We are a financially stable, well led organisation with an Outstanding CQC rating.
- We have been at the forefront of leading digital care and been invited to support the shaping of the national NHS digital strategy.

In 2019 we developed a three-year strategy; this was updated in 2020 to address our response and learning to the global pandemic. The extraordinary circumstance of the pandemic accelerated significant change and improvements to the way we work.

Delivery of healthcare continues to change at pace, and we have been working on developing a new mission and vision to enable us to meet the many challenges healthcare faces.

Our new vision for 2023 is for high quality patient care which will be directly supported by making Berkshire Healthcare a great place to work, for all staff. We know that building inclusive, motivated, and engaged teams working to shared goals translates to great care for patients.

Our mission and vision purposefully focus us to our patients. We will take a patient centred view of everything we do, actively listening to carers, families and patients ensuring we sustain our focus.

We want to support people to live independent and full lives, within their individual circumstances. We'll be involved in people's care when needed, at all stages of life, and support them to achieve the best possible quality of life.

We're an outstanding organisation, with much to be proud of. However, we know that not all our patients experience the best possible care and not all colleagues have the best possible experience at work.

We will continue to work with our system partners to improve the health and wellbeing of the populations we serve and to reduce health inequalities through collaboration and integrated working.

With a focus on safe, high quality patient care, supported by continuous improvement and excellent teamwork, we'll deliver our vision to provide great care for all patients.

Our mission and vision are underpinned by our values – 'Caring, Committed and Working together' - and our True North goals, setting out how we'll achieve our vision are detailed in the plan on a page for 2023 /24 and form the key priorities for the 2023/24 Quality Account.

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

Julian Emms CEO

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

2.1.   Achievement of Priorities for Improvement for 2022/23

ⓘ This section details the Trust's achievements against its quality account priorities for 2022/23. These priorities were identified, agreed, and published as part of our 2021/22 quality account.

These quality account priorities support the goals detailed in the Trust's 2022/23 Annual Plan on a Page (see Appendix A). The Trust's Quality Strategy also supports this through the following six elements:
- **Patient experience and involvement – for patients to have a positive experience of our services and receive respectful, responsive personal care**
- **Harm-Free Care – to avoid harm from care that is intended to help**
- **Clinical Effectiveness – providing services based on best practice**
- **Organisational culture – patients to be satisfied and staff to be motivated**
- **Efficiency – to provide care at the right time, way, and place**
- **Equity – to provide equal care regardless of personal characteristics, gender, ethnicity, location, and socio-economic status.**

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

2.1.1. Patient Experience and Involvement

ⓘ One of the Trust's priorities is ensuring that patients have a positive experience of our services and receive respectful, responsive personal care. This sub-section details our performance against our patient experience priorities for 2022/23.

Our 2022/23 Patient Experience Priorities:
Improving outcomes
1. We will reduce the number of patients waiting for our services.

2. We will identify and address inequality of access to services and improve outcomes.

3. We will collect more patient and carer feedback and use this to deliver improvements in our services.

Trust performance in relation to complaints, compliments and the National Community Mental Health Survey is also detailed in this section.

Reducing the number of patients waiting for our services. Prioritising patients at risk of harm resulting from waiting times. Ensuring face to face care where clinically indicated. Identifying and addressing inequality of access to services

ⓘ **It is important that patients are seen as quickly as possible following referral to one of our services. This helps to provide the best outcome and experience for the patient. The NHS has set several ambitious waiting time targets to manage this, including those relating to mental health and planned hospital care.**

It is important that waiting times for our patients to see our services are kept as short as possible. It is also important that we prioritise those patients that are at risk of harm due to waiting. This section of the report details our performance against mandated access targets and gives examples of other work being carried out in this area. Further examples are included in the 'Other Service Improvements' sections (parts 2.1.5- 2.1.11 of this report).

Figure 2- Overview of Trust performance against national mandated access targets for patients

		Target wait time	Met by trust?
Community Paediatrics*		95% within 18 weeks	Yes
Diabetes Outpatients*		95% within 18 weeks	Yes
Audiology diagnostics		95% within 6 weeks	No
Accident and Emergency (Minor Injuries Unit)		95% within 4 hours	Yes
Improving Access to Psychological	Assessment	75% within 6 weeks	Yes
Therapies (IAPT)	Treatment	95% within 18 weeks	Yes

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

Audiology Diagnostics.
Due to high turnover of staff and sickness rates, performance against the audiology diagnostics target (see above table) dropped down to 41% in September 2022. Currently, 68% of patients are seen within 6 weeks from the referral.   To regain our performance, several key strategies have been implemented such as expediting recruitment processes, reviewing of administration systems and creation of a new data collection dashboard.

The service is fully staffed as of April 2023 and all new staff are currently being trained. We are expecting to reach optimal clinical capacity in May 2023, and this will help us to clear the backlog from 2022/23 and move towards achieving the 95% target. We are also booking additional hours with current staff and using more efficient data collection tools to better track the waits.

Longer term strategies are also in place. These include caseload review, focus on staff retention and in-service training for current staff.

Impact on waiting times of additional investment into the Children and Young People Integrated Therapy (CYPIT) Occupational Therapy (OT) Team.
In April 2022 additional (non-recurrent) investment was provided to this team to support improvements in waiting times. This investment resulted in an increase in the number of qualified whole time equivalent (WTE) OT staff in the team (from 5.8 WTE to 8.8 WTE staff). The investment also allowed the team to introduce a wider skill mix through the recruitment of more OT assistants (from 0.64 WTE staff to 3.0 WTE staff).

This has led to the following improvements during this year:

- A substantial reduction in both:
  - the number of children and young people awaiting triage- down from 239 patients in Q1 to 3 patients at the end of Q3
  - the waiting time for the triage process to commence- down from 32 weeks in Q1 to 4 weeks at the end of Q3.
    The service should reach the target of patients waiting no more than 2 weeks for triage by the end of the year. In addition, as there are fewer patients awaiting triage, OT clinicians can make a quicker informed decision about the next step for each patient.
- A reduction in the number of children and young people waiting longer that 53 weeks for a full OT assessment- down from 50% waiting this long in April 2022 to 25% at the end of December 2022. The aim is to have

no patient waiting this long by the end of March 2023.
- A reduction in the waiting time for sensory processing workshops to 21 weeks, and we expect to reduce this further. The initial target was to have no one waiting more than a year for this.

The service has also improved its compliance with Education Healthcare Needs Assessment (EHCNA) requests. At the end of Q3:
- All children who are previously known to the service and are on the OT caseload receive input into their EHCNA within the 6-week deadline.
- This target is also being met for all children who are on the OT waiting list.

However, the 6-week deadline is not always being met for children that are not previously known to the OT service. Dedicated time has now been allocated to address this backlog.

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

One of the Trust's priorities is to use patient and carer feedback to drive improvements in our services. We use several methods to achieve this, including the "I Want Great Care" patient experience measurement tool, learning

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

I Want Great Care (iWGC)

ⓘ **The 'I want Great Care' patient experience tool was introduced in December 2021 and is our primary patient survey programme. It is used to hear the patient voice and support areas for improvement. It is available to patients in a variety of ways including online SMS, paper and electronic tablet. It is also available in a variety of languages and in easy read format and includes the Friends and Family Test (FFT) questions.**

The iWGC tool uses a 5-star scoring system (with 5 being the best score) which is comparable across all services within the

organisation. Questions are asked about experience, facilities, staff, ease, safety, information, involvement and whether the person felt listened to. Respondents are also invited to use free text to comment on their experience and to suggest improvements. Not all questions are relevant to every patient. For example, only patients seen in a building, on a ward or at an outpatient appointment will be asked facilities-related questions.

Response Rate
Figure 3 below demonstrates the response rate to the iWGC tool.

Satisfaction Rate
Figure 4 below demonstrates how patients rated their experience overall (the top bar) and

then broken down into themes. This is based on 16,311 responses during 2022/23. A 93.9% positive experience score was achieved for 2022/23 with an average 4.75-star rating.

Figure 4- I Want Great Care: How respondents from all trust services rated their experience of our services on a scale of 1 to 5 (with 5 being the best score)- 2022-23
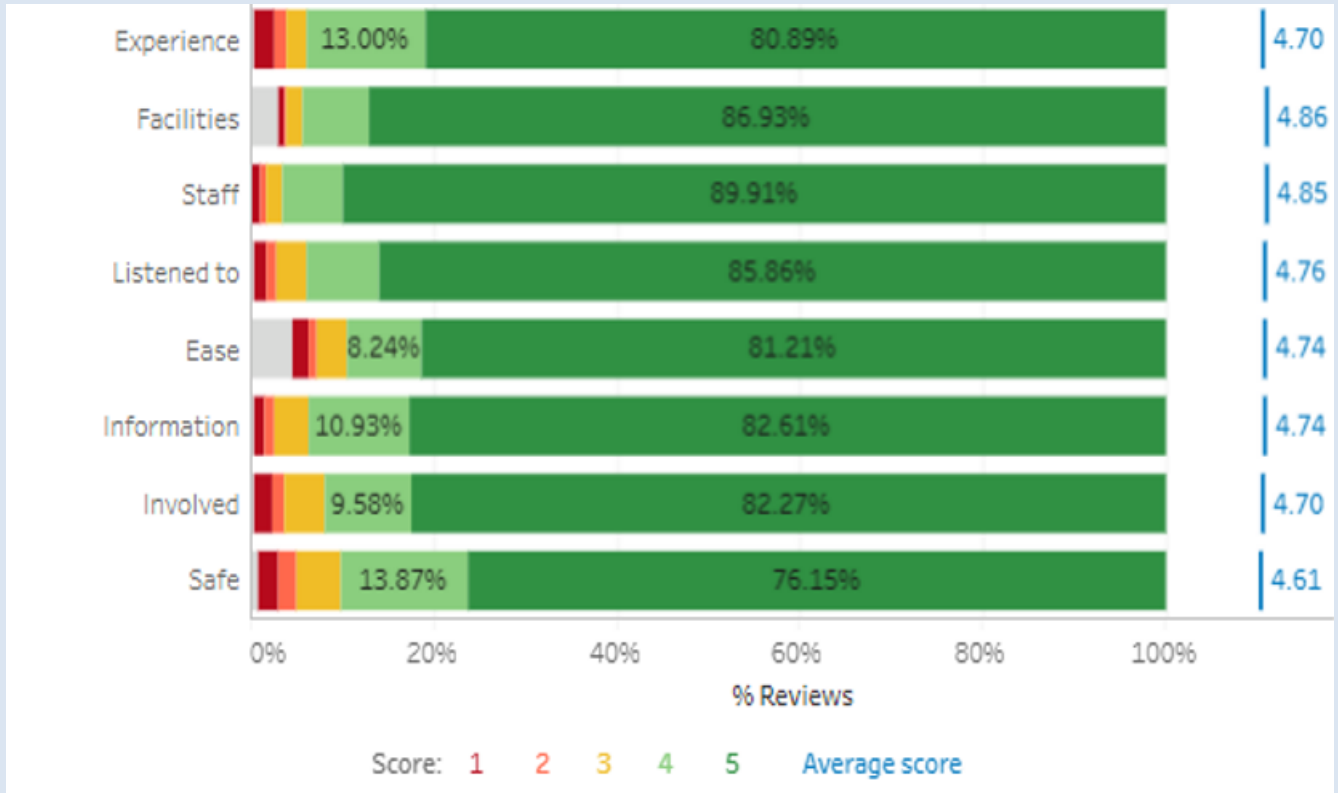
Source: Trust Patient Experience Report

Friends, Family and Carer Feedback

ⓘ **We recognise the valuable role unpaid carers play in supporting our patients/ service users and have established a bespoke process to gather unpaid carer feedback to help us learn from their experience.**

The Friends and Family test was introduced nationally to gather patient experience and was not mandated nationally for carer feedback. Therefore, our I Want Great Care (IWGC) patient experience tool does not capture friends, family or carer feedback on their experience. However, we value carer input and have established a bespoke process to gather unpaid carer feedback using a Microsoft form. Results are collated and published in a Tableau dashboard. Figure 5 below demonstrates how carers rated their overall experience during 2022/23.

Response rates are low but increasing. Based on 132 responses, 92% of respondents rated their experience as good or very good. Services can access and review data regarding their service and use the feedback to support quality improvement activities.

Figure 5- Friends, family and carer rating of experience overall- 2022/23

Overall, how was your experience of our service?

Don't know	Very Poor	Poor	Neither good nor bad	Good	Very Good
3%	1.5%	2.3%	2.3%	9.1%	81.8%
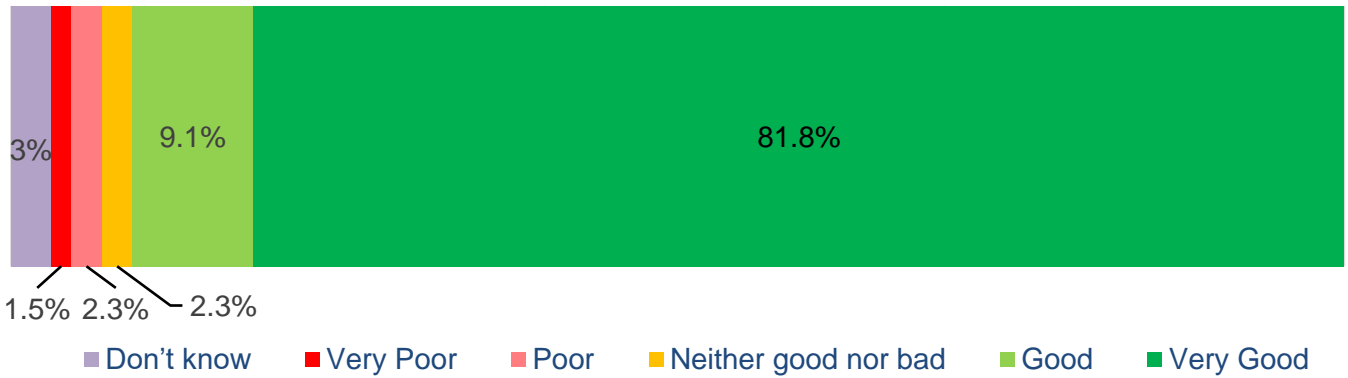
Source: Carers Experience Dashboard on Tableau

Complaints and Compliments

We continue to respond to and learn from complaints and compliments. Figures 6 and 7 below show the monthly number of complaints and compliments received by the Trust.

Figure 6- Complaints received (excluding re-opened complaints)

Data values (Apr-21 to Mar-23): 11, 22, 15, 16, 16, 18, 9, 13, 17, 12, 18, 15, 16, 14, 17, 13, 12, 11, 23, 24, 14, 20, 12, 18

Figure 7- Compliments received.

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

240 complaints were received during 2022/23 (both new complaints and re-opened complaints), compared with 231 in 2021/22.

Figure 8 below details these complaints by service.

Figure 8- Formal complaints received by service.

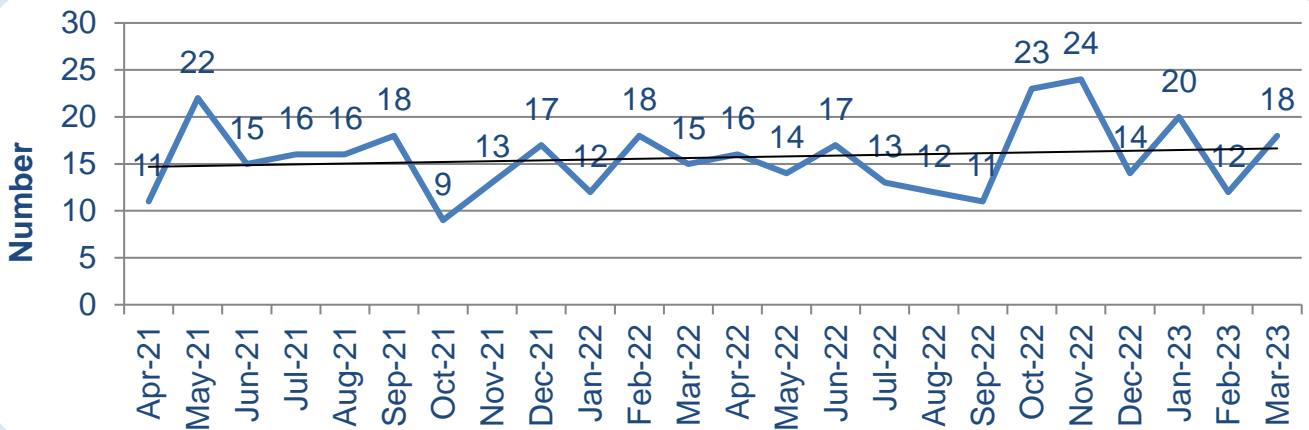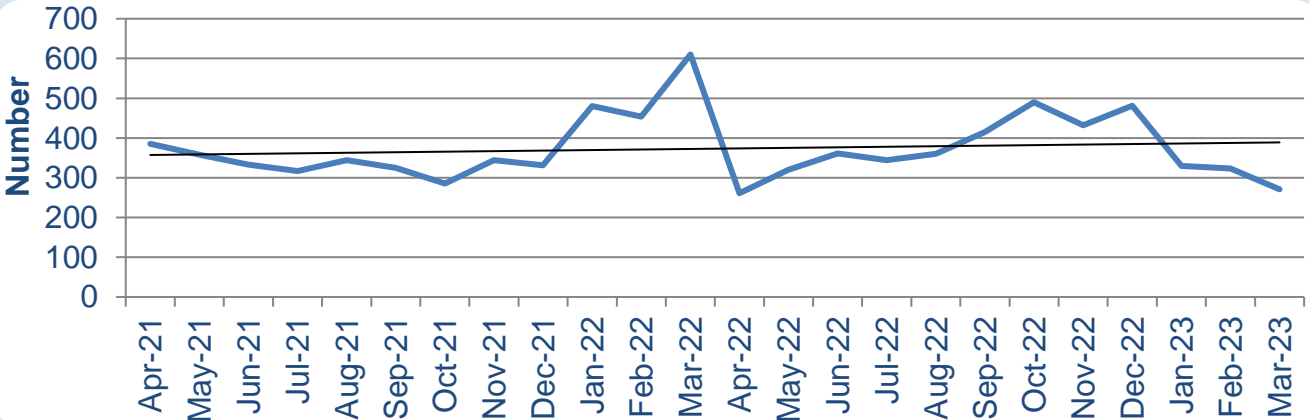| Service	2021-22 Total	2022-23				
		Q1	Q2	Q3	Q4	Total
Community Mental Health Teams (CMHT) /Care Pathways	32	11	10	18	14	53
Child and Adolescent Mental Health Services (CAMHS)	31	4	6	13	10	33
Crisis Resolution & Home Treatment Team (CRHTT)	15	3	9	6	4	22
Acute Inpatient Admissions – Prospect Park Hospital	30	13	7	9	6	35
Community Nursing	12	3	0	4	5	12
Community Hospital Inpatient	25	4	3	2	1	10
Common Point of Entry (CPE)	2	0	1	3	1	5
Out of Hours GP Services	9	1	0	1	2	4
Psychiatric Intensive Care Unit (PICU)	7	1	2	0	4	7
Urgent Treatment Centre	2	1	0	0	0	1
Older Adults CMHT	2	1	1	0	0	2
Other services	64	19	11	15	11	56
Grand Total	**231**	**61**	**50**	**71**	**58**	**240**

Source: Trust Complaints and Compliments Reports

Learning from Patient Experience and Involvement

Each service takes patient feedback seriously and staff directly involved in complaints are asked to reflect on the issues raised and consider how they will change practice. Many teams are using our feedback tools to make improvements to their services, and some examples of these improvements are detailed below in a 'you said, we did' format.

Service	You said	We did
Children in care	You would like to have a choice of face-to-face or online health checks	We now offer to see you face-to-face or virtually for your health checks
Crisis Resolution and Home Treatment Team (CRHTT)	Concerns raised about navigating Mental health services	We have built on an existing Directory of Services and raised a Bright Idea with hopes of creating a user-friendly app or webpage to support Carers, patients, and staff with this. We plan to include service information, such as remit, inclusion/ exclusion criteria, opening hours, and contact details for all our Mental Health Services and guide users through the various pathways
Community Physiotherapy	You said you would prefer later opening times	We have increased our opening times to include early evening appointments

Service	You said	We did
Health Visiting	Families fed back they were getting their Ages and Stages Questionnaire development checks later and problems had been dealt with by other services.	We devised a catch-up process to ensure these families had a timelier appointment and children approaching their developmental review is now at the correct time.
Hearing and Balance	Feedback from a patient who was urgently trying to rebook appointment. Patient did not answer call and so wasted attendance.	We now text patients as well as calling if we have been unable to talk to someone. We have also changed the outgoing phone number on our calls as our previous one showed as an unknown number. It now shows our 0300 number in case patients are wary of answering unsolicited calls.
Mental Health Inpatient Wards	Carers reported poor communication and involvement in decision making and care.	We have set up carers' clinics on each ward where the ward manager has a half-day slot allocated once a week where carers can be booked in or call up to speak to the ward manager. This is included on the information sent to carers on admission
	Patients reported not being involved in care, having regular 1-1s or knowing who their key nurse is.	Each ward is setting up 'Who's caring for me' boards. These identify who is looking after them that shift. There is a role descriptor for this so that the person looking after you is responsible for key parts of your care that day– i.e. 1-1, physical observations, review of risk summary/safety plan.
Talking Therapies	The waiting time for Step 3 therapy was too long and patients can feel abandoned from assessment or when stepped up from step 2 treatment with no contact or support whilst waiting	Patients on the waitlist for Talking Therapies are now offered access to online treatment using the Silvercloud programme under the guidance of a support worker. Early results show that this has resulted in mood improvement in several cases and feedback from both staff and patients is very encouraging.

National NHS Community Mental Health Survey

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

The survey sample. People aged 18 and over were eligible for the survey if they were receiving care or treatment for a mental health condition and were seen face to face at the trust, via video conference or telephone between 1 September 2021 and 30 November 2021. Responses were received from 265 (22%) respondents, compared to a national response rate of 21%. The Trust response rate was lower than the previous year (27%).

About the survey and how it is scored. The survey contained several questions organised across 12 sections. Responses to each

question and section were converted into scores from 0 to 10 (10 representing the best response). Each score was then benchmarked against 52 other English providers of NHS mental health services, resulting in the Trust being given a rating for each question and section on a five-point scale ranging from "much better" to "much worse" than expected.

Summary of Trust results. In the 2022 survey, the Trust was rated "about the same" as the 52 other Trusts in all 12 sections.

Respondents' overall view of care and experience. Figure 9 gives an overview of Trust scores for overall experience. The 2022 Trust scores (shown by the dark blue bar in the middle of each question) are compared with the highest and lowest scores achieved by all Trusts (the red and green bars to the right of the dark blue bar), and with the Trust scores in 2020 and 2021 (the light blue and yellow bars to the left).These survey results have been shared with clinical leads to share with their teams and to identify any further actions that would have a positive impact.

Figure 9- National Community Mental Health Survey Results Overall view of care and services
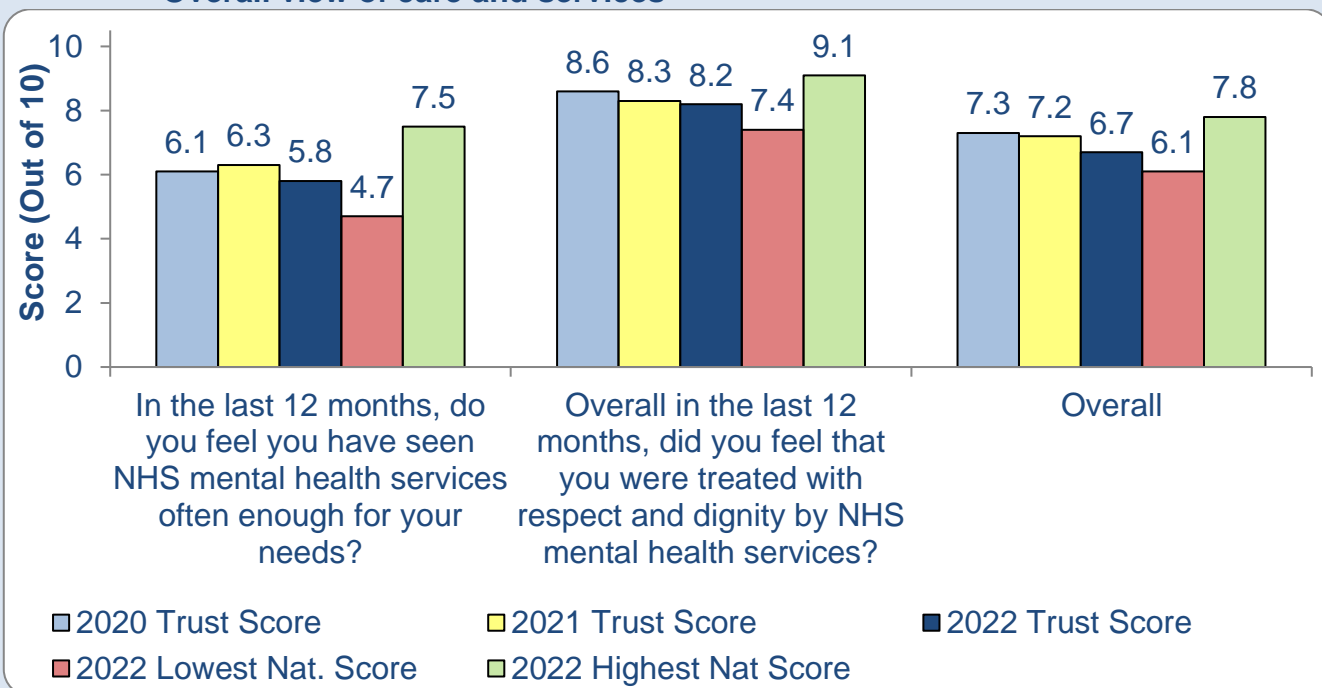
Source: Data from National Community Mental Health Survey Reports

www.berkshirehealthcare.nhs.uk

2.1.2. Harm-Free Care

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

Our 2022/23 Harm-Free Care Priorities:
Providing safe services
1. We will protect our patients and staff from getting COVID-19 by using appropriate infection control measures.
2. We will identify and prioritise patients at risk of risk of harm resulting from waiting times, and always ensure face-to-face care where clinically indicated.
   Please note that this area is covered within the section on reducing waiting times in the Patient Experience section above.
3. We will continue to reduce falls, pressure ulcers, self-harm in in-patient services and suicide across all our services.
4. We will recognise and respond promptly to physical health deterioration on our in-patient wards.
5. We will improve the physical health of people with severe mental illness.
6. We will strengthen our safety culture to empower staff and patients to raise safety concerns without fear, and to facilitate learning from incidents.

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

Protecting our patients and our people from COVID-19

ⓘ **It is vitally important that our patients and staff are protected from COVID-19. The trust has stringent infection control practices in place, and these have been enhanced to manage the coronavirus risk.**

Examples of additional resources and guidelines that have been put in place to protect patients and staff from COVID-19 include the following:
- Patient pathways are in place for placement of COVID-19 Inpatients. This includes advice on management of isolation, cohorting and stepdown of isolation.

Guidance on screening, in line with national guidance, is in place. National guidelines and updates are reviewed and implemented.

- Management of Covid -19 is incorporated in Infection Prevention and Control (IPC) guidance which supports management and prevention of other infections based on standard and transmission-based precautions.
- Guidance for community and outpatient settings.
- Resources for staff are available on the trust COVID intranet page and are disseminated to clinical teams and via newsletters. Resources are regularly reviewed and updated. Links to information include:
  - Staff testing, actions if a positive result, and guidance for contacts of a positive case.
  - Staying safe at work
  - Staff risk assessments in place for all staff
  - Staff wellbeing programme and support
  - PPE videos for donning and doffing
  - Staff vaccination
- Review and overview of stock levels and supply of Personal Protective Equipment (PPE) is undertaken by the Deputy Director of Nursing and by the Estates and Facilities Management team.
- All-staff briefings. This is a live broadcast which is also published on Teams and includes a live question and answer aspect to support practical application of guidance.
- Service visits are carried out by the IPC team, Director of Nursing, clinical directors, and divisional managers to support implementation of guidance.
- Visiting guidelines have been updated.
- Supporting guidelines are available for managers.
- Guidance on the use of face masks is available and updated based on national guidance and surveillance of increase in cases locally.

The Trust is monitoring these measures in several ways:

Trust Wide assessment. At an organisational level, the Trust has completed and updated a Trust-wide Infection Prevention and Control Board Assurance Framework (BAF). This framework has been produced and is regularly updated by NHS England to support all healthcare providers to effectively self-assess their compliance with United Kingdom Health Security Agency (UKHSA) and other infection prevention and control guidance and to identify risks leading to improvement. It is a live document and is reviewed by the trust Board and several forums within the Trust. Risk assessments support review and application of Hierarchy of Controls.

Scoping for the implementation of the national IPC manual (England) by 2024 has been undertaken and forms part of the IPC annual programme. Mandatory IPC training and resources have been updated and aligned with the manual. As part of our policy review programme, IPC policies will be replaced with the IPC manual where appropriate, with local supporting guidance as required. Once this has been completed, most policies will be linked to the IPC manual as a stand-alone document. The web- based manual is available on our Nexus IPC and policy pages.

Service-level assessment. To help individual services meet the required guidelines, we have developed service specific risk assessments and Infection Prevention and Control COVID-19 compliance tools. These tools are completed monthly on every ward and service, with the frequency of completion increased during outbreaks and in areas of high incidence. The tools cover the areas of hand hygiene, environmental decontamination, decontamination of patient equipment and Personal Protective Equipment (PPE). Action plans are completed and implemented based on the outcome of these assessments which are reviewed by service leads and clinical directors. Learning is

16

shared from incidents and services use handovers and team meetings to update.

Individual Staff PPE Competence Tools are completed for every member of staff that is required to wear PPE. The results of these are held at service level and ensure that all staff can wear PPE correctly to reduce the risk of infection. Staff are undertaking individual sign-off within services.

Hand Hygiene audits are completed by all inpatient services monthly and all community services on a quarterly basis. This audit is designed to ascertain whether, over a designated period, healthcare workers have adequately decontaminated their hands. The audit is undertaken opportunistically without the staff members knowing that the observation is being undertaken. Specific observations are made; before patient contact, before aseptic task/ clean task, after body fluid exposure risk, after patient contact, after contact with the patient's surroundings and ensuring staff are bare below the elbow. Where scores are below 80% staff are required to ensure action is taken within their areas to improve compliance prior to the next report. Figure 10 below details the findings from this audit during the year.

Figure 10- Hand Hygiene Audit Results

Area	April	May	June	July	August	September	October	November	December	January	February	March
Jubilee	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Henry Tudor	98%	98%	77%	98%	98%	98%		96%	59%	89%	100%	
Phoenix Unit	100%	91%	100%	100%	100%	95%	95%	100%	92%	100%	100%	100%
Woodlands Childrens Respite	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Ascot	100%	94%%	98%	100%	98%	100%	100%	92%	92%	100%	100%	100%
Windsor	80%	100%	100%	100%	100%	94%	96%	100%	93%	100%	100%	100%
Donnington	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%
Highclere	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Oakwood	100%	100%	100%	100%	100%	100%	95%	96%	98%	85%	100%	98%
Campion	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
ECT	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Bluebell	100%	100%	100%	100%		93%	96%	97%	97%	81%	81%	85%
Daisy	100%	100%	100%		98%	100%		100%	100%	100%	100%	100%
Orchid	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
Rose	89%			97%	100%			69%	94%	81%	86%	91%
Rowan	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sorrel	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Snowdrop	100%	100%	100%	100%	100%	100%	100%	100%	100%	90%	97%	98%
Place of safety	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%

Source- Infection Prevention and Control Monthly Reports

Reducing Falls on Older People's Inpatient Wards

ⓘ **The Trust considers prevention of falls a high priority. Although most people falling in hospital experience no or low physical harm, others suffer severe consequences, such as hip fracture, head injury or, on rarer occasions, a fall will be fatal. The personal consequences of a fall for the individual can be significant and even 'minor' falls can be very debilitating.**

The total number of reportable inpatient falls for the community health and older adult inpatient wards in 2022/23 was 295. This is compared to 380 in 2021/22 and represents a 15% reduction in falls. This means that the breakthrough objective for this year has been achieved thanks to the commitment and ongoing work by teams.

The monthly average number of falls was 25 and the median has reduced to 24 meaning both are below the overall trust target of 26. This will remain the target for 2023/24. We remain below the national benchmark rate of falls per 1000 bed days for community hospitals and injurious falls.

Given the reduction in the number of falls, the trust has agreed that this is no longer a

breakthrough objective. However, the ward teams will continue to use the established Quality Improvement methodology to continue with their continuous improvement approach to falls reduction, reviewing root causes and implementing countermeasures accordingly. The number of falls will also continue to be monitored monthly, with work continuing to be supported by the Trust's strategic Falls Group and the QI team. This will help ensure best practice is shared and that recommendations from the national audit of inpatient falls are implemented. This will be further supported by our membership of the national and local falls reduction networks.

A new falls technology has been installed on all the community health wards, with positive feedback from staff using it. A trial is planned on older adult mental health wards in April 23.

Figure 11- Monthly Number of falls on Older People's Inpatient Wards
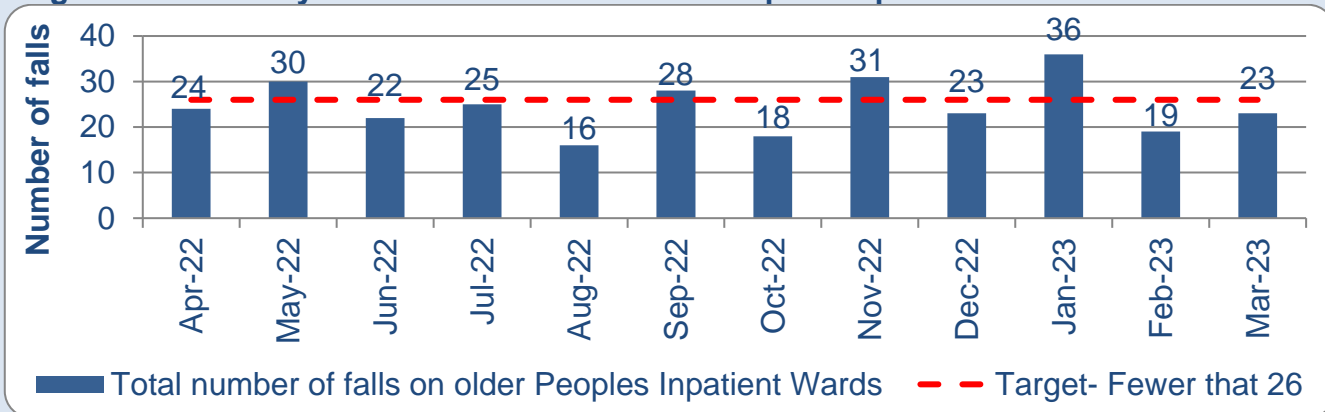
Source: Trust Falls Reports. Please note that patients may fall more than once, and this figure represents the total number of falls and not the total number of individual patients that have fallen.

Preventing Pressure Ulcers

ⓘ **Pressure ulcers, sometimes known as 'bed sores' or 'pressure sores', are damage to the skin and underlying tissues caused by pressure or pressure and friction. They can range in severity from a red patch or blister to a complex open wound. Pressure ulcers are graded from 1 (superficial) to 4 (most severe).**

We have set two targets in 2022/23:
1. To have no more than 19 grade 2 pressure ulcers due to a lapse in care by trust staff.
2. To have no more than 18 grade 3 or 4, unstageable or deep tissue injury pressure ulcers due to a lapse in care by trust staff.

We ensure that all clinical staff have had relevant training in pressure ulcer prevention and management. All developed pressure ulcers of category 3 and 4 that are potentially due to a lapse in care are discussed at a learning event following a desktop review. This is to see whether there is anything that could have been done differently to help prevent the skin damage, or to identify where improvements can be made. All category 2 pressure damage are reviewed by the handler and finalised by the patient safety team. Thematic reviews are held on a quarterly basis to enable learning opportunities.

Figures 12 and 13 below show that targets are being met.

Figure 12- Developed Category 2 Pressure Ulcers due to a Lapse in Care by trust staff.
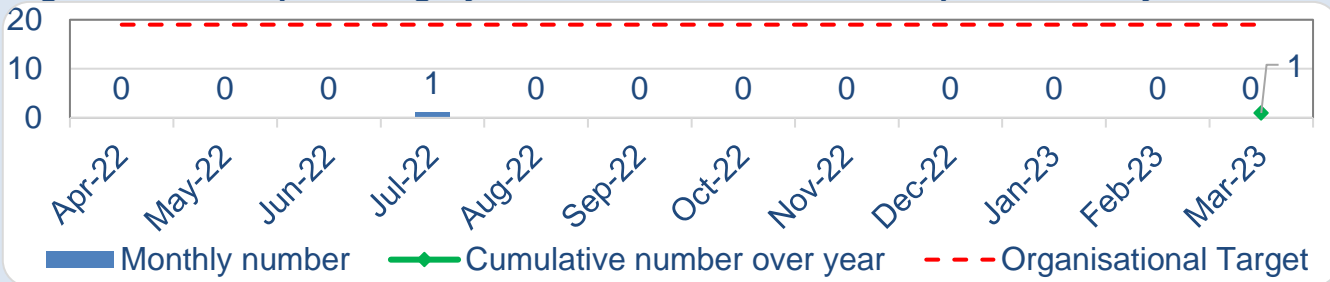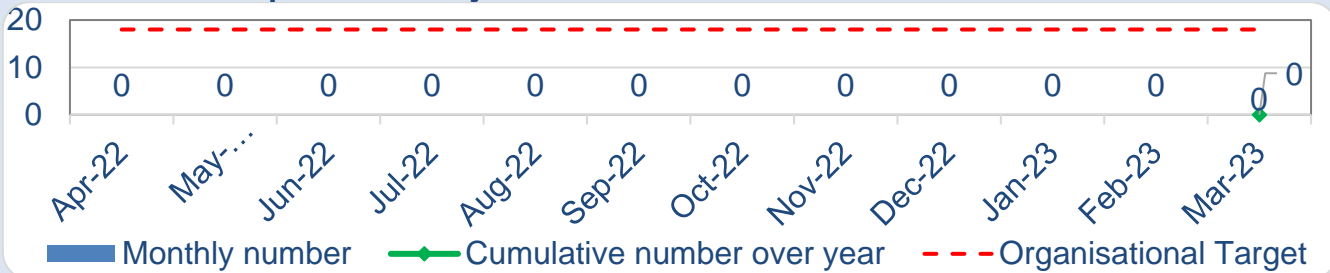
	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Monthly number	0	0	0	1	0	0	0	0	0	0	0	0

Monthly number ■   Cumulative number over year ◆   Organisational Target ---

Figure 13- Developed Category 3, 4 unstageable or deep tissue injury Pressure Ulcers due to a Lapse in Care by trust staff.

	Apr-22	May-…	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Monthly number	0	0	0	0	0	0	0	0	0	0	0	0

Monthly number ■   Cumulative number over year ◆   Organisational Target ---

Source: Trust Quarterly Pressure Ulcer Reports

Reducing Self-Harm Incidents on Trust Mental Health Inpatient Wards

> ⓘ **Self-harm is when an individual intentionally injures themselves as a way of dealing with or expressing overwhelming emotional distress. It is sometimes carried out when individuals feel they have no other option.**

Figure 14 below shows monthly performance during 2022/23 and shows that the target of having no more than 42 was met in 3 of the 12 months in 2022/23.

It is recognised that looking at the numbers of self-harm alone is not a helpful measure as many of our patients use self-harm as a way of coping with difficult feelings and to keep themselves safe. It is also well recognised that the more restrictive we are in stopping self-harm, the higher the level of harm can become as more extreme methods are used when usual means are not available.

Two of the adult mental health wards that are showing as highest contributors to these areas have decided that, given the complexity of reducing self-harm, focusing on the use of restraint may be more beneficial whilst still impacting on the incidents of self-harm. Both wards have now made reducing the use of restraint or increasing the use of de-escalation their driver and have countermeasures to encourage the more robust use of de-escalation before resorting to the use of physical restraint. We continue to see some encouraging data in the reduction in the use of restraint and self-harm, particularly on one ward where the quality improvement work is more established. There was a spike in self-harm in February 2023 due to 2 patients on one ward who were encouraging each other in their efforts to self-harm, causing a large data point rather than a trend in the data. This has been managed and March 2023 shows the number has reduced again. We will continue to review this progress and are working with the other ward that has restraint/self-harm as a driver metric to continue to implement their countermeasures.

Figure 14- Monthly instances of patient self-harm reported for Trust mental health inpatients
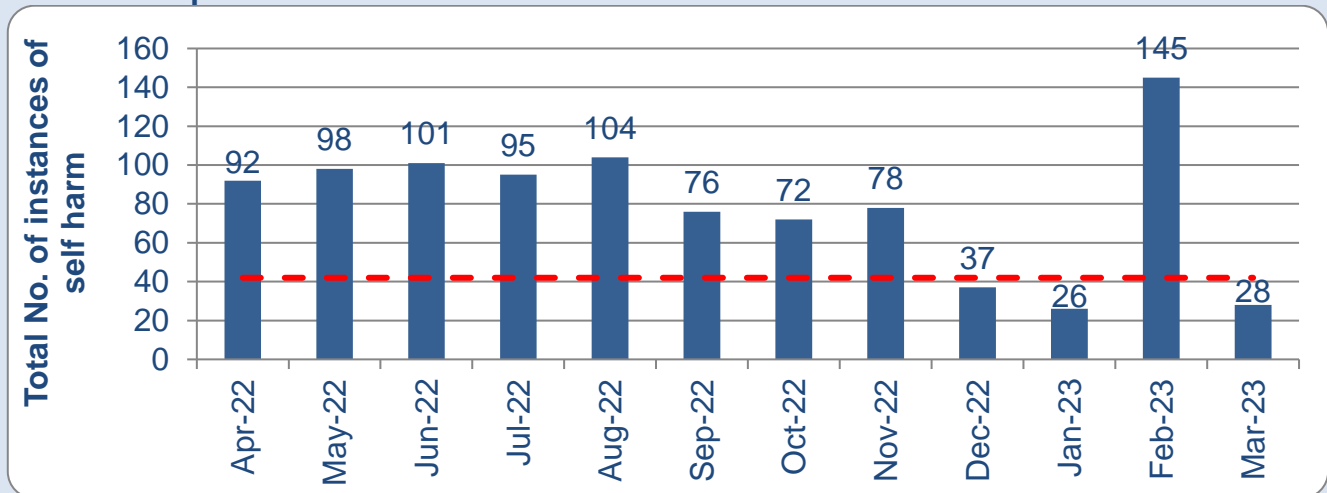
Source- Trust Tableau Dashboard

Suicide Prevention

> ⓘ **The trust is focusing on suicide prevention by developing staff skill and knowledge, creating a no blame culture, and supporting service users and their families through safety planning.**

The suicide prevention strategy group monitors the progress of actions set out in our Suicide Prevention Plan. This plan, together with the plan-on-a page has been updated to reflect progress made in key areas. The suicide rate currently remains static over the longer term, although we are expecting to see a slight increase in this rate when new data has been confirmed. We have convened groups to work on areas that have been identified for improvement. Work that is being undertaken in this area is detailed below.

Focus on Deaths in Windsor and Maidenhead. A deep-dive review is underway with public health in response to local surveillance highlighting an increase in 2022/23.

Learning From Suicide Deaths
The following actions have been taken in response to suicide deaths:
- Update and accreditation of training (1 day and 3 day).
- A review of the Community Mental Health Team (CMHT) model continues as part of the wider transformation programme (One Team).
- Guidance for staff and patients on the alternative framework to Care Programme Approach (CPA) is part of the One Team programme.
- System wide review of the Berkshire Suicide Prevention Strategy.
- A Berkshire wide suicide audit is underway.
- Suicide surveillance has highlighted that the increase in female deaths has subsided, scrutiny continues.
- New guidance for psychosocial assessment following self-harm shared and being implemented (NICE guidance)
- Involvement in National work focusing on Risk assessment .

Figure 15- Number of suicides and rate per 10,000 people under Berkshire Healthcare Trust Mental Healthcare
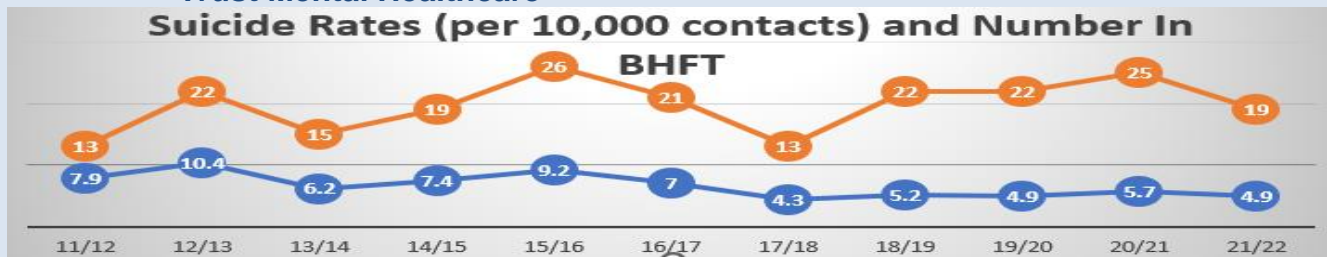
Key: Blue- Rate per 10,000 contacts   Orange- Number of suicides
The rate per 10,000 contacts for 2022/23 will be available in November 2023.

Figure 16- Suicides of patients under Berkshire Healthcare Trust mental healthcare
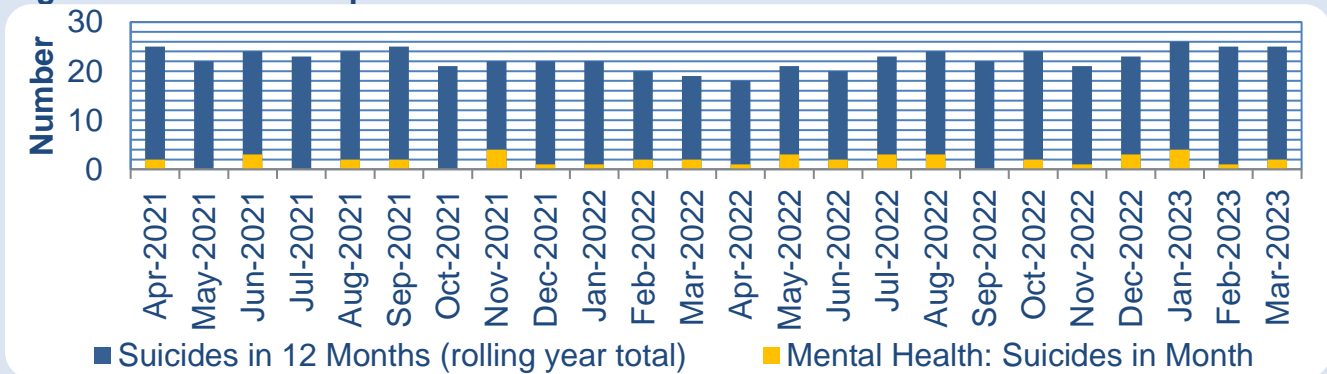
Source- Trust Tableau Dashboard. This includes suicide deaths of those patients open to Berkshire Healthcare secondary Mental Health services, and those discharged from these services in the last year. These are also investigated as serious incidents.

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

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

Figure 17 below shows the number of unexpected inpatient deaths and deaths within 7 days of transfer from one of our inpatient wards to an acute hospital. The figure shows that there were no lapses in care confirmed during 2022/23.

Figure 17-   Unexpected inpatient deaths and deaths within 7 days of transfer to an acute hospital 2022-23

Quarter	Q1	Q2	Q3	Q4	Annual Total
Total unexpected inpatient deaths and deaths within 7 days of transfer to an acute hospital reported during quarter	7	7	7	12	33
Total lapses in care agreed (will relate to deaths in previous quarters)	0	0	0	0	0

Source- Trust Learning from Deaths Reports

Improving the physical health of people with severe mental illness (SMI)

> ⓘ **National statistics show that people with serious mental illness (SMI) are at a greater risk of poor physical health and have a higher premature mortality than the general population, often dying 20 years sooner from conditions like cardiovascular disease or cancers.**

We aim to ensure that physical health checks are completed for all new patients with severe mental illness to help bring their life expectancy in-line with the general population.

On 1st April 2023 we achieved the trust goal of 85% of patients with Severe Mental Illness (SMI) that are referred to our Community Mental Health Teams (CMHTs) having all seven parameters of the annual physical health check completed within a year of referral to CMHT.

A significant improvement has been seen in Slough locality, where the percentage of patients having a health check as per the criteria stated increased from 55% in February 2023 to 75% in April. This is due to improvements in engagement with the team and increased resource (filled a vacant physical health post) allowing implementation of countermeasures to raise compliance. However, there is still some local variation ranging from 73% to 96% cross the county and work continues to achieve our 85% goal in all six areas of Berkshire.

Figure 18- Percentage of patients with Severe Mental Illness (SMI) that are referred to CMHT and have had all parameters of the annual physical health check completed within a year of referral to CMHT.
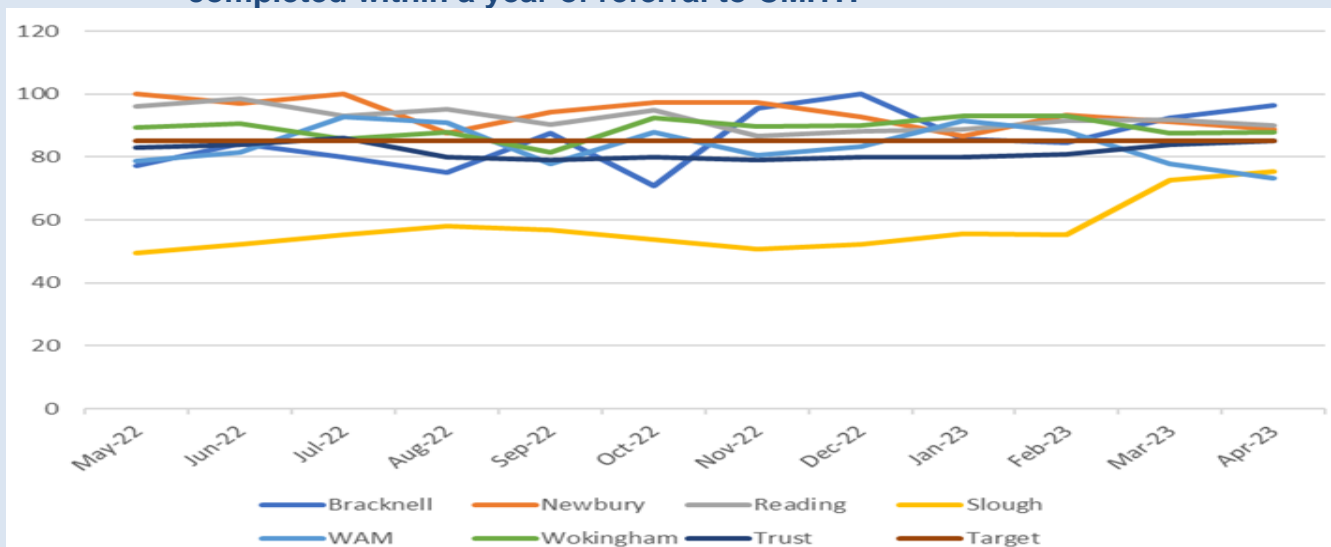
Strengthening our safety culture to empower staff and patients to raise safety concerns without fear, and to facilitate learning from incidents.

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

included a review of all HR policies and procedures to ensure that they all align with just culture principles, training and development opportunities for staff to support a kind and compassionate workforce, new approaches to learning from incidents, Making Families Count Training on how to work with bereaved families and support for staff post-incident.

Never Events

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

The Trust reported one never event in 2022/23. This event occurred at Prospect Park Hospital and involved a patient tying a ligature to a shower curtain rail hook(s). This is under investigation and learning will be shared in future reports.

Serious Incidents (SIs)

Figure 19 below shows the annual number of serious incidents reported by the Trust in comparison with the previous financial years.

Figure 19- Number of Serious Incidents reported by the Trust- Year on Year Comparison
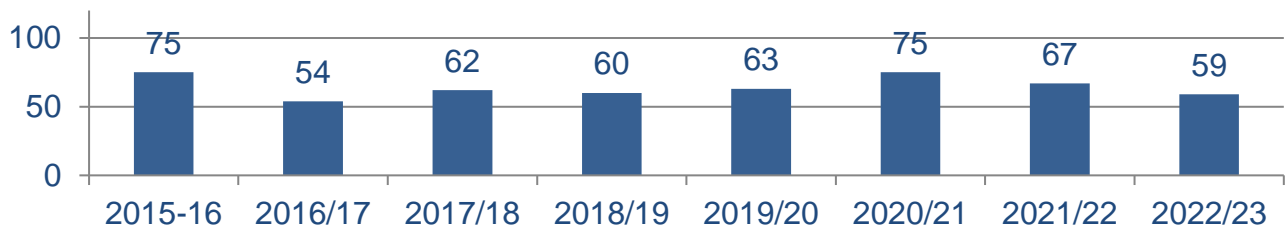
Source: Trust Serious Incident Quarterly Reports

A total of 59 serious incidents were reported in 2022/23. This is 8 fewer than in 2021/22. Figure 20 below details the number of serious incidents reported quarterly by each Division, with Figure 21 detailing these serious incidents by category.

Figure 20- Number of Serious Incidents by Division in 2022-23
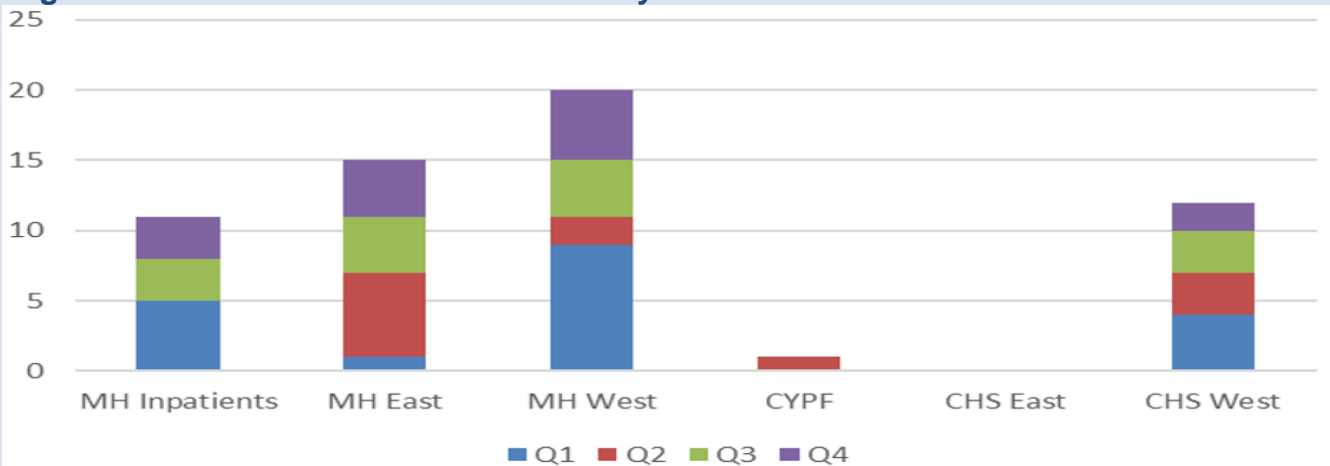
Source: Trust Serious Incident Quarterly Reports

Figure 21- Number of Serious Incidents by Category in each Quarter of 2022-23
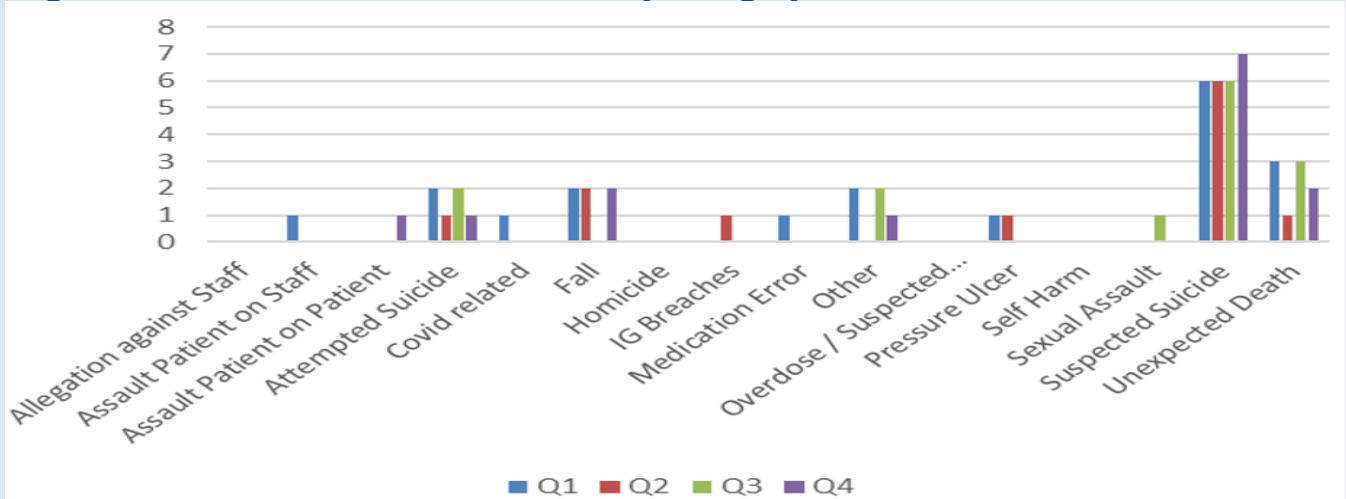
Source- Trust Serious Incident Quarterly Reports

65 inquests took place in 2022/23. 33 of these inquests had been declared by the Trust as serious incidents. No Preventing Future Deaths (PFD) reports were issued by the coroner for Berkshire Healthcare inquests in 2022/23.

According to the ethnicity recorded on RiO for serious incidents reported during 2022/23:
17 patients were White British
25 patients were White-English/ Welsh/ Scottish/ Northern Irish/ British,
2 patients were white- any other background.
1 patient was Black or Black British
1 patient was Black or Black British- African
1 patient was Asian or Asian British
2 patients were Asian or Asian British- Pakistani,
2 patients were Asian or Asian British- Indian
1 patient was Asian or Asian British- Chinese
1 patient was Mixed White & Black Caribbean
6 patients were not stated.

In response to thematic analysis, learning and requirements for improvement that have been identified from serious incident investigations, there continues to be significant patient safety activity across the Trust during the year.

For our mental health services, the following actions have been taken:

- A focus on responsibilities and accountability within Multidisciplinary Teams (MDTs) at Prospect Park Hospital.
- Training tools to improve understanding about the relationship between capacity and positive risk for patients presenting with suicidal ideation.
- Improved safety planning process
- Progress has been made with the Co-Occurring Mental Health, Alcohol and Drug Disorders (COMHAD) Improvement Project.
- Training offers across mental health services continue to be developed and delivered. Across mental health services, training is based on specific themes including high suicide risk and withheld intent, domestic abuse, and family involvement in safety planning.
- Trust-wide roll-out of training on neurodiversity focusing on autism and safety planning.

For our physical health services, the following actions have been taken:
- Learning has been identified in relation to management of patients with dysphagia and the risk of aspiration pneumonia. This is being addressed across the community health wards.

- The supportive observation guidelines for the reduction of physical harm (falls) have been agreed.
- Learning and actions in relation to ensuring our patients have observations when they are admitted to our community wards so that if they deteriorate, staff have a baseline for comparison.
- Embedded learning regarding pressure management for some of the wards
- New falls technology is being rolled out to all physical health wards. So far, the teams have reported that it is much more user friendly, and compliance has therefore increased. We are now also trialing the technology on the mental health older adult wards.
- Work has begun to develop a new documentation process for falls risk assessments. Discussions have also been had to include an alert for weekly review of the falls risk assessments.

Quality Concerns

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

Acute adult mental health inpatient bed occupancy continues to be consistently above 90% at Prospect Park Hospital. This means that patients might not receive a good experience all the time. Delayed discharges have increased over the last year. There are programmes of work in place to support reduction in occupancy and out-of-area placements. Out of areas placements have remained high and the pressure remains on local beds.

Shortage of permanent nursing and therapy staff. Mental and physical health inpatient services as well as several of our community-based adult and young people's services for mental and physical health are now affected by shortages of permanent nursing and therapy staff and increased demand. This has a potential impact on the quality of patient care and experience and increases our costs. A programme of work has been commenced to revise pathways and models of care across our community Mental Health services. Our new workforce strategy will focus on how to retain and grow staff to meet our demand. A new workforce forecasting model has been developed to support understanding of gaps so that appropriate, cost-effective interventions can be agreed.

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

Duty of Candour (DOC)

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

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

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

Figure 22 below details the total number of incidents requiring formal duty of candour during the year. The Trust considers that the Duty of Candour was met in all cases.

Figure 22- Number of Incidents requiring formal Duty of Candour (DOC)

Month (22/23)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	29	29	49	50	32	26	31	43	47	46	45	40

Source- Trust Serious Incident Monthly Reports

2.1.3. Clinical Effectiveness

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

Our 2022/23 Clinical Effectiveness Priorities are as follows:

1. We will demonstrate our delivery of evidence-based services by reporting on the implementation of NICE guidance related to Trust priorities identified in this Quality Account

2. We will continue to review, report, and learn from deaths in line with national guidance. Please note that this priority is detailed in section 2.3 of this report as it is also a required statement of assurance from the Board.

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

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

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

We have produced a policy that describes how we identify, assess, implement and monitor implementation of NICE Guidance. The paragraphs below detail some of guidance that we have progressed during this financial year.

Supporting Adult Carers- NICE Guideline- NG150. A reassessment of compliance with this guideline showed that 88/91 (97%) of recommendations were now being met. This is on the basis that information and guidance is in place for services and carers to use. A self-assessment review will be undertaken with services during the next financial year to ascertain the level of uptake of this guideline in practice.

Mental Wellbeing at Work- NG212. An initial baseline assessment of the Guideline showed that we were meeting almost all recommendations due to our focus on improving the wellbeing of our staff. More information on actions being taken to improve staff wellbeing can be seen in the 'Supporting our People' section of this report.

Medicines Optimisation- NG5. A re-assessment of compliance with this guideline was undertaken which showed that 44/48 (92%) of recommendations are being met. Unmet recommendations were addressed by t outlining best practice for staff and signposting to useful resources.

Controlled Drugs: Safe Use and Management- NG46. Our Pharmacy Team have updated our Standard Operating Procedures on Controlled Drugs to bring them in line with the recommendations in this Guideline.

Venous thromboembolic diseases: diagnosis, management and thrombophilia testing- NG158. A baseline assessment showed that our wards, Westcall GP Out of Hours Service and Pharmacy team have the relevant procedures in place to follow this guideline.

Vaccine Uptake in the General Population- NG218 A baseline assessment with our showed that our immunisation team the team are meeting 67/68 (98%) recommendations in the guideline.

Mental Health of Adults in Contact With the Criminal Justice System- NG66. Our mental health services, and in particular our Liaison and Diversion Service were assessed to be compliant with 41/43 (95%) of recommendations in this Guideline. Unmet recommendations are being addressed.

Social, Emotional and Mental Wellbeing in primary and secondary education- NG223. Although primarily relevant to the education sector, some of the recommendations in this guideline were relevant to our East Mental Health Support Team and West Primary Health Teams that work with schools. The recommendations are being met.

Reducing Sexually Transmitted Infections- NG221. This Guideline is relevant to our Sexual Health Service at the Garden Clinic in Slough, and most of the recommendations are being met. The team are progressing a was recommendation relating to sending reminders for second and third dose vaccinations.

Ongoing work. Several other guidelines are in the process of being assessed and implemented. These include guidelines relating to depression in adults, bipolar, self-harm, epilepsy and disabled children and young people with complex needs. Work is ongoing in these areas and is reported to the Trust Clinical Governance Group.

NHS Doctors in Training- Rota Gaps and Plans for Improvement

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

We now have a new 'Guardian of Safe Working' (GOSW) in place who is a consultant psychiatrist. The GOSW continues their duty to advocate for safe working hours for junior doctors and to hold the Board to account for ensuring this. As part of this duty, they report quarterly to the Board on activity relating to Junior Doctor working hours and rota gaps.

Figure 23 below details the Psychiatry rota gaps for NHS Doctors in training during the year. Our system of cover continues to work as normal, and gaps are generally covered quickly. We have had six unfilled gaps during the year, however patient safety was not an issue and we always had one junior doctor on duty out of hours.

Figure 23- Rota Gaps for NHS Doctors in Training – Psychiatry – 1st Apr 22- 31st March 23

Number of shifts requested	Number of shifts worked	Number of shifts worked by:			Number of hours requested	Number of hours worked	Number of hours worked by:		
		Bank	Trainee	Agency			Bank	Trainee	Agency
365	359	102	257	0	3646.5	3593.5	1038	2555.5	0

Source- Trust Medical Staffing Team

The Learning Disability Improvement Standard

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

Increasing awareness of health inequalities experienced by people with learning disabilities and autistic people across the Trust; and improving our ability to segment outcome data and patient experience feedback to help target future areas for prioritisation and actions (respecting and protecting rights). Work remains ongoing, overseen by the Connected Care supplier, to develop a tool to help flag important information for other NHS and social care providers. Once this is operational it will give us another way to explore how we segment our outcome data and patient feedback.

Increasing awareness and use of reasonable adjustments (inclusion and engagement). The roll out of the Oliver McGowan Mandatory Training in Learning Disability and Autism is being undertaken by the Integrated Care Boards. The e-learning for all Berkshire Healthcare staff has recently been introduced as part of the mandatory training within the Trust. This first tier of the training will provide all staff with a baseline knowledge and increased awareness of the needs and adjustments for people with a learning disability and autistic people.

Supporting a cohort of staff to undertake the Advanced Practice Credential in Learning Disability and Autism (ACP LD/A) with support from Health Education England to further develop specialist skills (workforce). Two team members have successfully completed the ACP LD/A. They are continuing to be supported to complete the MSc in Advanced Clinical Practice and this continues over the next 12 months.

Work with Commissioners to support the development of local Dynamic Support Registers (DSR) which seek to identify those people at risk of admission to inpatient services and provide intervention in the community to avoid all but essential admission (learning disability services standard). We continue to work with Commissioners in East Berkshire with the Dynamic Support Register implemented by the Integrated Care Board (ICB). In Berkshire West, following the introduction of a pilot of a basic internal Dynamic Support Register supported by the Intensive Support Team, we have now been asked to implement this more widely with partners locally. Work is underway for implementation across Berkshire West in May 2023.

2.1.4. Supporting our People

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

Our 2022/23 Supporting our People Priorities are as follows:
1. We will develop our four pillars of workforce growth to attract new and existing talent to reduce workforce gaps and deliver our service, providing the best possible patient care.
2. We will ensure our teams have access to effective health and wellbeing support.
3. We will promote a culture of respect, compassion and kindness.
4. We will not tolerate bullying, harassment or abuse of any kind.
5. We will support staff to work flexibly and connect with their teams.
6. We will act on feedback from staff to further improve satisfaction and address any identified inequalities.
7. We will support staff to achieve their career aspirations.
8. We will provide opportunities for our people to show initiative and make improvements through great team working, Quality Improvement and Bright Ideas.

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

The priorities detailed above have been translated into our People Strategy 2021-24. This strategy has the aim of making the Trust Outstanding for Everyone. The key priorities of this strategy are detailed in the graphic below.

People Strategy — Strategic People Group
Retention and Attraction · Training and Clinical Education · Wellbeing and Rewards
Growing and retaining for the future

Safety Strategy — Safety Culture Steering Group
Just and Learning Culture
Looking after our people

EDI Strategy — Diversity Steering Group
Talent and Leadership · Differentials in Experience
Belonging to the Trust

Workforce Transformation Projects — Strategic People Group
Remote Working and Digital Transformation · COVID-19 Response and Recovery
New ways of working

People Strategy Key Priorities

29

Developing four pillars of workforce growth to attract new and existing talent to reduce workforce gaps and deliver our services.

ⓘ **Our people are our greatest asset and are key to consistently delivering high quality care to our patients. It is therefore important that we keep our existing talent and attract new people to help deliver our services.**

While we make strides forward with our continued improvement and expansion plans, the current state of readily available clinical workforce for both substantive and affordable temporary staff does not match all our ambitions and has sharpened our focus to create a future proofed workforce.

We introduced integrated operational planning, alongside colleagues from finance, Human Resources and operations. This allowed us to meet the challenge of delivering safe, high-quality care within the boundaries of contractual obligations and the constraints of available resource (both workforce and financial). We have also invested in a series of workforce deep-dives in key areas to better articulate risks, identify mitigations and look at service and workforce changes which expanded in scope where needed to include demand and capacity activity to support current implementation plans and inform priorities.

Whilst we continue to have significant workforce vacancies, we have invested in candidate attraction strategies which are starting to pay dividends. This has resulted in a higher proportion of clinical starters than we have seen in the recent past, including in some of our hard-to-fill vacancies. Historically, we have been reliant on ad-hoc and student recruitment to fill our vacancies, but clinical recruitment has become increasingly challenging with fewer students in training and

more staff retiring/leaving. To help address this, we have now invested £1.5million in a clear, well-supported apprenticeship strategy to grow and develop our own clinical workforce pipeline. This is linked to our needs, targeting existing and emerging gaps in roles and skills. This targeted approach allows us to invest in diverse local talent from the populations we serve and is a key component of our plans.

We continue to focus our apprenticeship programme on our hard to fill roles, targeting groups that traditionally would have been excluded from such training due to the costs of university education or those under-represented in certain professions.

Given the time required to train new clinicians, we have invested in an international recruitment campaign. We ensure their safe arrival, induction and embedding into our workforce to promote the NHS and to benefit from their significant expertise. Our next step is to implement an international Allied Healthcare Professional (AHP) recruitment campaign.

To support the pipeline coming into these opportunities, we have introduced a development programme with our bank provider, NHS Professionals, for those wishing to embark on a career in healthcare. This provides them with all the training, support and supervision needed to become a Healthcare Assistant before progressing to substantive employment or joining us on one of our career pathways. Twenty health care assistants have joined us on this journey with almost all now having received their care certificate on successful completion and having been offered a substantive post where they wish to remain in the Trust.

Looking After our People

Ensuring our teams have effective health and wellbeing support

> ⓘ **The Trust needs staff that are healthy, well and at work to deliver high quality patient care. Looking after the health and wellbeing of staff directly contributes to the delivery of quality patient care.**

Improving the mental and physical health and wellbeing of our people

Throughout 2022/23, we have continued to prioritise supporting the mental and physical health and wellbeing of our people. We can see the impact that this is having through the numbers of staff who report that the organisation takes positive action on health and wellbeing. In 2022, we achieved the top scoring trust in our comparator group.

We launched our new Employee Assistance Programme (EAP) from Health Assured in August 2022. Staff can use this programme to access more counselling sessions (up to 6 sessions per issue per year) as well as an impressive app which includes live chat, breathing exercises, steps leader boards and 4-week programmes in a variety of topics. Usage remains good with over 230 calls in the first 6 months.

Our staff and teams continued to receive support from Wellbeing Matters; a mental health and wellbeing hub for all health and social care stuff across the Berkshire region which is hosted by Berkshire Healthcare. As well as providing individual support, team wellbeing hubs and manager consultations, Wellbeing Matters have also run Mental Health First Aider training and Mental Health conversation training for managers of our staff. They have supported over 200 trust staff, 85 teams and trained 176 staff.

We gave access to menopause support through the Peppy Health app to all our staff in October 2022. Peppy provides instant messaging support from expert practitioners, one-to-one video appointments and access to vetted resources and events. The feedback has been overwhelmingly positive, and we now have 280 users. A trial of other support services available through Peppy (Fertility, Pregnancy & Baby and Men's Health) led to the submission of a business case for ongoing funding, and we will be launching Men's Health access for all staff by May 23.

With sustained increases in the cost of living, we have consolidated and enhanced the financial support available for staff through 22/23. Fuel reimbursement rates have been temporarily increased alongside a one-off back payment. A nexus intranet page has also been improved to detail all the existing support offers available and to signpost to external support. We are also a referring organisation for local foodbanks to support those staff who may find themselves at a crisis point and need more immediate support.

We have created a more comprehensive benefits package for our staff over the last year. This now includes the ability to buy/sell annual leave and a new long-service and recognition scheme, expanding the current NHS only scheme to include Berkshire Healthcare service, new joiners and retirees.

A big focus in 22/23 was how to improve our communication with frontline staff who rarely access emails/intranet. We have introduced a Wellbeing at Work physical newsletter which is distributed three times a year by members of the Wellbeing team, who also visit sites with the newsletters and some goodies.

We received funding from NHS Charities Together over the last year for two projects. The first was to update some of the rest rooms across the trust and these will be completed soon. The second was to recruit a Wellbeing Facilitator to run wellbeing and exercise classes for staff. The classes are going well with over 150 staff having accessed the sessions to date.

Reducing staff sickness

Figure 24 below details the monthly percentage of staff sickness absence and shows that the target rate was not achieved in 2022/23 .

Figure 24- Monthly % Overall Staff Sickness Rate
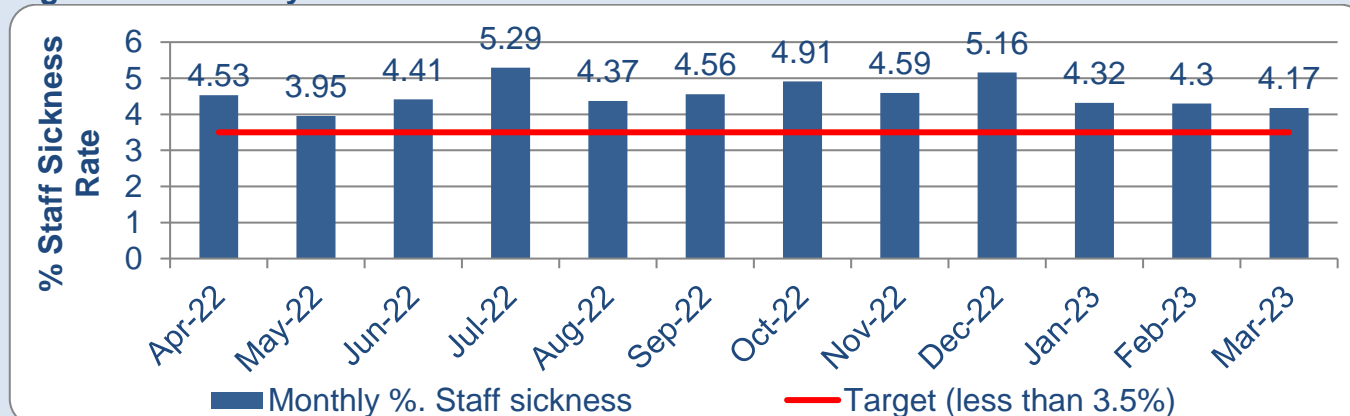
Source- Trust Tableau Dashboard

Reducing stress, anxiety and depression.

The Health and Safety Executive (HSE) define work-related stress as "The adverse reaction people have to excessive pressures or other types of demand placed on them at work". Stress itself is not an illness, but if it becomes excessive and prolonged then mental or physical illness may develop. We have initiated a project to look at the causes of excess work pressures on our staff.

Figure 25 below details the quarterly number of anxiety and depression related absences. Rates remain high although are slowly trending down from the high experienced immediately after Covid in August 2020. Alongside the work detailed above, we are increasing the focus on wellbeing conversations through the risk assessment and appraisal processes as well as re-establishing Mental Health First Aider training.

Figure 25- Quarterly Number of Anxiety and Depression Related Absences
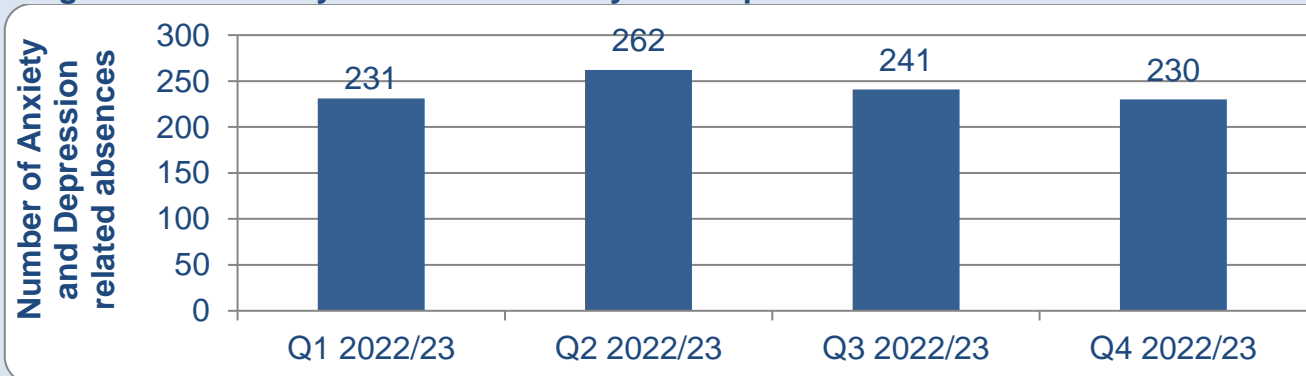
Source- Trust HR Department

Reducing musculoskeletal (MSK) disorders

Musculoskeletal disorders can affect muscles, joints, and tendons. It is important that our staff do not sustain work-related musculoskeletal disorders, and we aim to reduce the occurrence of these injuries during the year. We have put in place actions to try and prevent these injuries from occurring.

As well as the well-established fast- track referrals to physiotherapy, we also have an in-house ergonomics team who work with individuals and teams to risk assess their working areas and provide advice and guidance as well as deliver manual handling training for the trust.

32

Figure 26 below details the monthly number of musculoskeletal referrals made to occupational health for our Trust staff. MSK referrals have been more prominent from ward areas, rather than from those working from home, as staff are managing patients with greater physical health needs and are required to do more lifting.

Figure 26- Quarterly Number of MSK referrals to Occupational Health
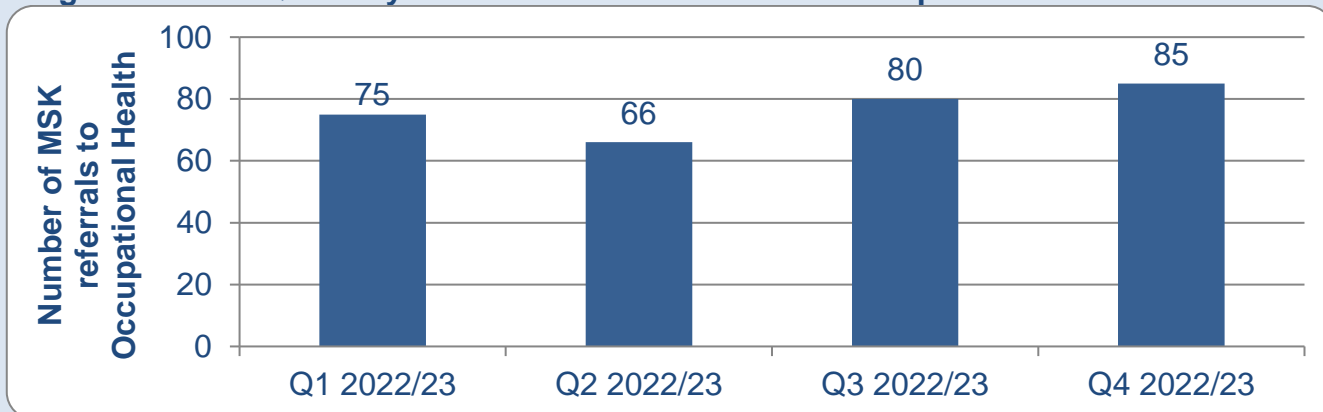
Source- Trust HR Department

Acting on feedback from the staff to further improve satisfaction and address any identified inequalities

> ⓘ **The results from the National NHS Staff Survey are used by the Trust to inform local improvements in staff experience and wellbeing. This is important as a positive staff experience plays an important part not only in staff welfare, but also in helping to maintain and improve on patient safety and experience.**

A monthly all-staff briefing gives our staff an opportunity to feedback suggestions and comments about current ways of working. We address these and are now including monthly "you said, we did" updates. As a result, we have changed the pay date and have allowed people to buy and sell annual leave.

A quarterly Pulse survey has been launched which allows us to track progress throughout the year. Response rates are often lower and so comparison with the staff survey is difficult.

Both the Trust People Strategy and Equality Diversity and Inclusion Strategy have been informed and designed based on learning from; the staff survey; data from the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard

(WDES); and engagement workshops with staff and staff networks.

We are also launching and anti-racism strategy as part of our commitment to address the inequalities that our workforce and patients face.

National Staff Survey Trust Results.
The Trust participated in the 2022 NHS National Staff Survey between October and November 2022. For the 2021 survey onwards the questions in the NHS Staff Survey are aligned to the People Promise. This sets out, in the words of NHS staff, the things that would most improve their working experience.

The Survey Sample.
The survey was conducted online, resulting in it being open to over 4000 of the Trust's employees. 3046 staff responded to the 2022 survey and our response rate was 65%. This is 5 percentage points higher than in 2021 (60%), and 15 percentage points higher than the median response rate for similar Trusts to ours (50%)

Summary of Trust Results.
When we look at the results, there's plenty to feel proud about. As the figure below shows,
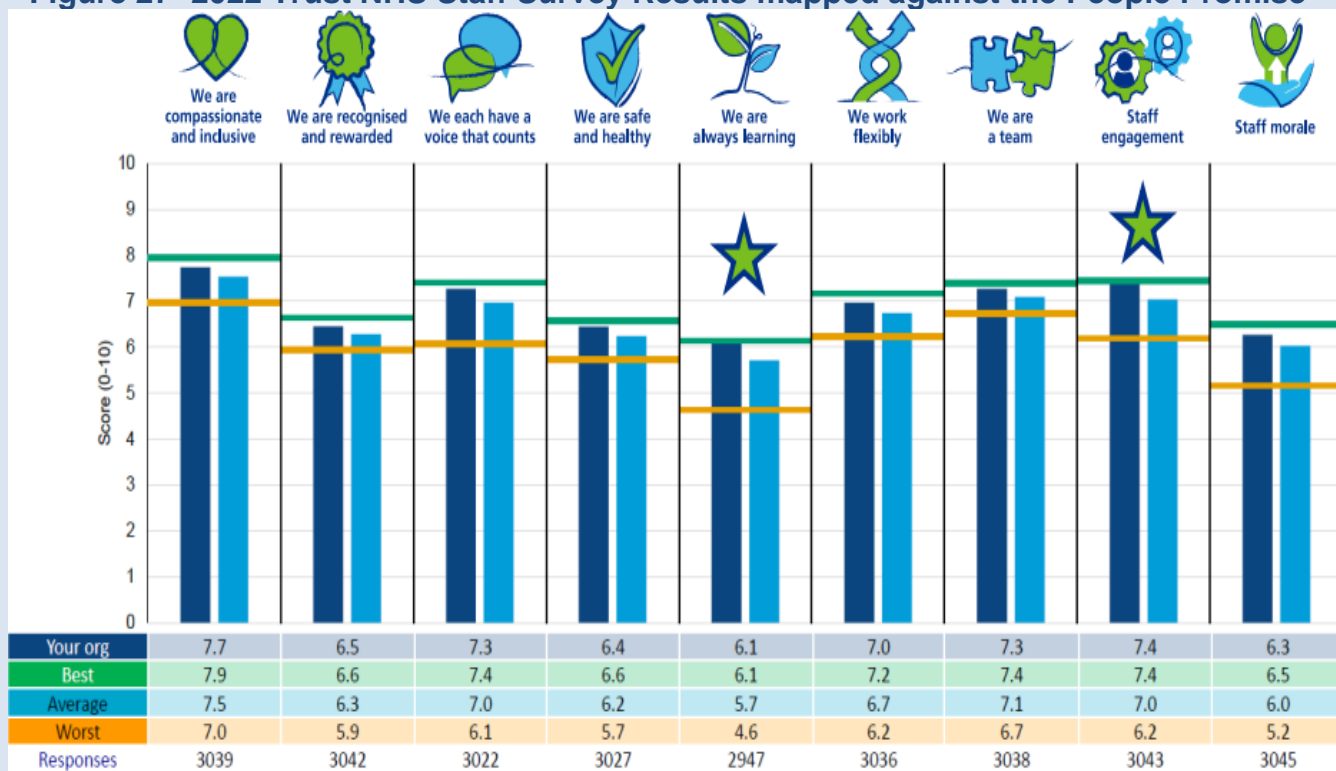
33

our scores are above average for similar Trusts in all ten themes and the best for two themes out of the ten. Our engagement score remains the top score for trusts in our group- something we have achieved for the past three years.

Our results are broadly showing positive trends over the past five years. We continue to receive top marks for 'I would recommend my organisation as a place to work' and, 'the team I work in has a set of shared objectives' as well as top scores in the sub-sections on compassionate culture, appraisals and motivation. There are also significant increases in other areas since 2021, including, 'I feel a strong personal attachment to my team' and, 'I have frequent opportunities to show initiative in my role'.

However, there's more to do. The main areas where we can do better reflect our organisational focus and ongoing work, particularly diversity, inclusion, negative experiences such as bullying and harassment, as well as workplace pressures and stressors, all of which impact on our retention. We will continue to work on these areas and the survey results will help us to reflect on progress and consider next steps.

Figure 27- 2022 Trust NHS Staff Survey Results mapped against the People Promise

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff engagement	Staff morale
Your org	7.7	6.5	7.3	6.4	6.1	7.0	7.3	7.4	6.3
Best	7.9	6.6	7.4	6.6	6.1	7.2	7.4	7.4	6.5
Average	7.5	6.3	7.0	6.2	5.7	6.7	7.1	7.0	6.0
Worst	7.0	5.9	6.1	5.7	4.6	6.2	6.7	6.2	5.2
Responses	3039	3042	3022	3027	2947	3036	3038	3043	3045

Source- 2022 NHS Staff Survey- Trust Benchmark Report

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

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

We continue making incremental progress in unmasking and tackling workplace inequalities between BAME and White staff that are captured through nine WRES indicators. Four of these indicators focus on workforce composition and people management, four are based on data from the national NHS Staff Survey questions, and one indicator focuses

34

on BAME representation at Board level. The WRES is underpinned by a desire to equalise experience between staff who come from BAME backgrounds and their White counterparts. It aims to facilitate an inclusive, supportive, and fair culture in organisations to ensure that every member of the NHS diverse workforce has a sense of belonging and a positive working experience.

The WRES enables organisations to compare their performance with others in their region and those providing similar services, with the aim of encouraging improvement by learning and sharing good practice.

During 2022/23 we also launched our anti-racism work to address longstanding inequalities highlighted within our staff survey

Overall we have seen positive trends across the WRES indicators over the past 5 years and improvements in our scores this last year, with one staying the same. We are now scoring better than average in all indicators. Despite this, the gap in experience remains and is not closing as much as it should, either locally or nationally.

Figure 28- Staff survey results relating to the Workforce Race Equality Standard (WRES)				
WRES Indicator	**Metric Descriptor**		**BAME 2022**	**White 2022**
5. Staff Survey Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Berkshire Healthcare	29.4%	18.5%
		NHS Trusts	31.5%	25.4%
6. Staff Survey Q14b&c	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	Berkshire Healthcare	20.8%	15.4%
		NHS Trusts	22.8%	17.3%
7. Staff Survey Q15	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.	Berkshire Healthcare	51.7%	68.1%
		NHS Trusts	49.6%	62.3%
8. Staff Survey Q16b	Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months	Berkshire Healthcare	13.2%	5.2%
		NHS Trusts	13.6%	5.7%

Source- 2022 National Staff Survey

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

It is underpinned by the Social Model of Disability which argues that people are disabled because of societal barriers, rather than long-term health conditions. With the

Social Model of Disability in mind, the WDES seeks to help unmask barriers that have a negative impact on the experiences and career opportunities of Disabled staff in the NHS or disabled applicants seeking employment in the NHS, and thus facilitates transparency and inform year on year improvement.

Overall we have seen positive trends across the WDES indicators over the past 5 years and improvements in our scores over the last year with one staying the same. We are scoring better than average in most indicators. However, as with ethnicity, the gap in experience sadly remains.

35

Figure 29- Staff survey results relating to the Workforce Disability Equality Standard

WDES Indicator	Metric Descriptor		Disabled 2022	Non-Disabled 2022
4 Staff Survey Q14a-d	Percentage of Disabled staff compared to Non-Disabled staff experiencing harassment, bullying or abuse in the last 12 months from:	(a) Patients/Service users, their relatives or other members of the public	26.8%	19.7%
		(b) Managers	12.3%	5.4%
		(c) Other Colleagues	18.1%	11.5%
		(d) Percentage of Disabled staff compared to Non-Disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	59.8%	57.3%
5 Staff Survey Q15	Equal opportunities for career progression or promotion	Percentage of Disabled staff compared to Non-Disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	60.6%	64.5%
6 Staff Survey Q9e	Presenteeism	Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	22.5%	16.0%
7 Staff Survey Q4b	Disabled staff's views / satisfaction with the extent to which their organisation values their work.	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	51.9%	61.4%
8 Staff Survey Q30b	Reasonable adjustments for disabled staff	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	80.9%	N/A
9. National Survey staff engagement score	NHS Staff Survey and the engagement of Disabled staff	(a) The staff engagement scores for Disabled and Non-Disabled staff	7.2	7.5
		(b) Has Berkshire Healthcare taken action to facilitate the voices of Disabled staff in your organisation to be heard?	Yes*	

Source- 2022 National Staff Survey * There is active engagement with our staff networks to ensure that we are listening to our staff. Our Equality Diversity and Inclusion teams meet monthly with the network chairs and these chairs also have regular access to the Director of People

Promoting a culture of respect, compassion and kindness

> ⓘ **The Trust is committed to strengthening our Safety Culture to empower staff and patients to raise safety concerns without fear and to facilitate learning from incidents.**

We remain committed to embedding the principles of a Safety Culture, where everyone feels safe to raise concerns with a focus on learning from incidents. Our aim is to remove unwarranted disciplinary action for staff as we work towards our objective of making Berkshire Healthcare an 'outstanding place to work for everyone'.

There is encouraging evidence of the progress we are making in this respect. We have seen a 50% reduction in the number of formal disciplinary investigations when compared with the previous year. There was also a significant improvement in the number of disciplinary cases involving BAME staff being more representative of the BAME staff profile (28% of or workforce staff are BAME). This year, 33% of formal disciplinary investigations involved BAME staff, compared to 65% and 44% in the previous two years.

We have also continued embedding the role of the dedicated Investigating Officers (IOs). These IOs worked on a total of 39 closed cases in 2022/23- a combination of full investigations and fact-finds for both disciplinary and early resolution cases. This accounted for 48% of all the casework in the year, and they worked on 93% of the full disciplinary investigations, which are the more complex cases that would otherwise take up a significant amount of service managers' time. The dedicated IOs have spent a total of approximately 1600 hours working on cases in the last year, with an average of approximately 41 hours per case. We have recently increased our number of dedicated IOs with two new investigators ready to start working on cases and a further two joining in the coming months. This will take our pool of investigators to six and will mean that they can work on a higher percentage of our cases, without impacting on the resolution times.

Belonging to the Trust
Not Tolerating bullying, harassment or abuse of any kind

> ⓘ **We are committed to promoting and sustaining a working environment in which all members of staff feel valued and respected. Any kind of bullying, discrimination, harassment, racism or acts of indignity at work are deemed as unacceptable and will be fully investigated in accordance with the Trust's Performance Management and Disciplinary Policy.**

Assaults in the Trust, as well as nationally, continue to rise year on year, with the number of physical and non-physical assaults increasing. Thames Valley Police have provided a Community Support Officer into Prospect Park Hospital to support our staff.

Nationally, NHS England, NHS Improvement and the Social Partnerships Forum, have published a new national Violence Prevention and Reduction (VPR) standard, which complements existing Health and Safety Legislation. This delivers a risk-based framework that supports a safe and secure working environment for NHS staff, safeguarding them against abuse, aggression, and violence. The Deputy Director for Leadership, Inclusion & OD has oversight for the implementation of the VPR standard in Berkshire Healthcare, working collaboratively with other internal support services as well as our local Integrated Care Systems (ICS) and with Buckinghamshire, Oxfordshire and Berkshire West Safer Workplaces working group. We are also working with Frimley Health and Care ICB (one of 6 pilot ICB's

working with NHS England to implement the standards across the system). Current training provision is also being reviewed in line with research. Our Prevention and Management of Violence and Aggression policy has been reviewed and is due for publication.

Our Staff Experience, Support and Improvement offer is now led by Psychological Services who continue to contact staff who are identified on our Datix incident system as being assaulted at work. They offer practical support, escalate concerns, resolve issues and signpost to specialist support. They are also supporting various projects and workstreams relating to aggression.

The Personal Safety Team received their annual re-certification by BILD, ensuring their training is in line with the Restraint Reduction Network's Training standards. They continue to provide support for clinical teams regarding personal safety and aggression. Figure 30 below details incidents of violence against staff for the current and previous financial year.

Figure 30- Incidents of violence against staff 2021-22 and 2022-23

Incidents by Sub-Category	Q1	Q2	Q3	Q4	TOTAL 22-23	TOTAL 21-22
Alleged Sexual Assault	12	2	1	3	18	23
Attitude	8	13	12	25	58	52
Dirty Protest	0	0	1	0	1	0
Patient refusing treatment	1	0	0	1	2	3
Damaging Property/Criminal Damage	3	3	4	2	12	4
Physical Assault by Patient	249	198	200	168	815	859
Physical Assault by Staff	1	1	1	1	4	5
Abuse by Patient	313	212	184	152	861	806
Physical Assault by Other	4	2	3	0	9	6
Abuse by Staff	5	5	4	5	19	30
Abuse by Other	26	24	30	14	94	79
Total	622	460	440	371	1893	1867

New Ways of Working
Recruitment Business Process Improvement (BPI) Project

ⓘ **The purpose of the HR Business Process Improvement project is to improve the experience of our candidates, reduce duplication and waste in our recruitment processes and look at ways to make it inclusive and accessible for all.**

We are automating our recruitment processes using robotic technology. In 2022, we automated interview invitations, so that candidates have the flexibility to choose their own interview slots. More recently, instead of staff having to complete a manual process of moving candidate data following appointment, the robot now takes care of this behind the scenes. This has resulted in reducing the time this takes from approximately 20 minutes per candidate to around 4 minutes.

Reducing the 'time to hire' through our pre-employment checks is a key metric for us. We have introduced a monthly scorecard which allows us to understand the average time taken for each stage of the recruitment journey, which provides us with clear areas to focus on. We are making changes as a result and will continue to measure the outcomes.

We want to make sure our candidates have a great experience as they join our trust. We have launched an online portal 'Nexus for new starters' to provide candidates with information available on our intranet and the capability to start their statutory and mandatory training before they join us, should they wish to do so.

We have also launched a welcome email from the Director of People to all new joiners.

To showcase the opportunities that are available to our staff once they join us, we have introduced a 'jobs of the week' in our weekly digital bulletin 'Team Brief'. We are currently monitoring the interest and levels of applications coming in from this.

Our focus on candidate attraction continues to grow. We continue building relationships with local schools and universities, with opportunities for final year clinical students on over 80 job boards across the country and we have delivered over 50 events promoting apprenticeships, reservists, work experience, and volunteering opportunities. This is supported by over 20 school ambassadors who support school visits.

Our recruitment marketing audience is growing across our platforms - LinkedIn, Twitter, Facebook, Instagram and TikTok and we are now compiling a quarterly report to understand the campaigns that have yield the best results. We are also improving our external website so that our candidates better understand our recruitment processes.

As part of our new neurodiversity strategy, we continue to find a university partner to conduct a research project on fair and inclusive recruitment interview processes.

Supporting our staff to achieve their career aspirations

ⓘ **It is important that all staff are supported to grow and develop in their roles with the Trust. This can be achieved by ensuring they have high quality appraisal, supervision, and training to help support patient and staff satisfaction, safety, and effectiveness.**

We are piloting a refreshed leadership offer, reviewing all training and devising a portfolio of learning. This will include our commitment to compassionate leadership, anti-discrimination and violence reduction.

We have worked with Berkshire Oxfordshire and Buckinghamshire Integrated Care System to launch a culture transformation programme called 'A Kind Life' which aims to build kinder, more effective organisational cultures.

We are also simplifying the appraisal process by ensuring all appraisal documents are in one place and that appraisees and appraisers can enter one system to share information.

Clinical Education

We work closely with patient facing services and professional leads to plan and deliver clinical skills training and to support the continuing professional development of our clinical workforce to keep them competent and enable safety and autonomy in practice.

Clinical Skills Project. This project aims to develop and maintain staff competence and professional development to enhance patient safety. In-house clinical skills programmes have been reviewed and updated. An essential skills training matrix is being launched and implemented in 2022/23. A competency project has commenced, and we will prioritise the review and standardisation of band 5 and 6 competencies to support our career progression work.

Preceptorship project. This project aims to review the current preceptorship offer and align the programme with new national guidelines for Allied Health Professional preceptorship. We are progressing an application for the quality mark accreditation which we expect to gain by summer 2023. The preceptorship programme has been reviewed with input from Allied Health Professional (AHP) leads, international recruitment leads and a social worker programme lead.

Mental Health (MH) training project. This project aims to identify gaps in the current Mental Health training provision and develop new training and professional competencies as needed. This project ends in August 2023, and we have achieved several project

objectives. New roles are being created within the MH services including a physical health training lead and a nurse consultant to promote clinically based training provision for our staff. We will also dedicate additional resources to deliver the new MH training programmes and have negotiated with the local Higher Education Institute to deliver a bespoke prescribing programme for our MH staff. We are also working with the Head of Psychological Therapies to pilot a specialist educator role in psychology to coordinate educational activities within psychology services.

Healthcare Support Worker (HCSW) programme. This is a workforce pipeline development programme that helps to develop the skills and confidence of HCSWs to achieve their career aspirations. It is supported by Health Education England (HEE) and aims to ensure learning starts and continues throughout their onboarding period. The programme was piloted at Prospect Park Hospital last year and is now being rolled out to all new HCSW joining us. We are also partnering with the Integrated Care System to implement the Bedside Emergency Assessment Course for Healthcare Staff (BEACH), enabling our HCSWs to identify and escalate signs of clinical deterioration. Our Allied Health Professional (AHP) project lead is working with the national AHP faculty to develop several pathways for HCSWs to pursue a career in AHP professions. There have been no staff leavers in the trial group since the introduction of this programme. Programme roll out is progressing as expected and an update on its implementation was provided in an all-staff executive meeting on the 20th of April 2023. We have also organised a HCSW Education event on the 29th of March 2023.

Pre-registration Programme. This is a workforce pipeline development programme that aims to maximise our pre-registration placement capacity and develop newly qualified pre-registration nurses and AHPs to fill vacancy gaps within the organisation. It prepares up to 100 eligible newly qualified

registrants for recruitment across several professions per year. The Programme is up and running as expected and placement capacity expansion project work will finish in August 2023. Berkshire Healthcare will also support a new adult MSC nursing programme that is starting in September 2023. We have participated in joint career events with the University of West London and Royal Berkshire Hospital to help to boost the nursing programme applications for the current academic year. We have also developed a new system to share our student experience survey results with the wider Trust.

International Nurses Objective Structured Clinical Examination (OSCE) Recruitment. We are pleased to have exceeded our adult nurse target for 2022, with 15 nurses having joined us this year. All 15 have now completed our in-house OSCE programme. We aim to support two OSCE cohorts in 2023. This is progressing as expected and achieved a 100% pass rate.

Apprenticeship and T-Level Programme. This is a workforce pipeline development programme that aims to create opportunities for career progression of all staff and development of new nurse and AHP registrants to fill vacancy gap. Centralised trust funding has been approved to support the salary of clinical apprentices to backfill their placements and protected learning time. We have enrolled 7 nursing associates and 1 audiology apprentice in Dec 2022 with an OT candidate scheduled to start. We took on 36 new apprentices in the last 12 months, making a total of 118 apprentices in the Trust currently. We are generating income through apprenticeship partnerships with HEE and Higher Education Institutes which support our fixed term projects roles. There are 12; T-level students in the Trust and they are all first year. A new process has been agreed between our candidate attraction team, workforce lead and apprenticeship team to facilitate the candidate selection process for our clinical apprenticeship programmes. We have several candidates in the pipeline for courses in September 2023. We are also developing a new system to analyse apprenticeship finance

and activity data on a quarterly basis and have developed a new system to report apprenticeship AHP candidate engagement data to AHP director every month.

Equality, Diversity and Inclusion (EDI). We have identified EDI as a service priority and have started reviewing our training data to establish a format for meaningful reporting.

Providing opportunities for our people to show initiative and make improvement for their colleagues and patients through great team working, Quality Improvement and Bright Ideas

> ⓘ **We have a Quality Improvement (QI) Programme that provides opportunities for staff to make improvements using QI methodology. We also encourage Bright Ideas to be submitted by staff to improve services.**

The term 'Quality Improvement' (QI) refers to the systematic use of methods and tools to continuously improve quality of care and outcomes for patients. It gives the people closest to issues affecting care quality the time, permission, skills and resources they need to solve them. QI involves a systematic and coordinated approach to solving a problem using specific methods and tools with the aim of bringing about a measurable improvement. It can deliver sustained improvements not only in the quality, experience, productivity and outcomes of care, but also in the lives of the people working in health care.

Our Trust QI Team are responsible for:
- Training our front line and divisional colleagues in the Trust's Quality Management Improvement System (QMIS)
- Supporting colleagues to become further accredited in lean training by delivering yellow belt and green belt QI training and assessing staff competence.
- Leading and supporting Trust wide high priority projects and programmes with the use of lean methodology.

The core QI team also support the Trust strategic objectives and breakthrough objectives.

Progress with the Quality Management Improvement System (QMIS).
- Face to face training was restarted at the request of staff and wave 17 of the training was successfully completed. This wave included bespoke training for our Research and development team. Wave 18 commences in May 2023.
- Monthly quality support sessions introduced.
- QMIS refresher sessions introduced across the Trust, with over 120 people have attending. These will be continued as they were so successfully received.
- The team are focussing themselves and bringing into all their training the necessity of involving service users/ the community in all QI work.
- The Criminal Justice Liaison and Diversion team have been collecting data for one of the tracker metrics around management supervision since August 2022. The target was set to 95% and for 6 months they did not meet this. However, after raising this as an area of concern at their Unit leadership team (ULT) meeting, the admin team have really driven this and are now achieving 100% on a regular basis.
- Three members of the Talking Therapies senior leadership team have been meeting weekly for peer support to implement QMIS practices. They noticed that they were overwhelmed with emails and, inspired by a piece of email standard work shared by the QMIS coach, they set about freeing up their time by taking a systematic approach to email management.
- Reading Mental Health Integrated Care Services (MHICS) tested three countermeasures to reduce their Did not Attend (DNA) rate. This resulted in the DNA

rate dropping from 37 % to 15% and they are now setting a new target to further reduce this rate.

Quality Improvement training.
- The QI team completed a 2-day face to face yellow belt course for 15 members of staff. All trainees also undertake an improvement project in their local area as part of their assessment. The assessment takes the form of presenting an improvement project that must meet the Lean Competency Scheme (LCS) criteria to pass.
- Bespoke yellow belt training, specifically for the children's and young people all age services, will also start in May 2023. This will include a total of 5 cohorts planned for 2023 (approx. 70 staff).
- Green belt training. This is a 4-day face-to-face course that deepens the learning and understanding of the QI/ lean tools, coupled with completion of a more complex project. This is planned for the Autumn 2023 for approximately 10 staff.

QI projects and programmes. The table below details some of the Green Belt and Yellow Belt projects happening in the Trust

Project Title	Summary of Project
Digital transformation – duration of complex changes	Complex changes were taking too long to be completed – the average duration of a completed change was approx. 43 months. The vision was to change this to under 8 months. Main contributors to this length of time where the request for change step and the wait list step. Countermeasures and new slicker processes have been tested and introduced and the waitlist has gone down from 166 to 59 days. The request for change step time has gone down from 314 to 0 days. Other areas are still needing work to be conducted, but the yellow belt trainee commented that even though this can be difficult to do by using the QI tools she was able to dig deeper and find out the actual root cause of the problem. It felt a structured and helpful approach.
To provide resources to participants after training sessions, improve feedback forms received and reduce DNAs	The trainee tried 4 PDSA (plan, do, study, act) cycles – the first three had negligible impact and caused more work for all staff but the 4th cycle, introducing power automate (including a QR code) into the process helped and has been adopted into the wider organisation successfully.
Reducing the waiting for Child and Adolescent Mental Health Services (CAMHs) Common Point of Entry (CPE) service users needing signposting support.	Waiting times had increased to over 16 weeks for signposting. Standard work was developed, new editable letters were developed in RIO, a specific member of staff was allocated to tackle this problem and the number of weeks patients were waiting was significantly reduced to an average of 4 weeks and less than 5 referrals waiting, compared to over 200 at the start of the project.
Current projects in train from recent yellow belt cohort and supported by the QI team are:	• Reducing assaults on Rose ward, Prospect Park Hospital. • Improving compliance in recording annual Electrocardiogram (ECG) • Improving shared learning from unsafe discharges • Improve induction period and content for new starters. • Standardisation of Common Point of Entry (CPE) documents • Improving renal patient experience (dietetic) and supporting patients to self-manage • Improve and increase how unpaid carers are recorded on RIO • Using digital photography for measuring wounds for carers and families.

Freedom to Speak Up

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

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

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

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

How can staff speak up?

Staff are encouraged to raise concerns in several ways:

1. By raising the concern with their line manager, lead clinician or tutor (for students). This may be raised orally or in writing and advice can be sought from a trade union if the employee is a member.

2. If the member of staff does not feel they can raise the issue with their line manager, or they feel the line manager has not addressed their concerns, then it can be raised with any of the following; their Locality Divisional, Clinical or Corporate Services Director, The Trust Freedom to Speak up Guardian, The Trust Executive Director with Responsibility for Whistleblowing (Currently the Director of Nursing and Therapies); through a dedicated confidential external telephone line or e-mail service, or through the local Counter Fraud Specialist.

3. If the above channels have been followed, and the member of staff still has concerns, then the Trust Chief Executive or nominated Non-Executive Director can be contacted via e-mail or by letter about the concern.

4. Alternatively, concerns can be raised formally with external bodies such as National Guardian's Office, relevant Registration bodies or Trade Unions, Health & Safety Executive, NHS Improvement, the Care Quality Commission and NHS England.

How is feedback given to staff raising a concern?

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

The role of the Freedom to Speak Up Guardian. The Trust Freedom to Speak Up Guardian helps to protect patient safety and the quality of care, improve the experience of workers, and promote learning and improvement. This is achieved by ensuring that: workers are supported in speaking up, barriers to speaking up are addressed, a positive culture of speaking up is fostered and issues raised are used as opportunities for learning and improvement. This role is now fully embedded in the Trust and awareness of this facility is very well publicised Trust-wide. Between 1st April 2022 and 31st March 2023, 67 cases were brought to the Trust's Freedom to Speak up Guardian

2.1.5. Other Service Improvement Highlights in 2022/23

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

2.1.6. Improvements in Community Physical Health Services for Adults

The Nutrition and Dietetics Service host the dietetics team in the Royal Berkshire Hospital (RBH), which is funded by the RBH. They have secured funding for an Intensive Care Unit (ICU) at the RBH. This dietitian is a critical part of the ICU Multidisciplinary Team (MDT), and they help facilitate optimal and faster recovery. An abstract outlining the benefits of this role has subsequently been published in the British Journal of Gastroenterology. In addition one of the Ketogenic Dietitians (who aim to reduce epileptic seizures in children by means of a ketogenic diet) had a poster presentation displayed at the Global Keto Conference outlining how a tertiary specialist service can be developed in a District General Hospital.

Our Community Dietitians have addressed recruitment challenges by introducing Band 4 Dietetic Assistant Practitioners into their team. They have also created a new model of working with care homes in West Berkshire.

Berkshire Community Dental Service (CDS) received additional funding from NHS England in 2021 to reduce waiting lists. By appointing additional staff on a fixed term basis, they have reduced the waiting list from referral to consultation from 1206 to 489 with a reduction in waiting times from 40 to 16 weeks. Introducing additional General Anaesthetic (GA) sessions on Saturdays at the Royal Berkshire and Wexham Park hospitals has reduced the paediatric extraction GA waiting list from 491 to 101 with the maximum waiting time reducing from 115 to 18 weeks. The comprehensive treatment GA waiting list has reduced from 171 to 60 with only 5 patients waiting more than 18 weeks.

The Diabetes Service has been working to increase the number of people with type 1 diabetes whose HbA1c is equal to or less than 58 mmol/mols. Nationally around 30% of people with type 1 diabetes meet this target. The team used quality improvement methodology to address this, resulting in several improvements being made and resulting in an increase, above the national average, of people with Type 1 diabetes managed under the specialist service. Waiting times for follow up appointments have also been reduced and a pilot project is being carried out with Community Nursing using new diabetes technology to help support people with diabetes who are housebound. A dedicated Diabetes Consultant has now been employed directly by the Trust to provide strong clinical leadership.

The Podiatry Service host the team at the Royal Berkshire Hospital (RBH), which is funded by the RBH. They have used transformation funding to send a community podiatrist to work with the RBH Foot Multi-disciplinary Team (MDT) for 2 days per week for 6 months. This rotational post has allowed the community podiatrists to participate in an educational role within the acute podiatry team and allowed them to expand and develop their practical clinical skills.

Adult Speech and Language Therapy (SLT) have developed a dysphagia training programme with the SLT team at the RBH. Both teams can now train Band 5 staff in their dysphagia competencies internally, thus saving the time and funding required in taking external courses. Staff become dysphagia competent and can manage a dysphagia caseload earlier, thus reducing waiting. The team are also part of the Parkinson's Plus outpatients MDT team hosted by Frimley Health at Heatherwood Hospital. Clients

attend this "one-stop" clinic for assessment which, in most cases, reduces the need for further referral to our SLT service.

Integrated Services in East Berkshire. A duty triage role has been introduced for the Assessment and Rehabilitation Centre (ARC) and Community Physiotherapy to ensure that referrals are appropriate and assigned to the correct service. 'Check calls' have also been introduced to ensure patients waiting are kept informed, and any changes in circumstances are reflected. Urgent referral waiting times in this area have reduced from 24 to 0-1 weeks, with routine waits down from 48 to 8 weeks. Inpatient therapies now provide a 7-day service.

The East Berkshire Lower Limb Service are following the National Wound Care Strategy guidelines for lower limb management and consistently exceed their target of having a healing rate of 70% or more within 12 weeks for non-complex lower limb ulcers.

The Specialist Wheelchair Service has found a 3rd party supplier to recondition their wheelchairs and improve timely access to reconditioned wheelchairs for patients. They have also invested in reconditioning Motor Neurone Disease (MND) specification power wheelchairs in-house. This allows a quicker response to the needs of MND patients whose condition can deteriorate quickly.

The East Berkshire Heart Function Service. Some staff have completed courses on advanced assessment, cardiology and leadership. They have also held three competency workshops for all Heart Function Nurses in their Integrated Care Board area to help them get their Heart Function nurse competencies signed off. One of the staff members has also co-authored a Heart Failure nurse competency framework that has been published in the British Medical Journal. The Berkshire East Heart Failure team are currently an NHS England accelerator site to pilot Heart Failure patients on remote monitoring. This will help to reduce hospital admissions, recognise early signs of deterioration and promote self-management of

heart failure. An Intravenous diuretic community lounge has also been put in place to treat patients with decompensating heart failure closer to home and reduce hospital admissions.

The Musculoskeletal Physiotherapy West Service have re-designed and re-launched 7 types of face-to-face patient exercise classes. They have also launched pathways that provide more seamless care for patients with Osteoarthritis and Low back pain who are referred from the Integrated Pain and Spinal Service / Community Specialist Services. The team have started a review the service to identify positive changes for the future.

Community Nursing Teams in East Berkshire have introduced a community nursing forum to allow for clear messaging, better information sharing and to facilitate cross-cover of resources and staff. A triage administrative role has been introduced in each locality. Clinical leads have introduced support drop-in sessions to support staff wellbeing, and a rolling programme of bite-sized training has been introduced to provide support for less experienced staff.

Urgent Community Response (UCR) /Virtual Wards (VW) in West Berkshire. All South-Central Ambulance Service (SCAS) referrals to the UCR Service are now directed to the appropriate UCR/VW Team Coordinator by the Integrated Health Hub. This has improved the referral process and the quality of information gained at the point of referral.

The Care Home Support Team in West Berkshire have introduced multidisciplinary clinical meetings with care home managers, to review patients with complex needs and/or showing signs of deterioration in their health.

Newbury and the West Berkshire Community Nursing Services have introduced a Community Matron Coordinator role to support to the Community Nursing teams. This has resulted in a reduction in Community Nurses' waiting time for prescriptions and authorisations, a more integrated approach to caring for patients in

45

the community and an increase in referrals to the Community Matron service. The team hold fortnightly Complex Case review meetings to discuss the patients they are concerned about.

Reading Community Nursing Service have introduced an Allocation Standard Work Process to support the daily allocation of work and ensure that it is safe and effective. A prioritisation capacity tool was also introduced to support with the decision making and reduce the risk of harm to patients. The service also works with the other localities in the West to introduce development workshops for Band 6 Community Nursing Sisters.

Wokingham Community Nursing Service has reviewed its process for reporting missed visits and a caseload management tool was

also updated to make it less time-consuming. They have employed a Clinical Development and Quality for the Wokingham District Nursing teams and a Wound Care Nurse Specialist has also been appointed.

Cardiac and Respiratory Specialist Services (CARRS) in West Berkshire. The Respiratory Service have introduced new processes which have led to a reduction in errors and removed duplication of work. They are automating the process of referrals for the oxygen service and a virtual diary has been developed to allocate appointments to healthcare staff in the same postcode. The Heart Function service has implemented a Rapid Titration Clinic for patients that are prescribed Entresto (a treatment for heart failure) in the community.

2.1.7. Improvements in GP Out-of-hours Services and Urgent Care Services

WestCall GP Out of Hours Service has enhanced their IT access during the year. They now have increased access to daytime GP EMIS clinical systems and to the Royal Berkshire Hospital electronic patient records. This allows them to visualise the whole patient journey from daytime primary care to acute

secondary care, thus giving them greater oversight. A remote laptop upgrade has also enabled clinicians to utilise electronic prescribing on home visits remotely for the first time. It also allows clinicians to access ICE (test results) on home visits.

2.1.8. Improvements in Services for Children, Young People and Families (CYPF), including Child and Adolescent Mental Health Services (CAMHS)

Work carried out across the CYPF Division. Band 5 rotational therapy posts have been introduced, as well as developmental band 6 roles to give opportunities to staff who are thinking of promotion. A system has been created to collate all staff supervision to aid recording and performance management.

SEND (Special Education Needs and Disability). All CYPF services are involved in the provision of care for children with SEND according to the Children and Families Act 2014. Teams have seen an increase in the number of requests for Education and Health Care Needs Assessments (EHCNA). Work undertaken in this area to reduce Occupational Therapy times for this is described in part 2.1.1. above. We have also worked with Local

Authorities to promote the "universal offer", which is available for schools to access. This helps to support the child and parents.

The Children in Care Team has seen an increase in the number of unaccompanied asylum-seeking children referred to the team. They have started a series of engagement sessions to support these young people.

The Children and Young People's Integrated Therapy Service (CYPIT). The three Local Authorities in the east of the county have worked with Frimley Integrated Care System on a joint review of children's therapy services. We anticipate that new arrangements will be rolled out from April 2023. Additional investment has been given to

the Occupational Therapy (OT) team to increase the number of qualified staff and introduce a wider skill mix through the recruitment of OT assistants. CYPIT have also been awarded a contract to deliver their service to patients in the west of Berkshire. Early years training courses are being run virtually for parents and professionals across Berkshire, and the Speech and Language Therapy (SLT) team has developed a training programme for early years settings in partnership with a West Berkshire education practitioner. CYPIT has also continued to strengthen its support for school-aged children. The SLT team continue delivering training across the 3 west Berkshire localities and the physiotherapy team have started developing a series of training videos for school staff. The Occupational Therapy (OT) team have started advice clinics in schools.

The Health Visiting (HV) and School Nursing (SN) 0-19 years services. Health Visiting services have introduced a 'Chat health' service for parents/carers of children 0-5 living in Bracknell, Wokingham, Reading or West Berkshire. This allows Parents/ carers to contact the Health Visiting team more easily for confidential advice and information. Saturday working has been introduced in Reading as well as a vulnerable holding caseload. Three specialist HV roles have also been introduced for perinatal mental health, SEND and complex Needs and Health Inequalities. In Bracknell, the team have started integrated 2-2.5yrs of age development reviews.

Across Berkshire the school nursing service have launched 'Chat health' for 11- 19-year-olds and parents of 5–19-year-olds. They receive positive feedback for the delivery if their medical awareness sessions for school staff. New weight management and anxiety pathway have also been developed.

The School Aged Immunisation Service received a letter of recognition from NHS England for achieving the highest uptake of the in-schedule Human papillomavirus (HPV) and school leaver booster vaccines within the NHS England Hampshire & Thames Valley

Commissioned area during the 21/22 academic year. The Health Bus was also launched to offer catch up clinics and opportunistic appointments. The first offer of flu vaccinations to all children in Reception to year 9 was completed before the end of the Autumn Term 2022. The team also supported the evergreen offer of Covid Vaccinations to children educated within Special Educational Needs schools. A specialist immunisation nurse team has been developed to improve uptake of immunisations in specific areas. A targeted Pregnancy Disclosure pathway has also been developed in case a young person discloses that they are pregnant during an immunisation session. Finally, a process has been developed to maximise opportunities for parents and young people to consent to and receive immunisations.

Specialist Children's Services. Improvement has continued across the service, including development of a new East Berkshire Special School Nursing service.

The Community Children's Nursing (CCN) team. The West CCNs have introduced a Rapid Response Service to provide support and advice to the Police in the event of an unexpected child death. They have also finished introducing their commissioned 8-8 service, with the longer hours helping to prevent children being admitted to hospital. Both the East and West CCN teams continue to develop End of Life care and have supported a significant number of children and families in the community. Training has also been developed focusing on mental health for Children and Young People. The Paediatric Early Warning System has also been implemented.

The Special Schools Nursing Team. The West SSN team have reviewed their role across the Special Educational Needs schools to ensure appropriate cover. Clinical competencies have been re-assessed and a training plan in place. The East Berkshire Service continues to develop with the appointment of an SSN at each of the SEN Schools in East Berkshire.

The Community Paediatrician Service have reduced both wait numbers and wait time for autism assessments and have completed a Quality Improvement project to progress a paper lite system.

The CYPF Dietetic Service care for children who have complex health needs and require enteral feeding support at home. They have been working with Royal Berkshire Hospital dietetic team, catering and an external provider to develop ambient temperature blended diet pouches for use at ward level. The service is also involved in the Buckinghamshire Oxfordshire and Berkshire Integrated work on Avoidant restrictive food intake disorder (ARFID).

The CYPF Neurodiversity- Autism Assessment Team and Attention Deficit Hyperactivity Disorder (ADHD) Team. The service received significant new investment enabling a service expansion and service transformation. This included implementing service efficiencies, outsourcing of some routine assessments and medication initiation and titration to reduce waiting times to below 2 years. The service has also received recruitment support to help address staff turnover and recruit hard-to-fill Clinical Psychology posts. A project on autism assessment is also being carried out in Berkshire, Oxfordshire, Buckinghamshire and Surrey to help improve the autism assessment process.

Two qualified and three trainee Children's Wellbeing Practitioners are now in place to provide support to families whilst they are waiting for autism and/or ADHD assessments via the Neurodiversity Helpline. These practitioners can also provide evidence-based low intensity Cognitive Behavioural Therapy (CBT) informed interventions to children on the autism or ADHD pathways, who are experiencing mild-moderate low mood, anxiety or behavioural difficulties. Quality Improvement (QMIS) methodology is well-embedded across the neurodiversity service. Within the autism assessment team, there have been various initiatives to improve efficiency, resulting in more assessments

being concluded in a timely manner. Finally, there are now 3 non-medical prescribers in place in the ADHD team.

Child and Adolescent Mental Health Services (CAMHS) and the Berkshire Eating Disorders Service (BEDS) have historically had long waiting times, with demand and acuity continuing to grow. Several projects are underway to address this. Two new posts have been created to lead on quality improvement and Transformation work across the teams. The CAMHS leadership team are developing and implementing updated, evidence-based clinical care pathways across the service.

The CAMHS Common Point of Entry (CPE) team have been using QI methodology to reduce waiting times for initial contact and initial assessment. Several countermeasures were implemented, resulting in a 42% reduction in people waiting and a 56% reduction in those waiting for routine support.

A QI project was also undertaken to look at retention of staff in the CAMHS Rapid Response team- a challenging area with a high risk of burn-out and high staff turnover. The impact of this project is being evaluated.

The CAMHS Getting Help Team, who support care through schools-based mental health support, wanted to understand why there had not been the anticipated reduction in the number of referrals to the Common Point of Entry (CPE). Using QI methodology alongside the CPE team and transformation colleagues from the Frimley ICB, they identified waste and inefficiencies in the process and developed a set of countermeasures. The team are hopeful these actions will result in a reduction in the time taken from referral to treatment, a reduction in referrals to CPE, and an increase in referrals to the Getting Help team.

Buckinghamshire Oxfordshire and Berkshire Integrated Care Board secured funding to become an early adopter pilot site for the new Key Working Programme. This is a national initiative to support children and young people with a learning disability and/or autism, who

are at risk of admission to a Tier 4 mental health unit/hospital. Berkshire Healthcare CAMHS has been commissioned to provide this service in Berkshire West. Core staff have been recruited to the service, which went live in January 2023 and the service will expand through 2023/24 .

2.1.9. Improvements in Services for Adults with Learning Disabilities (LD)

Caring for People with a Personality Disorder and an Intellectual Disability (CaPDID) training – Inpatient & Community Services. Many people with learning disabilities have experienced adverse childhood experiences and/or trauma in their lives. This means that as adults they may have difficulties forming and sustaining relationships and can behave in ways which can be challenging for others. CaPDID training is a three-session training course run over several weeks, which brings professionals and paid carers together to enable discussion of experiences of supporting people who can present in this way. The training shares some key psychological concepts which can help staff formulate and better understand people's experiences and presentations. To date CaPDID training has been run for one group of staff within the Learning Disabilities Service, which has been well received with positive feedback. Two further groups are being run early in 2023, with plans for it to be offered to local care providers, and the possibility of Berkshire being a pilot site for a national research study looking into the outcomes of CaPDID training.

Reducing Inpatient Admissions – Dynamic Support Register pilot. To help support the aim to reduce the use of inpatient services, our Intensive Support Team have been working to develop a local Dynamic Support Register. This has involved researching good practice and piloting tools to help assess the risk of inpatient admission. The outcome from the project will be fed back to our Commissioners to help inform the future development of a system wide Dynamic Support Register.

Community Teams for People with Learning Disabilities have had their work developing an end-of-life care pathway for people with learning disabilities published in the Learning Disability Practice journal. This demonstrated their approach to partnership working and sharing the pathway with others in the wider LD arena. Following on from the publication, the team were invited to apply for the Royal College of Nursing awards and were shortlisted with other finalists.

The team have also held various "Meet the Team" events including an event at a local day centre where the team role-played to demonstrate the roles of different team members. A session on healthy eating and positive mental health was also carried out.

Team members have also introduced an epilepsy clinic at Ravenswood with a Community Nurse and Neurologist attending. This has proven to be an efficient approach for all involved and helped to ensure the person, their carers and health professionals all contribute to updated epilepsy care plans.

Administration & Medical Secretary Support. EPRO has now been implemented in the LD specialist service to make digital dictation processes easy and more efficient for both the clinicians and the Medical Secretaries who support them.

2.1.10. Improvements in Mental Health Services for Adults, Including Talking Therapies (TT) and Older Peoples Mental Health Team (OPMH)

Talking Therapies

Direct to Digital was launched in May 2022. This provides an innovative solution, allowing Talking Therapies clients immediate access to online support for depression and anxiety. The client is then contacted by a clinician to support them through the programmes and ensure they get the right support at the right

49

time. This has also resulted in a reduction in the time required to process new referrals and has provided a new route into our service.

Offering SilverCloud online treatment to patients on our waiting lists. The service is now offering clients waiting for Cognitive Behavioural Therapy (CBT) access to online treatment (SilverCloud).

Cultural and Ethnic Diversity work. Talking Therapies are committed to addressing ethnic health inequalities and have established permanent Cultural and Ethnic Diversity Lead roles. These leads build, develop and maintaining relationships with local communities, grassroots organisations, faith leaders and faith-based organisations. They have also conducted targeted outreach to specific community locations and have provided training to staff around working therapeutically with diverse client groups. The team are also working with GPs and Primary Care Nurses to address specific locality needs.

The Reading Waitlist Project aimed to reduce the Reading Step 3 waitlist and identified several inefficiencies causing delays. The project also identified that post-traumatic stress disorder (PTSD) was over identified as a presenting problem. Countermeasures were put in place to address this.

Wellbeing Strategy and Wellbeing Strategy Action Plan. A joint Improving Access to Psychological Therapies (IAPT) Staff Wellbeing Project has been funded by NHS England for implementation across Thames Valley IAPT Services. It aimed to develop an approach to strategically support good wellbeing of IAPT staff and resulted in the development of a 'Model IAPT Staff Wellbeing Strategy'. Using this strategy as a baseline, our Talking Therapies service held local engagement events and ran a service wide survey to identify areas of potential development and to gather feedback from staff on actionable changes that would result in greater wellbeing. Actions are being implemented, the outcomes of which will be monitored and reviewed regularly over a 2-year period.

Community-Based Mental Health Services for Adults

'One Team' will transform Berkshire's Mental Health offer, in line with the NHS Long Term Plan, to create a brand-new model for Berkshire. This new model will feature improvements to the way we deliver the collaborative, integrated and equitable services that the modern population of Berkshire need.

Supporting people with their mental health is rarely straightforward. Sometimes people need help from a range of services and organisations. This can be a challenge when our ways of working aren't set up to allow this easy flow between services. People can end up on long waiting lists, being bounced around between services that aren't quite right for their needs, or not ever receiving the right treatment for them. While waiting for the right treatment, a person's mental health may deteriorate further. These barriers to working collaboratively are also frustrating for staff. Who want to offer the best personalised care for their patients.

The OneTeam project will improve this for our patients by doing the following:

- Bring together East and West Berkshire's Community Mental Health Services in to one clear service offer, eliminating any unwarranted variation between localities.
- Provide consistency and equity of service provision across Berkshire.
- Move towards a more holistic approach that considers physical and social determinants of mental health.
- Better utilise community assets and voluntary sector organisations
- Reduce or eliminate unnecessary barriers to accessing services.
- Work across multi-agency boundaries
- Allow earlier intervention, improve access and interfaces between Primary and 'Secondary' or specialist care.

The Common Point of Entry (CPE) service have reduced their waiting time for new planned assessments from 12 to 4 weeks.

The Out of Area Placements (OAPs) Team have had success in improving the outcomes for patients placed in independent hospitals. This has included a reduction in numbers.

The Community Rehabilitation Enhanced Support Team (CREST) helps support those with complex mental health needs in the community. The team has been in the initial stage of operation since November 2022 and further recruitment is in progress.

Thames Valley Liaison and Diversion (L&D) Services have started carrying out Speech and Language Therapy assessments in Berkshire for those requiring this. They have also carried out a Listening into Action event to reduce duplication of work and administration around screenings and assessments. A more clinical and restorative approach to providing supervision to staff was also put in place. A new Prison Healthcare Single Point of Contact process has been developed that allows the L&D Team to make one referral directly to prison healthcare to alert them of a defendant's vulnerabilities or needs. Hampshire L&D team have also implemented fortnightly Restorative Clinical Supervision sessions, facilitated by a Professional Nurse Advocate.

The Psychological Medicine Service maintain a strong relationship with Royal Berkshire and Wexham Park Hospitals. They consistently meet their performance targets with an excellent one-hour response time for patients in Accident and Emergency. They have re-introduced face to face teaching in both hospital sites and both services have been re-accredited by the Royal College of Psychiatrists.

The Individual Placement and Support employment team supports clients with significant or severe mental health issues to gain, sustain and retain paid employment. The team underwent an extremely thorough external fidelity review towards the end of 2022 and scored the highest possible marks on areas which are vital to the service, including their integration with the clinical teams they work alongside. Monthly peer support groups have also been established.

The Building Resilience and Valuing Emotions after Domestic Abuse (BRAVE) Team have been offering psychological input to East Berkshire residents for the last three years. They have now secured a commissioning contract from The Thames Valley Police and Crime Commissioner to expand their service into west Berkshire localities. An additional service called 'BRAVE Too' has also been developed to focus on supporting male victims of domestic abuse.

Emotional Minds Bring Reasons and Choices Every day (EMBRACE) is an East Berkshire Therapeutic Community that is part of our recovery services. They offer numerous opportunities to their members for recovery growth, engagement and co-production on a weekly basis. EMBRACE has been nationally recognised as an example of good practice in co-production and is accredited by The Royal College of Psychiatrists.

Slough Co-Production Pathway enables service users and carers in slough to contribute to service developments and evaluations, whilst some choose to train as peer mentors, becoming volunteers for our Trust. They also have opportunities to work in an expanding choice of paid roles as lived experience practitioners. They have recently contributed to the Safe Haven, East Berkshire out-of-hours mental health support project.

The 'SPINE' Slough Primary Care Network Mental Health Integrated Community Service (MHICS) was launched in November 2022, with plans for the whole Primary Care Network to be served by the end of Feb 2023.

Alternative Resource Reimbursement Scheme (ARRS) for asylum seekers. ARRS clinicians and their primary care colleagues have seen unprecedented demand in some areas due to the increased asylum seeker population in Slough. Feedback from primary

care partners as well as objective measures of output, have been very positive.

The Intensive Management of Personality - Disorder and Clinical Therapies Team (IMPACTT). The Psychologically Informed Consultation and Training (PICT) team is a part of the IMPACTT service. It is a collection of senior psychologists and psychotherapists with specialist knowledge of working with patients with personality disorders. This year they have widened their 'primary care' offer to the West Berkshire/ Buckinghamshire, Oxfordshire and Berkshire (BOB) system. They have also developed and delivered more bite-sized training packages for professionals to help dispel some of the stigma of this diagnosis and improve confidence and skills in working with these difficulties.

The SUN (Service User Network) provides community-based, open access peer support groups across Berkshire to those with personality disorder difficulties who may have found it difficult to engage with other therapy services or are waiting to access these. Members have given very positive feedback about their experiences, and more than 50% of members starting in SUN return to a group on more than 3 occasions.

The Managing Emotions Programme (MEP) has been co-produced in partnership with Surrey and Borders Foundation Trust to meet the needs of people at the mild to moderate end of the continuum of personality disorder. It will be integrated within the wider Mental Health Integrated Community Service (MHICS) team to boost its development and ensure a more robust staffing structure.

The Assertive Interventions and Stabilisation Team (ASSIST) service was initially developed in Slough then adapted and extended across Berkshire. They provide support to people diagnosed with Emotionally Unstable Personality Disorder (EUPD) who may be experiencing such increased levels of distress that they may have been admitted for inpatient care.

The Dialectical Behaviour Therapy (DBT) and Mentalization Based Treatment (MBT) therapy teams now have a 'blended' offer of in-person and remote/ online therapy, depending on clinical need and patient preference.

Carers Awareness Tools and Support (CATS). The team have piloted a new Carers group to support the family and friends of people with EUPD who are using services.

The Crisis Resolution and Home Treatment Team (CRHTT) in Berkshire West have trained five Professional Nurse Advocates (PNAs) to provide wellbeing support, restorative supervision, education and career advice. The PNAs also facilitate Space Group reflective sessions which give staff the opportunity to share key messages/learning and talk about challenges in an honest and open space. A wellbeing event has also held this year where incident data was considered. The event also included education workshops on the impact of suicide on health workers. Counter measures have been put in place to increase staff wellbeing and mitigate trauma, moral injury and burn out. A Dual Diagnosis Coordinator has also been introduced to support the team with clinical reasoning and decision making for those with Co-occurring Mental Health, Alcohol and Drugs. The service now has six Non-Medical Prescribers in place and a nurse led non-medical prescribing clinic has been started. Lived experience practitioners have also been introduced to provide advice and support to our teams and to advocate for service users and carers.

Mental Health Inpatient Services at Prospect Park Hospital

A targeted piece of work to improve the communication system between inpatients and community services has been undertaken. A Bed Flow project has led to an improved communication system which provides real-time workflow information to all staff involved in inpatient admissions. A Mental Health Liaison Role has also been introduced to support patient flow between inpatients and community teams.

There is also currently a wide-ranging piece of work being completed at Prospect Park Hospital in relation to reducing restrictive practice. We know that this is a widespread issue, and this needs to be changed in a manner that will be longstanding. Our main focus is around reducing the use of Prevention and Management of Violence and Aggression (PMVA) restrictive measures and increasing the use of other helpful measures. Our data suggests that over the years, the reason for which PMVA is used has changed, with self-harm being a top contributor in comparison to some years ago.

To help reduce restrictive practice we have looked at reducing 'blanket restrictions' such as having kitchens locked during certain times, and restrictions on visiting times and access to gardens. We know that such blanket restrictions can be challenging for patients and can be unhelpful when planning and providing holistic and person-centred care. Two wards in particular, Snowdrop and Bluebell have started using countermeasures to reduce the use of PMVA and increase the use of personalised care plans whilst measuring the impact this has on self-harm. The first countermeasure involves 'who's looking after me today,' which provides patients with access to one key person that will be specifically supporting their needs through the day, rather than having to go to several different people. The second countermeasure is the use of safety huddles. These happen every day following the ward handover, to highlight any patients that might become distressed during the day and how the teams will approach, support and engage with that patient to avoid restrictive measures like PMVA. There is also ongoing work around the hospital in trying to understand why a person may self-harm. This understanding will allow teams to develop a care plan that supports the patient and develops their coping strategies.

Work has also been undertaken to improve services for patients admitted with drug or alcohol misuse. This has included:
- Improving the care pathway for patients who are admitted in a Mental Health crisis but also require a detox from alcohol.
- Improving identification of drug use on admission.
- Improving access to support for patients who have used substances or alcohol.
- Establishing a Tobacco Dependence service within the hospital- Since June 2022
- Improving pre-admission conversations re Smokefree hospital
- Essential training for all staff to improve confidence in having Smokefree conversations.
- Staff Focus group to support staff who smoke and work in the hospital.

2.1.11.   Improvements in Medicines Management

Safer use of clonazepam. This is a powerful benzodiazepine widely used in acute mental health episodes but not recommended for wider use, especially on discharge from hospital, due to the common confusion over its potency. Trust use was audited, and then followed up with clearer guidelines and education sessions with prescribers.

Working with Estates to tackle high ambient temperatures in wards medicines storage areas. This includes the selective installation of air conditioning, to prevent medicines being exposed to temperatures of 25°C or higher. This programme has reduced the number of medicines having to be destroyed because of exposure to high temperatures.

2.2. Setting Priorities for Improvement for 2023/2024

ⓘ This section details the Trust's priorities which reflect the Trust Annual Plan on a Page for 2023/24 (see Appendix A). Specific priorities have been set in the areas of patient experience, harm free care, clinical effectiveness, and supporting our people. They have been shared for comment with Trust governors, Integrated Care Boards, Healthwatch Organisations and Health Overview and Scrutiny Committees. Responses to this consultation are included in Appendix H, together with the Trust response to each comment made by the stakeholders.

2.2.1. Harm-Free Care Priorities
Providing Safe Services

- We will protect our patients and staff by using appropriate infection control measures.
- We will identify and prioritise patients at risk of harm resulting from waiting times.
- We will ensure face to face care where clinically indicated.
- We will continue to reduce falls, pressure ulcers, self-harm in in-patient services and suicide across all of our services.
- We will recognise and respond promptly to physical health deterioration on all our wards.
- We will improve the physical health of people with serious mental illness.
- We will strengthen our safety culture to empower staff and patients to raise safety concerns without fear, and ensure learning from incidents.

2.2.2. Clinical Effectiveness Priorities

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

2.2.3. Patient Experience Priorities
Improving Outcomes

- We will reduce length of time patients wait for our services, year on year (compared to 2022 waits
- We will make every contact count by offering advice in making healthy choices.

- We will identify and address inequality in access to services.
- We will gain feedback from at least 10% of our patients in each service and demonstrate service improvement based on feedback.

2.2.4. Supporting our People Priorities
A great place to work.

- We will ensure our teams have access to effective health and wellbeing support.
- We will promote a culture of respect, compassion and kindness.
- We will not tolerate bullying, harassment or abuse of any kind.
- We will support staff to work flexibly and connect with their teams.
- We will act on feedback from staff to improve satisfaction and address identified inequalities.
- We will provide opportunities for staff to show initiative and make improvements through great team working, Quality Improvement and Bright Ideas
- We will support staff to achieve their career aspirations.
- We will attract and welcome school leavers, apprentices, students and international recruits to help close our workforce gaps.

2.2.5. Monitoring of Priorities for Improvement

All priorities detailed above will be monitored on a quarterly basis by the Trust Quality Assurance Committee as part of the Quality Report and the Trust Board will be informed of performance against agreed targets. The Trust will report on our progress against these priorities in our Quality Account for 2023/24.

2.3. Statements of Assurance from the Board

During 2022/23 Berkshire Healthcare NHS Foundation Trust provided and/or sub-contracted 49 relevant health services.

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

The income generated by the relevant health services reviewed in 2022/23 represents 100% of the total income generated from the provision of relevant health services by Berkshire Healthcare NHS Foundation Trust for 2022/23.

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

2.3.1. Clinical Audit

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

National Clinical Audits and Confidential Enquiries

During 2022/23, 12 national clinical audits and 3 national confidential enquiries covered relevant healthcare services which Berkshire Healthcare NHS Foundation Trust provides.

During that period Berkshire Healthcare NHS Foundation Trust participated in 100% (n=12/12) of national clinical audits and 100% (n=3/3) of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Berkshire Healthcare NHS Foundation Trust was eligible to participate in during 2022/23 are shown in the first column of Figure 31 below. This column also details the national clinical audits and national confidential enquiries that Berkshire Healthcare NHS Foundation Trust participated in during 2022/23.

The national clinical audits and national confidential enquiries that Berkshire Healthcare NHS Foundation Trust participated in and for which data collection was completed during 2022/23 are also listed below in Figure 31 alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry (detailed in the second column of Figure 31).

Figure 31- National Clinical Audits and Confidential Enquiries

National Clinical Audits and Confidential Enquiries that the Trust was eligible to participate in and did participate in during 2022/23	Data collection status and number of cases submitted as a percentage of the number of cases required by the terms of each audit and other comments
1. National Clinical Audits (N=12)	
National Clinical Audit and Patient Outcomes Programme (NCAPOP) Audits	
National Sentinel Stroke Audit	Data Collection: Apr 2022 to March 2023. 371 patients submitted, across 3 services, 61 six-month follow-ups. Report due: Annually November 2023
National Diabetes Footcare (Community Podiatry care)	Data Collection: Apr 2022 to March 2023. 287 patients submitted, across 1 service). Report due: 2024
National Asthma and COPD Audit Programme (NACAP): pulmonary rehabilitation	Data Collection: Apr 2022 to March 2023. 61 patients submitted, across 1 service. Report due: Annually 2023/24
National Audit of Inpatient Falls	Data Collection: Apr 2022-March 2023. 3 patients submitted, across 2 services. Report due: Annually- November 2023
National Diabetes Audit - Secondary care	Data Collection: Apr 2022 to March 2023. 1915 patients HbAc1, 199 Structured Education and 84 Insulin pump patients submitted, across 1 service Report due: Annually- July 2024
National audit of care at end of life	Data collection July 2022 to Oct 2022. 26 patients submitted, across 1 service. Report due: July 2023
National Clinical Audit of Psychosis	Data Collection: Feb 2023 to March 2023. 100 patients submitted, across 1 service. Report due: 2023/24 tbc
Non- NCAPOP Audits	
National Audit of Cardiac Rehabilitation	Data Collection: Apr 2022 to March 2023. 171 patient assessment 1's & 111 assessment 2's submitted across 1 service. Report due: 2023/24
Prescribing Observatory for Mental Health (POMH) – 1h&3e: Prescribing high dose and combined Antipsychotics	Data Collection: March 2022 to April 2022. 71 patients submitted, across 1 service. Report released: Dec 2022
POMH – 21a: The use of Melatonin	Data Collection: June 2022 – July 2022. 158 patients submitted, across 3 services. Report released: Feb 23
POMH – 20b: Valproate Prescribing in adult mental health	Data collection: Oct 2022 – Nov 2022. 163 patients submitted, across 3 services. Report due: May 2023
POMH - 7g: Monitoring of patients prescribed Lithium	Data Collection: March 2023 to April 2023. 140 patients submitted, across 3 services Report due: August 2023
2. National Confidential Enquiries (N=3)	
National Confidential Enquiry into Patient Outcome and Death (NCEPOD) – Child Health Clinical Outcome Review Programme. Transition from Child Health to adult services	Data Collection: July 2021 to October 2022. 7 patients submitted. Report due: June 2023

National Clinical Audits and Confidential Enquiries that the Trust was eligible to participate in and did participate in during 2022/23	Data collection status and number of cases submitted as a percentage of the number of cases required by the terms of each audit and other comments
National Confidential Enquiry into Suicide and Homicide (NCISH) - Mental Health Clinical Outcome Review Programme Suicide and Homicide 2022/23	Data Collection: Apr 2022 to March 23. 43 (100%) patients submitted. Report due: 23/24 (tbc)
Learning Disability Mortality Review Programme (LeDeR)	Data Collection: April 2022 to March 2023. 100% patients submitted. Report due: 2024

The reports of 12 (100%) national clinical audits and 1 (100%) Board Level audit were reviewed by the Trust in 2022-23. This included national audits for which data was collected in earlier years with the resulting report being published in 22/23. Berkshire Healthcare NHS Foundation Trust intends to take actions to improve the quality of healthcare provided as detailed in Appendix B

Local Clinical Audits
The reports of 20 local clinical audits and 16 service evaluations were reviewed by the Trust in 2022/23 and Berkshire Healthcare NHS Foundation Trust intends to take actions to improve the quality of healthcare which are detailed in Appendix C.

2.3.2. Research and Development (R&D)

ⓘ **Clinical Research activity is crucial to ensure the quality of care we provide and to discover new treatments and interventions. Our research activity and outcomes contribute to evidence-based practice by enabling skill development for staff.**

Evidence demonstrates that hospitals active in clinical research have better patient care outcomes. Berkshire Healthcare is committed to clinical research and to providing research that is patient centred. Our Research portfolio is aligned with the needs and priorities of our population and services.

The overall number of patients receiving health services provided or sub-contracted by Berkshire Healthcare up to end of Q4 2022/23 that were recruited to participate in research approved by a Research Ethics Committee was 653 into 29 studies. All 29 of these studies are included on the National Institute for Health Research (NIHR) portfolio.

We are delivering on our strategic objectives to embed Research into clinical care, to build on and create new collaborations and ensure access to Research.

Patient experience. In 2022/2023 6,978 participants were recruited into NIHR portfolio

studies within Berkshire of which 156 completed the national Participant in Research Experience Survey (PRES). 149 out of the 156 participants would consider taking part in Research again with all stating that the Research staff always treated them with courtesy and respect. A third of participants had been on a Research study for 1 year or more. The lead research nurse for the Trust contributes to the regional Patient Public Involvement Engagement group where strategies for increasing the participation in the national PRES survey are discussed.

Supporting our staff priorities. The Research culture at Berkshire Healthcare demonstrates clear benefits for the development of staff skills. Clinical Research increases staff engagement and retention by ensuring external clinical innovations and advancements of clinical practice can be implemented into departmental practices, whilst also contributing to evidence-based

practice by enabling skill and knowledge development for staff.

This financial year saw the Berkshire Healthcare Research Delivery team named as joint winners of the All-round High performing team award. Several AHPs within Berkshire Healthcare have also provided input into a Buckinghamshire, Oxfordshire and Berkshire West (BOB) Allied Health Professions (AHP) Faculty website. Together with the R&D senior leadership team, the input ensured that Research featured in the profiles of AHPs and, as one of the pillars of advanced clinical practice, there were examples on the website of Research, Quality Improvement, and Innovation opportunities/news.

A registered Clinical Research Practitioner (CRP) within the Berkshire Healthcare R&D team has been appointed to the Thames Valley and South Midlands regional CRP role. The post will support other CRPs across the region and assist in education and support by creating, developing and sustaining supportive networks for those who attain registration status and others who are working towards registration status. The role also provides Berkshire Healthcare with an opportunity to work closely with the national Engagement Manager for CRP Registration, ensuring that regionally focused approaches align with overarching NIHR strategy.

Patient safety priorities and clinical effectiveness. 100% of our research portfolio in 2022/23 was aligned with, Patient and Public Involvement and Engagement, a clinical service, Trust priority, Integrated Care System, or a national priority. This helps ensure we improve the quality of our service.

Research representatives sit on the Trust's Reducing Health Inequalities steering group. The Applied Research Collaboration awarded research funding to the Trust for a project focusing on tackling health inequalities in black individuals who have been detained under the Mental Health Act. The Clinical Research Network awarded the Trust funding to develop; a research strategy for Learning and Disabilities services, a patient public engagement event, and to implement data quality processes to ensure data can be collected to evaluate the service and identify priorities. All projects are on-going and will be taken forwards as part of the delivery plan of 2023/24.

Berkshire Healthcare is a partner in the Oxford Health Biomedical Research Centre (OHBRC), which is one of only two centres in the country wholly dedicated to research into mental and brain health. There are 11 themes of research, and we are involved in the 'Psychological' and the 'Mental Health in Development' themes. The Berkshire Traumatic Stress Service is hosting the Complex Post-Traumatic Stress Disorder (PTSD) project entitled 'Does a Phased Approach Enhance Outcomes for Trauma-Focused Cognitive Therapy for Complex Post-Traumatic Stress Disorder (CPTSD)?' This is a collaborative project involving several stakeholders and delivers on the Psychological theme of the OHBRC.

2.3.3. CQUIN Framework

ⓘ The Commissioning for Quality and Innovation (CQUIN) payments framework was set up from 2009/2010 to encourage NHS providers to continually improve the quality of care provided to patients and to achieve transparency. CQUINs enable commissioners (such as the Clinical Commissioning Groups) to reward excellence, by linking a proportion of service providers' income to the achievement of national and local quality improvement goals.

A proportion of Berkshire Healthcare NHS Foundation Trust's income in 2022/23 was conditional upon achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement, or arrangement with for the provision of relevant health services, through the Commissioning

for Quality and Innovation payment framework. Further details of the agreed goals for 2022/23 and for the following 12-month period can be found in the appendices.

The income in 2022/23 conditional upon achieving quality improvement and innovation goals is £2,833,702. The associated payment received for 2021/22 was N/A as there was no CQUIN in that year.

2.3.4. Care Quality Commission (CQC)

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

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

The Care Quality Commission has not taken enforcement action against Berkshire Healthcare NHS Foundation Trust during 2022/23.

Berkshire Healthcare NHS Foundation Trust is subject to periodic reviews by the Care Quality Commission. Following our CQC inspection of our core services in November 2019, and a "Well Led" inspection in December 2019 the Trust is now rated as Outstanding overall. Both our Community Physical Health services for adults and our End-of-Life service have been recognised as Outstanding. They join our Learning Disability In-Patients and our Older Peoples Community Mental Health services who also hold an outstanding rating. All our services are now either outstanding or good.

The CQC detailed the following actions that the Trust must take to improve:
Acute wards for adults of working age and psychiatric intensive care wards. The Trust must:
- Ensure that ligature risks are managed appropriately, ensure that patients are kept safe- for example promoting the sexual safety of people using the service, and ensure an alarm system is easily accessible to patients and visitors and that they are made aware of how to use them (Regulation 12)
- Ensure that the ward environment is always adequately furnished and maintained. (Regulation 15)
- Ensure restrictions are necessary and proportionate responses to risks identified for particular individuals (Regulation 13)

Specialist community mental health services for children and young people. The Trust must:
- Continue to work with commissioners to ensure waiting times are not excessive, thereby putting young people waiting to receive treatment at increased risk. Particular attention needs to be paid to ensuring timely access to services for those referred to the attention deficit hyperactivity disorder (ADHD) pathway and autism assessment pathway.

An action plan was submitted to the CQC outlining how we planned to respond to these highlighted areas and the majority of these actions are now complete. All estates related works are now complete, including fitting of a call bell system across the mental health wards. An extensive piece of work is being undertaken to address ADHD and autism waiting times and further information on this is detailed in the 'Other Service Improvements' section (part 2.1.8 above).

Overall Outstanding		
	Safe	Good ●
	Effective	Good ●
Read overall summary	Caring	Good ●
	Responsive	Outstanding ☆
	Well-led	Outstanding ☆

Berkshire Healthcare NHS Foundation Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2022/23:

1. Joint targeted area inspection of Royal Borough of Windsor and Maidenhead- 9th -13th May 2022

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

1. The action plans are held and monitored by the Local Authority, and the Trust will feed into these, and action as required.

Berkshire Healthcare NHS Foundation Trust has made the following progress by 31 March 2022 in taking such action:

1. Actions are being progressed as per the action plans noted above.

The CQC has carried out the following unannounced Mental Health Act (MHA) visits during the 2022/23 financial year:

- Sorrel ward , Rose ward and Bluebell ward- 29th June 2022
- Sorrel ward and Campion ward- 26th September 2022
- Orchid ward and Rowan ward- 15th November 2022

Reports from these MHA visits are reviewed, and action plans produced and monitored.

2.3.5. Data Quality and Information Governance

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

The Secondary Uses Service (SUS)

Berkshire Healthcare NHS Foundation Trust submitted records during 2022/23 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

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

99.8% for admitted patient care.

99.9% for outpatient care, and

* for accident and emergency care

— Which included the patient's valid General Medical Practice Code was:

100% for admitted patient care.

100% for outpatient care, and

* for accident and emergency care

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

Information Governance

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

Berkshire Healthcare NHS Foundation Trust Data Security and Protection Toolkit (DSPT) overall score for 2021/22 was 'Standards Exceeded'. The Score for 2022/23 will be available in June 2023.

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

Data Quality

Berkshire Healthcare NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2022/23 by the Audit Commission.

Berkshire Healthcare NHS Foundation Trust are taking the following actions to improve data quality:

The Trust is using the latest Commissioning Data Set version to send data. Data is continuously monitored, and improvements made where required.

The Trust continues to track the improvement of data quality. An overarching Information Assurance Framework (IAF) provides a consolidated summary of every performance information indicator and action plans. The key messages are shared at all data quality forums and quarterly super user presentations. The six-weekly data quality forum also shares the priorities and audit results with services. A separate In-Patient Data Quality meeting is held bi-monthly. A data quality intranet page, containing all data quality related policies, procedures, training and guides, is available for all staff to access.

Data Quality and Data Assurance audits are carried out throughout the year as part of the IAF, where data issues are identified, and internal action plans are put in place. The data is monitored until assurance is gained so that the Trust can have a high confidence level in the data being reported. The assurance reports and the Performance Scorecard are reviewed in monthly and quarterly locality meetings. External Data Quality reports published on the NHS Digital website are analysed to ensure consistency in reporting both internally and externally.

The clinical coding team continue to review and improve the Trust's diagnostic data. As part of our continuous improvement programme, a full detailed audit took place in November 2022, which showed that 88% of primary and 90.2% of secondary diagnoses were coded correctly. The audit recommendation was to disseminate information amongst all junior doctors, consultants and administrative staff on each ward to ensure timely discharge summaries as per Trust guidelines; and put a strategy in place for areas of non-compliance. The audit report stated that the clinical coding team is undertaking a remarkable role in support of data quality. The next audit is scheduled for November 2023.

2.3.6. Learning from Deaths

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

The Trust learning from deaths process includes all patients identified on our electronic patient records who have accessed one of our services in the year before death. In most cases these are expected deaths but where a specific trigger is noted (as identified in our policy) we then review these deaths further. The level of review required will depend on whether certain criteria are met, and we review the care provided for all patients who had a learning disability and died.

Figure 32 below details the number of deaths of Trust patients in 2022/23. This is presented alongside the number of case record reviews and investigations of these deaths that were undertaken over the same period, as well as an assessment of the number of deaths that were more likely than not to have been due to problems in care provided. Please note that the table contains statements that are mandated by NHS Improvement for inclusion.

Figure 32- **Deaths of Trust patients in 2022/23- case reviews and investigations carried out in 2022/23**

	1. Total number of Deaths	2. Total number of reviews and investigations carried out			3. Deaths more likely than not due to problems in care
Mandated Statement	During 2022/23 the following number of Berkshire Healthcare NHS Foundation Trust patients died	By 31st March 2023, the following number of case record reviews and investigations have been carried out in relation to the deaths.			The number and percentage of the patient deaths during the reporting period that are judged to be more likely than not to have been due to problems in the care provided to the patient are detailed below. *
		1st Stage Case Record Reviews (Datix)	2nd Stage Review (IFR/ SJR)	Case Record Review & Investigation (SI)	
Total 2022/23	456	456	192	31	0
	↓	↓	↓		↓
Mandated Statement	This comprised of the following number of deaths which occurred in each quarter of that reporting period:	The number of deaths in each quarter for which a case record review or an investigation was carried out was:			In relation to each quarter, this consisted of:
Q1 22/23	119	119	48	9	0
Q2 22/23	98	98	37	4	0
Q3 22/23	113	113	42	8	0
Q4 22/23	126	126	65	10	0

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

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

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

Figure 33 below details the number of deaths of Trust patients in 2021/22 that had case note reviews and investigations carried out in 2022/23. This is presented alongside an assessment of the number of these deaths that were more likely than not to have been due to problems in care provided and, as a result, a revised estimate of the number of deaths that were more likely than not due to problems in care in 2021/22. Please note that the table contains statements that are mandated by NHS Improvement for inclusion in the Quality Account.

Figure 33- Deaths of Trust patients in 2021/22 with case reviews and investigations carried out in 2022/23

	1. Reviews and investigations carried out		2. Deaths more likely than not due to problems in care	3. Revised estimate of deaths in 2021/22 that were more likely than not due to problems in care
Mandated Statement	The number of case record reviews and investigations completed after 31st March 2022 which related to deaths which took place before the start of the reporting period (deaths before 1st April 2022)		The number and percentage of patient deaths before the reporting period that are judged to be more likely than not to have been due to problems in the care provided to the patient. (These numbers have been ascertained using either Initial Findings Report or Root Cause Analysis methodology)	The number and % of the patient deaths during 2021/22 that are judged to be more likely than not to have been due to problems in the care provided to the patient.
	Case Record Reviews	Investigations (SIs)		
Total	0	0	0	4 (0.1%)

2.4. Reporting against core indicators

ⓘ **Since 2012/13, all NHS Foundation Trusts have been required to report performance against a core set of indicators. This section details the Trust's performance against these core indicators. Where available, the national averages for each indicator, together with the highest and lowest scores nationally have also been included.**

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

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

Figure 34	2020/21	2021/22	2022/23	National Average 2022/23	Highest and Lowest
The percentage of adult mental health inpatients receiving a follow-up within 72 Hours of Discharge *	N/A	88.3%	94%	75% (2022/23 annual figure)	48%-96% (figures for March 2023)
* Please note that we have replaced the older indicator, relating to 7-day follow up of mental health patients discharged with a CPA, as it is no longer being reported as part of the NHS Oversight Framework. Measurement against this new indicator, which requires mental health inpatients to be followed up within 72 hours (3 days) of discharge, is a key part of the work to support the suicide prevention agenda within the NHS Long Term Plan. The National Confidential Inquiry into Suicide and Safety in Mental Health (2018) found that the highest number of deaths occurred on day 3 post discharge, and this new indicator helps to address this.					
Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: In line with national policy to reduce risk and social exclusion and improve care pathways we aim to ensure that all patients discharged from mental health inpatient care are followed up (either face to face or by telephone) within 72 hours of discharge.					
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services: The Trust has a good level of compliance with this indicator through the implementation of our policies and procedures relating to discharge.					

Source- Trust Tableau Dashboard

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

Figure 35	2020/21	2021/22	2022/23	National Average 2022/23	Highest and Lowest
The percentage of Mental Health patients aged— (i) 0 to 15; and (ii) 16 or over, readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	6.3%	6.2%	4.3%	Data Not Available	

Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: The Trust focusses on managing patients at home wherever possible and has fewer mental health beds for the population than in most areas. Sometimes the judgement to send a patient home may be made prematurely or there may be deterioration in the patient's presentation at home due to unexpected events.

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

Source- Trust Tableau Dashboard

Figure 36	2020/21	2021/22	2022/23	National Average 2022/23	Highest and Lowest
The indicator score of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends. * This finding has been taken from the percentage of staff respondents answering 'yes' to Question 23d of the National NHS Staff Survey: "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation."	80.1%	77.0%	76.5%	63.6%	40.01%-79.6%

Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: The Trust's score is better than average, and this is maintained.

Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services, by: Implementing a People Strategy that has the overall aim of making the trust a great place to work for everyone.

Source: National Staff Survey

Figure 37	2020/21	2021/22	2022/23	National Figures 2022/23	Highest and Lowest
Patient experience of community mental health services indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period	7.3	7.2	6.7	6.1	7.8
Berkshire Healthcare NHS Foundation Trust considers that this score is as described for the following reasons: The Trusts score is in line with other similar Trusts.					
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this score, and so the quality of services, by: Being committed to improving the experience of all users of their services. Data is collected from several sources to show how our users feel about the service they have received. Actions are put in place through several initiatives to improve both an individual's experience and if required to change the service provision.					

Source: National Community Mental Health Survey

Figure 38	2020/21	2021/22	2022/23	National Figures 2022/22	Highest and Lowest
The number of patient safety incidents reported	5510 *	7790 *	7959 *	2542543 *	81 - 54653 *
Rate of patient safety incidents reported within the Trust during the reporting period per 1000 bed days	62.7 *	84.7 *	80.9 *	Data not available	Data not available
The number and percentage of such patient safety incidents that resulted in severe harm or death	37 0.7% *	36 0.5% *	59 0.7% *	15058 (0.6%) *	0 - 727 *
Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: The above data shows the reported incidents per 1,000 bed days based on Trust data reported to the NRLS. High levels of incident reporting are encouraged as learning from low level incidents is thought to reduce the likelihood of more serious incidents.					
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services, by: Bolstering the internal governance and scrutiny of serious incident reports, their recommendations and action plans. Implementation of strategies to address common findings in serious incident reports.					

Sources: * Figures reported by trusts to the NRLS. Please note that these figures are representative of the number of incidents reported at the time the report is sent and are subject to change over time.

Part 3. Review of Quality Performance in 2022/23

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

Medication errors

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

Figure 39 below details the total number of medication errors reported per month. When interpreting this figure, it should be noted that a high and increasing rate of medication error reporting is a sign of a healthy learning culture in the organisation and that reporting of such errors is being encouraged as the first step in ensuring that a robust safety culture exists.

The data reported also includes all the near misses and documentation errors, so they are not all actual incidents. There is also evidence to suggest that not all incidents and near misses that staff acted upon were reported, so any increase may be due to better reporting culture rather than a less safe organisation.

There were five medication errors during 2022/23 that led to moderate patient harm, and a summary of the learning points from these is given below:
- Drug chart will be reviewed in full at every Multidisciplinary Team meeting.
- Training on monitoring and escalating issues relating to diabetes is being delivered by the diabetes nurses.
- Physical health monitoring of clozapine patients.
- Face- to- face presentation and training on lamotrigine and a lamotrigine template added to the trusts electronic prescribing system (ePMA).

Figure 39: Number of Medication Errors Reported Each Month
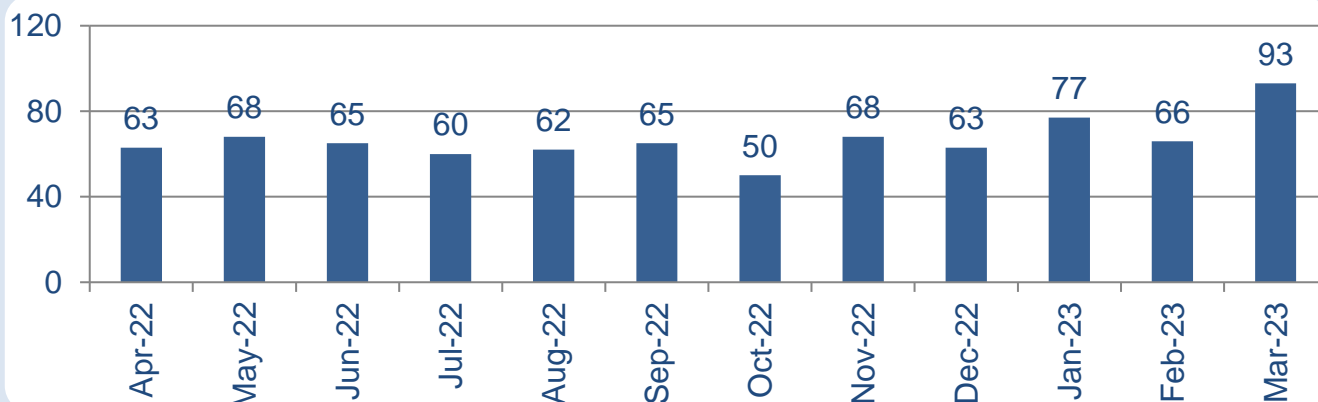
Source: Medicines Safety Quarterly Report

Absent without leave (AWOL) and absconsions.

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

Figures 40 and 41 below detail the number of absconsions on a Mental Health Act Section and the number of patients absent without leave on a Mental Health section.

Figure 40- Absent without leave (AWOL) on a Mental Health Section- (Rolling quarters)
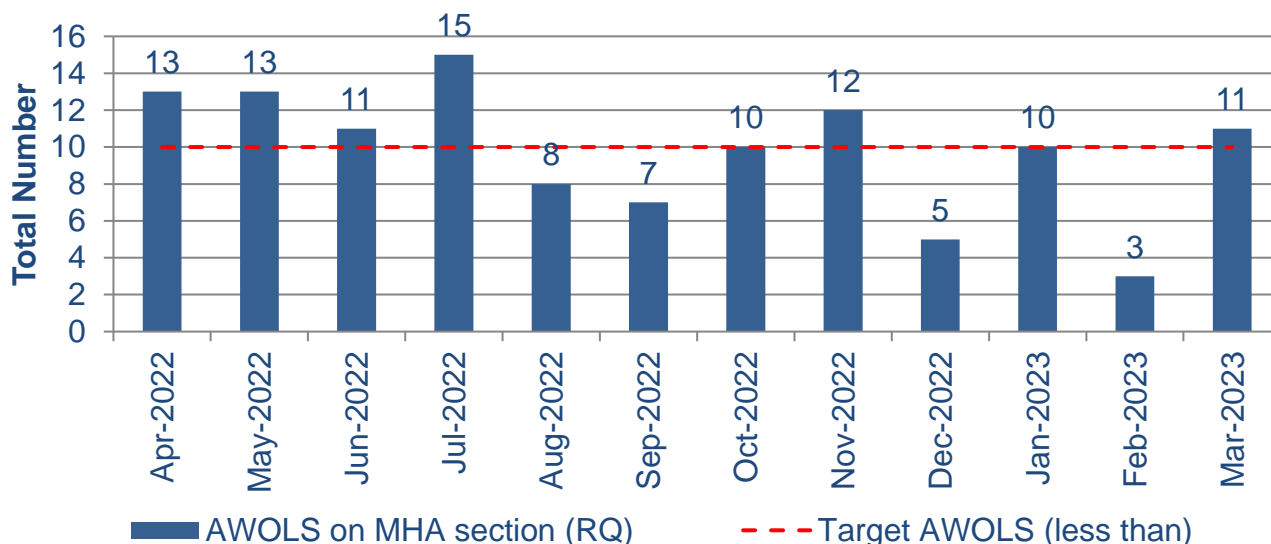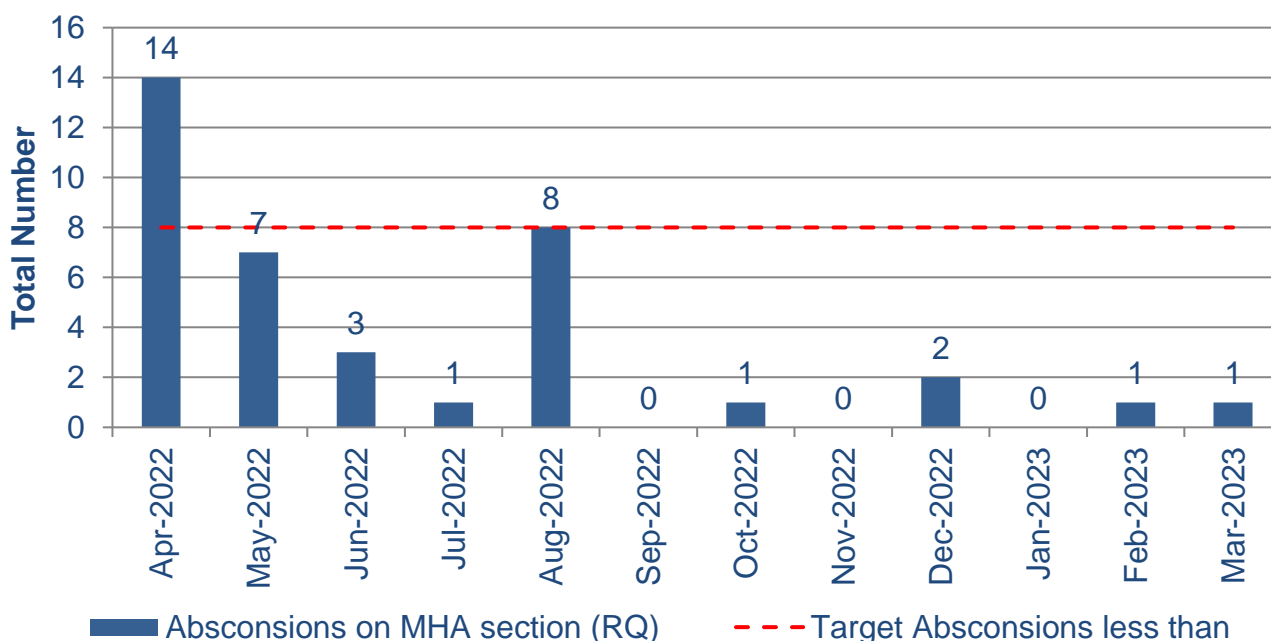

Figure 41- Absconsions on a Mental Health Act (MHA) Section- (Rolling Quarters)

Source- Trust Tableau Dashboard

Other Quality Indicators

Figure 42- Other Quality Indicators	Annual Target	2020/21	2021/22	2022/23	Commentary
Patient Safety					
Never Events	0	0	0	**1**	Total number of never events
Infection Control- MRSA bacteraemia	0	0	1 (No Lapse in care)	**0**	Total number of MRSA Cases Source- Trust Infection Control. Report.
Infection Control- C. difficile due to lapses in care	<6	1	3	**2 (0.020 per 1000 bed days)**	Total number & rate per 1000 occupied bed days of C. Diff due to lapse in care by Trust. Source- Trust Infection Control Report
Medication errors	N/A	761	691	**800**	Total number of medication errors reported. Source- Trust Medicines Management Report
Inappropriate out-of-area placements (OAP) for adult mental health services (Occupied Bed days as OAP)	Reduce as per Target	211 (Target not met)	194 (Target not met)	**129 (Target not met)**	Average monthly total bed days spent out of area
Mental Health minimising delayed transfers of care (Relates to Mental Health delays only- Health & Social Care).	<7.5%	4.5%	3.6%	**9.3%**	Average monthly %. Calculation = number of days delayed in month divided by Occupied Bed Days in month.
Clinical Effectiveness					
Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	60%	93.9%	81.6%	**91.4%**	Average monthly %

Figure 42- Other Quality Indicators	Annual Target	2020/21	2021/22	2022/23	Commentary
Improving access to psychological therapies (IAPT): proportion of people completing treatment who move to recovery	50%	55.5%	53.6%	49.6%	Average Monthly %
People with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral	75%	96.9%	97.7%	94.8%	Average monthly %
People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral	95%	100%	100%	100%	Average monthly %
A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge	95%	97.7%	99.1%	99.3%	Average monthly %
Patient Experience					
Community Paediatric Service- Referral to Treatment waiting times (RTT)- Incomplete pathways	95% <18 weeks	99.5%	98.4%	99.6%	Average monthly %
Diabetes Service- RTT- Incomplete pathways	95% <18 weeks	99.7%	100%	100%	Average monthly %
Complaints received		213	231	240	Total number of complaints
Complaints acknowledged within 3 working days	100%	99.6%	99.0%	99.2%	% meeting requirement
Complaint resolved within timescale of complainant	90%	99.7%	100%	99.6%	% meeting requirement

Source- Trust Tableau Dashboard except if indicated in commentary.

*Please note that metrics relating to admissions to adult facilities for patients under 16 years old and the Data Quality Maturity Index are not detailed as they are no longer part of the NHS oversight framework

Statement of Directors' responsibilities in respect of the Quality Report

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

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

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

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust annual reporting manual 2022/23 and supporting guidance detailed requirements for quality reports 2022/23
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2022 to May 2023
  - papers relating to quality reported to the Board over the period April 2022 to May 2023
  - feedback from commissioners dated April 2023
  - feedback from governors dated April 2023
  - feedback from local Healthwatch organisations dated April 2023
  - feedback from Overview and Scrutiny Committees dated April 2023
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2023
  - the 2022 national patient survey, November 2022
  - the 2022 national staff survey, March 2023
  - the Head of Internal Audit's annual opinion of the Trust's control environment dated May 2023
  - CQC inspection report dated March 2020
- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered.
- the performance information reported in the Quality Report is reliable and accurate.
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice.
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review, and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the Board

9th May 2023   Martin Earwicker, Chairman

9th May 2023   Julian Emms, Chief Executive

Appendix A- Annual Plan on a Page

Annual Plan on a Page- 2022-23

Annual Plan on a Page 2022/23

NHS
Berkshire Healthcare
NHS Foundation Trust

Our vision: To be **recognised** as **the leading community and mental health service provider** by **our staff, patients and partners**.

♥ Harm-free care
Providing safe services

- We will protect our patients and staff from getting COVID-19 by using appropriate infection control measures
- We will identify and prioritise patients at risk of harm resulting from waiting times, and always ensure face to face care where clinically indicated
- We will continue to reduce falls, pressure ulcers, self-harm in in-patient services and suicide across all of our services
- We will recognise and respond promptly to physical health deterioration on our in-patient wards
- We will improve the physical health of people with serious mental illnesses
- We will strengthen our safety culture to empower staff and patients to raise safety concerns without fear, and to facilitate learning from incidents

☺ Supporting our people
A great place to work

- We will ensure our teams have access to effective health and wellbeing support
- We will promote a culture of respect, compassion and kindness
- We will not tolerate bullying, harassment or abuse of any kind
- We will support staff to work flexibly and connect with their teams
- We will act on feedback from staff in order to further improve satisfaction and address any identified inequalities
- We will provide opportunities for staff to show initiative and make improvements through great team working, Quality Improvement and Bright Ideas
- We will support staff to achieve their career aspirations

✓ Good patient experience
Improving outcomes

- We will reduce the number of patients waiting for our services
- We will identify and address inequality of access to services and improve outcomes
- We will collect more patient and carer feedback and use this to deliver improvements in our services

£ Money matters
A financially sustainable organisation

- We will work as a team to manage within the financial plan for our service
- We will work as a team to identify and deliver improved productivity

With our health and care partners: We will work in partnership with **our health and social care partners to address Health Inequalities** and to **collaborate** on the redesign of services to provide better and more efficient care.

72

Annual Plan on a Page- 2023-24

Annual Plan on a Page 2023/24

NHS Berkshire Healthcare NHS Foundation Trust

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

Harm-free care
Providing safe services

- We will protect our patients and staff by using appropriate infection control measures
- We will identify and prioritise patients at risk of harm resulting from waiting times
- We will ensure face to face care where clinically indicated
- We will continue to reduce falls, pressure ulcers, self-harm in in-patient services and suicide across all of our services
- We will recognise and respond promptly to physical health deterioration on all our wards
- We will improve the physical health of people with serious mental illnesses
- We will strengthen our safety culture to empower staff and patients to raise safety concerns without fear, and ensure learning from incidents

Good patient experience
Improving outcomes

- We will reduce length of time patients wait for our services, year on year (compared to 2022 waits)
- We will make every contact count by offering advice in making healthy choices
- We will identify and address inequality of access to services
- We will gain feedback from at least 10% of our patients in each service and demonstrate service improvements based on the feedback

Supporting our people
A great place to work

- We will ensure our teams have access to effective health and wellbeing support
- We will promote a culture of respect, compassion and kindness
- We will not tolerate bullying, harassment or abuse of any kind
- We will support staff to work flexibly and connect with their teams
- We will act on feedback from staff to improve satisfaction and address identified inequalities
- We will provide opportunities for staff to show initiative and make improvements through great team working, Quality Improvement and Bright Ideas
- We will support staff to achieve their career aspirations
- We will attract and welcome school leavers, apprentices, students and international recruits to help close our workforce gaps

Efficient use of resources
A financially and environmentally sustainable organisation

- We will achieve our financial plan
- We will improve our productivity, returning to pre-pandemic activity levels or better
- We will take action to reduce our environmental impact

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

Appendix B- National Clinical Audits- Actions to Improve Quality

National Clinical Audits Reported in 2022/23 and results received that were applicable to Berkshire Healthcare NHS Foundation Trust

National Audits Reported in 22/23	National Audit Aim/ Objectives	Actions to be Taken
National Clinical Audit and Patient Outcomes Programme (NCAPOP) Audits		
1 National Audit of Care at End-of-Life audit (NACEL)	This is the third year of the audit which is open to all acute and community organisations providing inpatient services. It focuses on patients who were expected to die in hospital. It is based upon best practice defined in the following documents:- One Chance to get it Right, Leadership Alliance for Care of Dying People, 2014.- NICE Quality Standards 13 &144 -Care of Dying Adults in the Last Days of Life, 2017.	Agree and formalise a rapid discharge home procedure within an appropriate guidance.- Inpatient lead to cross-reference the End-of-Life care plan to see if references Gold Standard Framework for End-of-Life.- Managers to inform all staff that the care plans link to End-of-Life to improve understanding of the Governance section of the audit.- Inpatient lead to liaise with Chaplain lead to discuss how and when to seek support for religious preferences.- Review staff survey key areas at team level with staff to understand the true picture and if there really are any issues that need further action.
2 National Clinical Audit of Psychosis – Early Intervention in Psychosis	The NHS Long Term Plan and the NHS Mental Health Implementation Plan 2019/20 - 2023/24 set new targets for access to a NICE-approved care package within 2 weeks of referral for people experiencing first episode psychosis and achievement of NICE concordant treatment by EIP services. It built on the requirements of the original Early Intervention in Psychosis Access and Waiting Time Standard (NHS England, NICE & NCCMH, 2016).The audit standards are based on the NICE quality standards in relation to treating and managing psychosis (NICE QS80, 2015; NICE QS102, 2015), and the Early Intervention in Psychosis.	Additional training for point of care machines, and venepuncture training for identified staff.- A Standard Operating Procedure will be in place to ensure that all staff know how to complete the Rio Physical Health and Lifestyle Form.- The tableau report for physical health data will be reviewed monthly- Clinical Governance Leads will work with the service leads to develop the supervision tableau system to ensure Family Intervention (FI) is visible and can be embedded through monitoring in monthly clinical supervision.- Clinical Director to attend Business meeting to raise FI requirements- Undertake a Review of the FI training.- Put in place Monthly Scrutiny review of FI outcomes from Tableau through clinical supervision.- Undertake an audit in six months' time (data collect October 2022) on these standards to ensure that implementation of actions has improved practice.

National Audits Reported in 22/23		National Audit Aim/ Objectives	Actions to be Taken
3	National Diabetes Footcare audit (NDFA) Interim report	The National Diabetes Team published an interim report in June 2022 about diabetic foot ulcers in England and Wales that occurred between 14 July 2014 and 31 March 2021. No local reports were released for local services to review. Ulceration of the foot in diabetes presents significant challenges to people with diabetes and the overall aim of the NDFA is to measure factors associated with increased risk of ulcer onset and adverse ulcer outcomes. It aims to share information relating to best clinical practice, and to enable the highest quality of care of diabetic foot ulcers in England and Wales.	The two key recommendations from the National report were applicable to Berkshire Healthcare's Podiatry community service: 1. Ensure that Healthcare Professionals (HCPs) arrange early expert assessment of all new foot ulcer episodes- Our podiatry team has early expert assessment of new foot wounds and can evidence this by our urgent wait list data (9 days currently) and we promote to other HCP's that foot wounds are referred as an urgent referral to Podiatry service. 2. Ensure that healthcare providers and HCPs review NDFA measures for their organisations, including time to First Expert Assessment (FEA), ulcer severity at FEA and 12-week outcomes- A dashboard is being developed by the National Team so that services can access their local data and these outcomes. In the meantime, this area is being reviewed between the podiatry service and the clinical audit department. National team to report in 2023
4	NCEPOD Report: A Picture of Health? Bridging the gap between physical and mental healthcare in adult mental health inpatient settings	National Report published in May 2022. The criteria for inclusion were patients aged 18 years and older who were admitted to a mental health inpatient setting for a period of more than one week from 1st Nov '18 to 31st Oct '19, and who had one or more of the following physical health conditions recorded on discharge: • Chronic obstructive pulmonary disease/asthma • Cardiovascular disease • Diabetes. Five key messages were reported which aim to improve the care of people admitted to a mental health inpatient setting who are also physically unwell.	Review physical health admission protocols for medical and nursing staff to identify care planning step within this process. Explore development of existing electronic systems that can support clinicians in access to up-to-date accurate information re a patient's physical health on admission. Develop a comprehensive standard work for transfers to and from and readmissions from an acute hospital to include the recommendations from this audit. Include in carers contact standard work sharing information re the persons physical health assessment, healthy lifestyles and how to support good physical health.

National Audits Reported in 22/23		National Audit Aim/ Objectives	Actions to be Taken
5	National Asthma and COPD audit programme – Pulmonary Rehab organisational report – July 2022	One in five people in the UK have a long-term respiratory illness, and one of the most common is chronic obstructive pulmonary disease (COPD). For people living with COPD, pulmonary rehabilitation (PR) can be a crucial part of their treatment, with 90% of people who complete a PR programme reporting an improved quality of life.	This report aims to show how PR services are currently organised and help to identify variation. Data was collected between 1 Nov and 3 Dec 2021 on the resourcing and organisation of services delivering pulmonary rehabilitation to people with COPD. No Actions were required against the reported organisational outcomes
6	National Diabetes Core audit – Care Process & Treatment Targets annual report – July 2022	The National Diabetes Audit (NDA) measures the effectiveness of diabetes healthcare against NICE Clinical Guidelines and NICE Quality Standards. It collects and analyses data for use by a range of stakeholders to drive changes and improvements in the quality of services and health outcomes for people with diabetes.	Set up service audit to track change in patients' HbA1c between first visit within the last year to specialist diabetes service and 6-12 months later (Tracker metric)- Identify demographics of patients who are not progressing to direct strategies to support any groups identified, e.g., obesity, mental health, ethnicity, locality.- Increase the appropriate use of technology as per NICE Guidance.- Audit HbA1c of patients with Type 2 diabetes in East Berkshire.- Diabetes Service to set up practice visits to all GP practices in East Berkshire.
7	National Audit of Dementia Memory Services Spotlight Audit Report 2022	This spotlight audit is aimed at community-based memory services. It included a patient level audit of case notes that focussed on waiting times, access to assessments, treatment and post diagnostic support for people with dementia. There was also an organisational checklist which provided contextual data about the service.	Re-introduce a letter to patients and carers acknowledging receipt of referral and indicating the expected wait for an initial assessment.- Older Peoples Mental Health (OPMH) special assessment form to be updated to include prompt on falls history & rolled out across localities. A further prompt added to ask about confidence in mobility.- Review specialist assessment form and options to include a tick-boxes to indicate where there are problems with eyesight or hearing.- Fully implement new dementia pathway.- Wokingham & Newbury services to put in place more consultant time.- Slough service to utilise NHS Professional shifts to offer additional evening and weekend clinics.

National Audits Reported in 22/23	National Audit Aim/ Objectives	Actions to be Taken
Non- NCAPOP Audits		
8 Prescribing Observatory for Mental Health (POMH): Prescribing for Depression in adult mental health services	This is a re-audit with practice standards derived from NICE guideline CG90 depression in adults: recognition and management (2009) and the British Association for Psychopharmacology guideline for treating depressive disorders with antidepressants. NICE guidelines for the management of depression propose a 'stepped-care' approach to the treatment of depression based on clinical criteria and treatment needs.	- Audit results to be shared at East and West Performance Meetings and through the academic meeting - Introduce EPRO use across localities if not already in use and adhere to agreed headings - Audit results to be shared at medical staffing committee- Email reminder to be circulated to support this message - Audit results to be shared at Mental Health Localities Meeting and Service Managers to remind staff to complete the proforma - Add substances as a heading on the Follow Up template with smoking - Staff to be reminded, through Mental health Localities meeting and team meetings to use rating scales, including a demonstration of where these scales are stored on RIO - To ensure that the new CPA form has a direct link to the appropriate rating scales.
9 National audit of Inpatient Falls annual report 2022	The National Audit of Inpatient Falls (NAIF) is part of the Falls and Fragility Fracture Audit Programme (FFFAP). It aims to improve falls prevention and post-fall management across the NHS.	All eight national recommendations have been reviewed by the Falls Lead who is also the Deputy Director of Allied Health Professionals. One recommendation, relating to post-falls checks, requires further review to ensure that we are meeting it, and this will be progressed by the Lead. We have a robust policy in place for post-fall injury checks using the I-STUMBLE falls assessment tool and will prioritise this recommendation for review, to ensure this happens. The facilities audit will need to be checked when completing the post-fall check as competency training is not mandatory but is essential on the new matrix.

National Audits Reported in 22/23		National Audit Aim/ Objectives	Actions to be Taken
10	Board request- Re-audit of NCAP Early Intervention in Psychosis (EIP) national audit 2022	This audit relates to the National Clinical Audit of Psychosis - EIP spotlight audit. The EIP service has been re-audited annually for the last 4 years. The last round of this audit in 2021/22 identified two standards where the trust was performing as a potential outlier nationally. These areas required improvement.	Family Intervention: All actions relating to this area on the action plan have now been completed. Four staff are receiving systemic family intervention training with a further 14 staff booked to complete in-house behavioural family intervention training. The re- audit has shown an improvement which would enable the service to return to the "performing well" category for this standard in the next national audit. Family Intervention is a tracker metric for the team, and barriers to the offer and its uptake are being monitored. Physical health checks: All actions relating to this area on the action plan have now been completed. The tableau dashboard shows the current state and identifies clients who are due for their annual check. Physical health checks are the driver metric for the EIP team and are discussed weekly as part of the QMIS huddle.
11	POMH: 1h&3e: Prescribing High-dose and Combine Antipsychotics audit report 2022	The audit aims to benchmark the prescribing behaviour of antipsychotic medication in acute adult, complex needs and forensic inpatient wards. The definition of "high dose" includes when a single antipsychotic medication dosage is above the licensed daily maximum prescribed. "Combined dose" refers to instances where two or more antipsychotic medications are prescribed to be taken, instead of a single antipsychotic medication dosage. "PRN" antipsychotic prescriptions were for people with psychosis who take medication as required to manage acute clinical presentations, such as disturbed behaviour and agitation.	To review trust guidance for the Prescribing of High Dose Antipsychotics and include these standards within this. To be clearer within the guidance re the taking of plasma prolactin levels on admission and include in admission protocol. To share learning from this audit with consultant group. To explore with electronic prescribing (EPMA) team the possibility of making reason for PRN mandatory. To ensure the Multi-disciplinary Team (MDT) template prompts a discussion re PRN medication and this is documented in patient's clinical record as part of the meeting. To share learning from this audit with consultant group, Pharmacists and nursing staff.

National Audits Reported in 22/23		National Audit Aim/ Objectives	Actions to be Taken
12	NACAP – 'Drawing Breath' – National Asthma and COPD National report - Local Summary report against National recommendations (no Berkshire Healthcare local data)	NACAP's key goal is to improve care for people with asthma and COPD. The audit aims to improve provision of early and accurate diagnosis; improve provision of timely care; improve provision of care received from the right people; empower people with asthma and COPD and their carers by providing joined-up care pathways and high-quality information; and minimise variation in care contributing to health inequalities	- Increase the community venue hire for pulmonary rehabilitation (PR) sessions per locality by 6 hours per week and increase class size from 4 to 6 patients. This will allow the programme size to increase by 6 patients per cohort and further reduce the waiting list. In addition, to have an "Initial Assessment Day" in each area to increase the total number of Initial Assessments by 9 patients per week. Improve the quality of the Initial Assessment - Be able to invite patients from the waiting list to attend if there is a cancellation at short notice. Allow for an assessment slot to be saved for patients who have had an acute exacerbation of COPD (AECOPD) to access Pulmonary Rehab within 30 days. - Recruitment of: 1WTE Respiratory Physiotherapist and 1WTE Integrated Rehabilitation Assistant. - Fast track process for patients with AECOPD. Immediate contact from Respiratory Physio following triage of referral. 1 initial assessment slot per locality reserved each week for these patients. Update Standard Operating Procedures. - Provide a virtual option of PR for those patients that are unable to attend a group session. - Develop the aerobic exercise component of PR: Initiate walking programme for patients to follow independently at home during their time on the programme. Prioritise the Endurance Shuttle Walk Test (ESWT) during the class time. Create a rota of patients that will need to prioritise the ESWT during the class. Utilise the exercise bikes present at venues with suitable patients.

Appendix C- Local Clinical Audits- Actions to Improve Quality

	Audit Title	Aim/Actions
1	(7015/CA) - Wound Care Audit	There has been a recent rise in the risk of pressure ulcers being reported by Berkshire Healthcare staff, for which classifications are incorrect. Documentation, as per root cause analysis, has also highlighted that there are inconsistencies in paperwork and record keeping. The aim of this audit to provide harm free care to patients in Berkshire Healthcare Objectives: - To standardize wound care and pressure ulcer assessment - To standardize documentation - To provide evidence-based practice to staff - To ensure the Trust is working to National Targets and providing basic care to patients - To ensure timely intervention - To reduce wound deterioration through early identification and intervention of assessment. Areas for improvement include implementation of wound care plans once a wound is identified, with supporting photographs to be taken on admission and discharge. Staff will be encouraged to complete when required as a standard of care for all patients admitted as an inpatient. These areas can now be targeted as part of training which is available for all staff. Staff on Jubilee ward will be encouraged to attend to improve knowledge and awareness. Tissue Viability Nurse presence on the ward to complete face to face assessment, provide recommendations for patients referred to the service, and prompt completion of accurate documentation. There will also be a discussion with Ward Managers to improve standards.
2	(7088/CA) – Review of local procedures for young people accessing sexual health services	The 2019 CQC inspection identified that sexual health was not collecting data to evidence practice. Our commissioners asked the sexual health service to compile and audit all young and vulnerable patients to ensure best practice and safeguarding for anyone attending the service. The aim of the project was to keep the young people of East Berkshire as safe as possible whilst navigating the world of sex and relationships. Objectives: - To ensure all clinicians are adequately trained to ask questions and assess the needs of our young population - To ensure all clinicians are and are adhering to the national guidelines for safeguarding in sexual health. Action Plan- To continue monitoring all young people coming through the service using the data collection sheet on an ongoing basis - To update any questions on the data collection sheet as the guidance changes - To continue providing monthly safeguarding supervision and continually work on improving the training and understanding of safeguarding.

	Audit Title	Aim/Actions
3	(7525/CA) - Deep Vein Thrombosis (DVT) Protocol Audit	National and local policy utilised by the WestCall GP Out of Hours Service specifies that a Wells score should be performed before a d-dimer blood test and that the Wells score should always be performed after a physical examination excluding patients with leg swelling or pain. The aim of the project was to ascertain the current level of WestCall performance for DVT management against national guidelines. Objectives:1. To determine the rate clinicians utilise the Wells score before performing a d-dimer in patients with suspected Deep Vein Thrombosis (DVT). 2. To determine the rate of starting on an anticoagulation therapy and appropriate onward referral. 3. A review of the current paperwork that knowledge in the area is up-to-date and utilised appropriately in the clinical setting. Action plan -To share the findings and discuss with primary care. Liaise with AdAstra to add this as a drop-down menu option, ensure all clinicians are aware once it has been added- Audit findings circulated to all staff and staff informed of the standards to be maintained. Review of the current paperwork and adaption/design of new paperwork. All staff across WestCall informed of the new procedure to ensure this is adhered to. Leaflet agreed for use and distributed to PCC's. Staff made aware of leaflets. Ensure front of house staff are trained to teach patients and relatives technique.
4	(7724/CA) - Audit of Ages and Stages Developmental Reviews in Health Visiting Services 2021	The Ages and Stages Developmental Reviews (ASQ's) are a necessary and mandated component of the Healthy Child Programme (2009) and are completed by the health visiting service at 9-12 months and 2-2.5 years. It is necessary for assurance that the reviews are delivered in a meaningful and thorough way, ensuring record keeping, scoring and onward referrals/plans of support are carried out. The aim of the audit is to establish through a large-scale audit whether the ASQ developmental reviews are being conducted and completed in a consistent manner and will identify any current areas of concern or celebration. There is expected to be an action plan and training as part of the recommendations. The key actions from the audit were: 1. Length of appointment to be standardised. 2. Include completion of the SE questionnaire as part of the universal 2-year review and wherever else it is appropriate. The changes to the embedded form available on RiO, which are being carried out as part of the service transformation, will continue to include this information, and will be reported on. 3. RiO progress note template will reiterate the importance of documenting whether additional support or onward referrals are required. Further support and training for staff to ensure this is discussed. 4. Ensure weight and height (at 2-year reviews) are captured for each contact. Further support and training for staff to ensure this is carried out as standard as part of the developmental review.

	Audit Title	Aim/Actions
5	(8165/CA) - BASHH SAS Doctors' Group National Clinical Audit: Impact of COVID on Syphilis	This clinical audit is based on the British Association for Sexual Health & HIV (BASHH) Staff, Associate Specialist & Specialty (SAS) Doctors group who conducted a national audit focusing on the management of syphilis following a previous National Audit Group (NAG) audit in 2017. Aims: 1. To assess performance against auditable outcomes specified in 2015 guidelines 2. To assess the impact of the covid-19 pandemic Objectives: 1. A survey comparing clinic policy and practice pre- and during the pandemic 2. A case-note review of the last 30 adults (≥16) per clinical service diagnosed with syphilis. No Actions required against key outcomes
6	(8645/CA) - BASHH National Audit of HIV Post-Exposure Prophylaxis (PEP) pathways (2021)	This audit is intended as a baseline to inform future guidance about Post-Exposure Prophylaxis for HIV (PEP) provision, especially whether and in what circumstances to use "starter packs". Aim: to improve the completion of PEP among individuals Objectives - To assess the completion of PEP among individuals initially dispensed with full courses or starter packs - To determine whether any cases not completed were clinically appropriate. Action Plan 1. Reminder on the proforma in electronic patient record for new version of Lille to ensure baseline HIV test is performed on all patients being prescribed PEP. 2. Teaching session on revised BASHH guidelines. 3. Add patients to the recall list for follow up at 4 months of initial presentation. Health advisors will then contact/text patients to ensure testing either by attending clinic or online testing. 4. Teach clinicians to add reminder on recall list.
7	(9154/CA) Audit of pulse assessment prior to AChEI initiation at Windsor Memory Clinic	This audit aimed to evaluate current prescribing practice against Maudsley's recommendations under NICE guidelines (NG97) to see whether routine baseline pulse checks had been carried out and documented for patients started on acetylcholinesterase inhibitors (AChEI) in the Windsor locality. Key Recommendations/ actions: The pulse should be recorded and documented on the RiO patient record for all patients commenced on AChEIs to ensure the patient's safety and to keep up with the good clinical practice. All new staff involved in patient care must be made aware of the protocols and the guidelines at the time of induction.

	Audit Title	Aim/Actions
8	(7062/SE) - Outcomes of a compassion and resilience-based staff support groups during the COVID-19 pandemic	This project reviewed healthcare professionals stress during the COVID-19 outbreak and provided recommendations to create opportunities for staff support in the organisation to help prevent mental health concerns among healthcare professionals using problem- based peer support groups to help reduce work- related stress. - Aim: To explore if the compassionate peer support groups (with a focus on COVID-19) improves staff coping and resilience and to find out their experience of the groups. Recommendations/Actions. 1. Groups carry on 2. Include mindfulness 3. Permission to take a break- encouraging breaks and time for yourself (taking the breaks you are entitled to) 4. Support staff to structuring breaks 5. Future research- looking at burnout, fatigue for staff working with people with learning disabilities 6. Share with service managers and at best practice forum
9	(7223/SE) - Experiences of online video meetings of service providers working with BHFT to support people with learning disabilities	The global pandemic resulted in adaptations in the way people work, including those who provide care for others. This project aims to explore the experiences of online video meetings held on Microsoft Teams and One Consultation of service providers working with Berkshire Healthcare NHS Foundation Trust to support people with learning disabilities. Key Recommendations/Actions: • A re-audit would be useful once restrictions are eased or the COVID-19 pandemic ends. • Continue to limit face-to-face meetings where there is a significant risk of COVID-19 or there is an infection control risk • Using a hybrid approach between both face-to-face and online meetings may be useful where clinical practise allows for it, as there have been identified benefits and drawbacks. • The development of a set of questions may be useful to support deciding if a meeting is more useful to take place online or in person. This could be used service-wide to assist clinicians in ensuring they have identified if there may be overlooked barriers to a meeting taking place in either medium.

	Audit Title	Aim/Actions
10	(7366/SE) - Young peoples' experiences of transitioning from child to adult mental health services	This service evaluation explores the transition process for young people going into adult services, to determine the extent to which it is patient-centred and empowers patients to take part in the formulation of their needs. Aim: to explore the experience of young people transitioning from children to adult mental health services Objectives: - To determine patient satisfaction with the transition care pathway - To identify ways which can improve the transition process for future patients Recommendations/Actions. 1. Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS) should collaboratively develop transition care plans, including discharge arrangements, medical reviews, and coordination of any ongoing therapeutic interventions to avoid gaps in transition. 2. AMHS should assign a key worker in advance who can be involved in the transition process to ensure key information is shared and work with the young person and family to clarify any concerns about the process. 3. Staff should ensure they offer patient-centred care that respects young people's experience, values, needs and preferences in the planning, coordination, and delivery of care. Managers must use case management supervision sessions for auditing and ensuring that staff involve patients in transition discussions. 4. Young people who require long-term care must be identified one year in advance and no less than six months before AMHS transition. Key information should be shared, including patient history, formulation, medication needs, engagement, and progress within CAMHS. CAMHS and AMHS should offer joint reviews with the young person and their family within the agreed time before the transition to AMHS including a jointly produced guide to transition for the young people and their parents and carers. 5. AMHS should identify a key worker in advance who can attend the transition care plan meetings with CAMHS and the young person and their careers. 6. There should be a shared protocol between CAMHS and AMHS, and CAMHS should consider the possibility of adopting a mentoring scheme where young people who have transitioned to adult services may offer help and support to new arrivals.
11	(8612/SE) - Paediatric repeat GA procedures for dental extractions in Community Dental Services	This service evaluation will determine whether repeat General Anaesthetic (GA) was performed following the Royal College of Surgeons clinical guidelines within Berkshire Community Dental Service (BCDS), at Wexham Park Hospital (WPH) and the Royal Berkshire Hospital (RBH).Aim: To assess the rates of repeat GA within our service and determine whether any changes are required to reduce these numbers. Objectives:- To assess total numbers of children seen on BCDS GA lists between 2015-2020, including numbers of teeth, average age ranges and further overall analysis of data- To identify all children for whom there was a repeat GA procedure for dental care and potential reasons or themes that may have led to this No Action required

	Audit Title	Aim/Actions
12	(9164/CA) - Referrals for FPMs to Orthodontists by Community Dental Services (CDS)	A clinical audit to establish the quality and appropriateness of referrals regarding First Permanent Molars (FPMs) by Community Dental Services (CDS) based on two guidelines: The Royal College of Surgeons and the Thames Valley Orthodontic Network. Aim: To ensure that only appropriate, high-quality referrals are made to reduce waiting lists. Objectives: 1. Assess quality of referrals made based on the guidelines above 2. Assess appropriateness of referral based on the guidelines above 3. Ensure all factors are considered and written down in the patient notes before referrals are made. 4. To make dental officers more confident with their knowledge of FPM extraction guidelines Action Plan 1. Presentation at quarterly staff meeting as a refresher of local and Royal College of Surgeons guidelines. 2. Compliance section to be added on to the proforma for dentists to tick. 3. Reason for referral section to be added on to the proforma for dentists. 4. Presentation at quarterly staff meeting as a refresher of what to include in the radiographic report. 5. FPM section to be added on proforma for all dentists to complete at the time of referring.
13	(9283/CA) - Re-Audit of The Quality of Review Health Assessments (RHA's) for Children and Young People in Care 2021/22	This is a re-audit of review health assessments for children and young people in care audit 20/21 (ID 8413). It is a requirement under the Looked after children and safeguarding reporting schedule for the Children and Young People in Care Team. Recommendations/actions: • All staff completing RHAs will be reminded to use the most up to date RHA form and this can be accessed via the service shared drive. • The following will be incorporated into the level 3 children in care training provided for all staff undertaking review health assessments. The following should be recorded on the RHA. o The Social Worker should be contacted for an update prior to the RHA. If the Social Worker does not respond, then the practitioner should email the relevant Local Authority's contact email. o Information from other health professionals should be gathered and recorded on the RHA. If the child is in receipt of one of these services and it is provided by BHFT then the information will be available on RiO. If not, then the practitioner will be required to obtain this information from the relevant health professional. o The Strengths and Difficulties Questionnaire should be available and if not, the reason recorded. This should be requested from the Social Worker if it is not available. o If the child has an Education and Health Care Plan (EHCP) and it is not available on RiO then the EHCP coordinator should be contacted and asked to obtain the most recent versions. o All recommendations should have a timescale scale for completion and a named person. "Ongoing" should not be recorded for a timeframe for completion. o Substance use should be included on all RHAs for over 11s unless this is inappropriate to ask e.g. special education needs. • The service manual for completing RHAs will be updated. • Further advice on the use of the Drug Use Screening Tool will be discussed with the Alcohol and Drug Usage services to ascertain if any improvements need to be made.

	Audit Title	Aim/Actions
14	(7011/SE) - Evaluating the efficacy of CBT for Health Anxiety (HA) and OCD adapted for online delivery in the context of Covid-19	There are concerns regarding the potential effects of the Covid-19 pandemic on the population's mental health. Given the high levels of uncertainty that people have had to live with it is unsurprising that there has been an increase in worries related to cleanliness / contamination and the possibility of falling ill. This is particularly the case for individuals experiencing Health Anxiety (HA) and Obsessive-Compulsive Disorder (OCD). During this time there has also been a significant change to the way that traditional psychological therapies have been delivered, with most services delivering therapy remotely, either through telephone or video consultations. This study therefore aimed to find out how well Cognitive Behavioural Therapy (CBT) for HA and OCD, delivered through a combination of video consultations and additional self-study booklets, performed at helping to reduce HA and OCD symptoms in patients. The study also wanted to assess the helpfulness of training workshops that were provided to therapists.

Recommendations/Actions: The findings provide support for the effectiveness of the online delivery of treatment with the inclusion of additional self-study booklets. This is important as whilst there is currently a trend towards resuming face-to-face therapy, it is likely that there will continue to be a blend of consultation mediums used by services. Whilst this study was designed to evaluate the effectiveness of online CBT with self-study booklets it would be beneficial to examine how these materials could be incorporated into face-to-face therapy. A comparison study of face-to-face therapy with either the inclusion or exclusion of the booklets would be able to provide this. |
| 15 | (8620/SE) - Reasons for engagement and drop out from Talking Therapies: A Service Evaluation | Only 35% of all new referrals to Talking Therapies are later coded as "Completed Treatment" upon discharge. A service evaluation aimed to look at why clients disengage from the service and to provide suggestions for improving the service and to promote ways to better engage clients so that they can receive the treatment they need. This links in with the Trust strategies and priorities of patient experience and improving care.

Actions: To conduct a further deep dive looking specifically at early disengagement ('Did not Opt Ins'). Talking Therapies service to continue their offering of wait list review calls. To build "What to Expect" section on the Talking Therapies website / consider the design of a video infographic to be shared. |

	Audit Title	Aim/Actions
16	(9157/CA) – JD- Assessing the need for screening for ADHD in PICU	This audit considers the need for providing services for screening and assessing Attention Deficit Hyperactivity Disorder (ADHD) in the Psychiatric Intensive Care Unit (PICU) setting to reduce levels of aggression in patients. The aim is to reduce the levels of aggression, inadequate care, increased burden on staff and length of stay in patients with ADHD in the PICU. Objectives: To identify the typical profile of a patient that may require ADHD screening Actions: Implementing the recommendations in all the wards. Similar audit to be done on different wards, and re-audit after 3 months. Circulate this audit to Drugs and Therapeutics Committee.
17	(9288/CA - JD) Anti-Psychotic ECG Monitoring on Older Adult Wards	This audit and re-audit will assess whether Electrocardiograms (ECGs) have been performed within four hours of admission and after antipsychotic dose increases as per NICE and local guidelines, when working with older adult inpatients at Prospect Park Hospital. The aim is to improve the physical health of older adult inpatients and reduce their risk of cardiac arrhythmias Objectives: To determine whether NICE and local guidelines regarding ECG monitoring are being followed. To implement actions for improvement as required Actions: Create an Excel spreadsheet to enable close monitoring of antipsychotic prescribing and admission ECGs, which will be updated when a new patient is admitted and during Multi-disciplinary team meetings . When admission ECGs have not been performed, it would be recorded and set as a job. The spreadsheet will also note dates of medication changes and for repeat ECGs.
18	(6653/SE) Improving Patient Information within the Birth Trauma Pathway	The Berkshire Traumatic Stress Service's Birth Trauma Pathway does not have written information for Postnatal Post Traumatic Stress Disorder (PTSD); and women were given either no information or a booklet about Complex PTSD when joining the service. This has led to the Service Lead identifying the need for specialised information on Postnatal PTSD. Aim: To create a service user experience baseline for people on the birth trauma pathway Objectives: To determine service user satisfaction, drop-out rates, missed sessions and qualitative reports. To improve patient experience by creating a new information guide for service users. Actions: Produce information for booklet and send to Berkshire Healthcare Studio to design. Deliver booklet routinely to service users after assessment. Pilot booklet for service users. Compare data after 18 months. Talk to women with different birth experiences or different backgrounds/ encourage them to fill out the questionnaire. Adapt the booklet as required.

	Audit Title	Aim/Actions
19	(8324/SE) Evaluation of the Effectiveness of the modular STEPPS programme in Reading IPT, Berkshire	This service evaluation investigates the effectiveness of the STEPPS (Systems Training for Emotional Predictability and Problem Solving) programme delivered under the Reading Integrated Psychological Therapies (IPT) service. Aim: To ensure adaptations and modifications made to the Reading IPT service STEPPS programme have been effective. Objectives: To evaluate whether the modular format of the STEPPS programme is effective and leads to reliable and clinically significant change on pre and post therapy measures. To investigate whether completing the STEPPS programme leads to decreased frequency of patients' contact with secondary mental health services, such as the Psychological Medicine Service and Crisis Resolution and Home Treatment Team (CRHTT). To investigate whether there is any difference in outcome measures depending on which module patients start their treatment at. In other words, whether joining the STEPPS programme at any one module would lead to similar outcomes. Actions: To introduce an individual screening appointment to ensure patients are aware of the commitment and their therapy goals are in line with the STEPPS programme.- To follow up on patients who drop out of treatment to understand the barriers to engaging with the therapy.- To introduce a more efficient way of collecting end of therapy outcome measures through either: an electronic system of collecting data, e.g. Microsoft Forms or offering support in completing measures with the patient (e.g. via telephone call or a brief appointment).- To work closely with other localities to collect more male participants joining the programme at the same time.- A Reading STEPPS representative to attend STEPPS cross-locality meetings to gather information about any potential males awaiting treatment in other localities.- Reaching out to other teams within Reading e.g. CRHTT/CMHT to encourage referrals for males.
20	(8434/SE) Improving Support for Parents Who Are Accessing Treatment in BTSS	The Berkshire Traumatic Stress Service (BTSS) supports adults with Post Traumatic Stress Disorder (PTSD) and complex PTSD. Several clients have requested information about how they can explain PTSD to their children. Aim: to involve parents in considering what additional resources may be beneficial to support parents in the BTSS and their children. Objectives: How many patients in the BTSS are parents to children under the age of 18?- What information and support would parents receiving treatment from BTSS value for their children?- What information and support do clinicians working in the BTSS believe would be feasible to deliver for children of their patients? Recommendations/actions: Develop links with child services, including CAMHS and social services, to consider how the services may work together to provide support for the whole family.- Work with commissioners to provide joint-up service provision for parents and their children.- Develop links with external agencies, such as Recovery College, charities (e.g., Young Carers and Cruse bereavement care), that could work together with BTSS to facilitate support for the whole family.

	Audit Title	Aim/Actions
21	(8573/SE) Evaluating Teaching on Learning Disabilities to High Intensity IAPT Trainees	This is an evaluation of teaching delivered to High Intensity Improving Access to Psychological Therapy (IAPT) trainees at the University of Reading, on working with people with Learning Disabilities (LD). It focuses on whether teaching impacted on the trainees' general self-efficacy and confidence in working with and attitudes towards this client group. Aim: to increase the confidence, self-efficacy and attitudes of High Intensity IAPT trainees through training at the University of Reading. Objectives: To determine the confidence of therapists in working with people with LD.- To evaluate the self-efficacy of therapists in working with people with LD.- To establish the attitudes of therapists to treating people with LD Recommendations/actions: Training needs to be carried out with mainstream practitioners to enable them to have more confidence, self-efficacy and positive attitudes towards people with LD.- Training should be made as interactive as possible by including case histories and role play.- Teaching can be carried out virtually whilst maintaining a positive impact.
22	(9292/CA) - Re-Audit of Antimicrobial Prescribing on all Trust Inpatient Wards 2021/22	The aim of this audit is to ensure there is safe and effective prescribing of antimicrobials in Berkshire Healthcare's inpatient wards, both Mental Health Services and Community Health Services. Objectives: 1. To determine whether antimicrobials are being prescribed in accordance with Trust policy and prescribing guidelines 2. To evaluate the clinical appropriateness of antimicrobial inpatient prescriptions Actions: 1. Disseminate the information on documentation requirements through Trust newsletter, meetings and email to Community service managers and Mental Health Inpatient ward managers to disseminate to prescribers. 2. Consider collaborative working with primary care to ensure Summary Care Record for patients has more information e.g. severity of penicillin allergy.3. Submit to Drugs and Therapeutic Committee, eLearning module is a standalone requirement for all Trust prescribers
23	(8643/CA) - Re-audit of the use of the Dementia Intervention Care Pathway in LD Services	The aim of this project is to ensure the Dementia Intervention Care Pathway tool is being implemented when required. Objectives: To measure the use of the Dementia Intervention Care Pathway tool, or the information provided by this tool, across the six health teams providing services to people with Learning Disabilities (LD) in Berkshire. To determine whether the Dementia Intervention Care Pathway tool needs to be publicised further within the health teams providing support for people with Learning Disabilities. Actions: Dementia workstream meeting to be held. Meeting with chairs of relevant local dementia planning meetings. Service wide dementia training to be arranged. Regular Dementia workstream meetings taking place.

	Audit Title	Aim/Actions
24	(9434/CA) - Re-audit of Local Procedures for Young People in Sexual Health	The aim of this project is to keep the young people of East Berkshire as safe as possible whilst navigating the world of sex and relationships. Objectives: To ensure all clinicians are adequately trained to ask questions and assess the needs of our young population. To ensure all clinicians are and are adhering to the national guidelines for safeguarding in sexual health. Actions: To continue to monitor our safeguarding practice by doing a yearly audit of young people seen in our service.- To set up 2 new spreadsheets with the details of the vulnerable patients entering our service with regular monitor & update - To update any questions on the data collection tool as the guidance changes.- To continue monthly safeguarding supervision as an MDT and learn from each other's practice (facilitated by safeguarding team and lead by the service safeguarding lead). The safeguarding lead will continue to monitor the training of individual members of the clinical team and arrange group training, tailored to sexual health, where appropriate.- To discuss with the sexual health team the importance of filling in the CSE proforma at every consultation with a person under the age of 18 and to offer and document screening for infections to all patients in the service.
25	(9601/CA) - Re-audit of Referrals for First Permanent Molars to Orthodontists by Community Dental Services (CDS)	A re-audit to establish the quality and appropriateness of referrals regarding First Permanent Molars (FPMs) by Community Dental Services (CDS) based on two guidelines: The Royal College of Surgeons and the Thames Valley Orthodontic Network. previous audit ID: 9164. The aim of the project is to ensure that only appropriate, high-quality referrals are made to reduce waiting lists for CDS patients. Objectives: Assess quality of referrals made based on the guidelines above. Assess appropriateness of referral based on the guidelines above. Ensure all factors are considered and written down in the patient notes before referrals are made. To make dental officers more confident with their knowledge of FPM extraction guidelines Actions: Dentist to include fissure sealants and fillings in treatment plan where possible and relevant or to include the patient's compliance in the referral.

	Audit Title	Aim/Actions
26	(7594/SE) Patient experience review of vocational rehabilitation intervention from CBNRT	A service evaluation looking into the experience of patients who have received vocational rehabilitation from the Community Based Neuro Rehab Team (CBNRT), including East Berks Earlier Supported Discharge Team (ESD). Aim: To establish a service baseline to direct future service improvement and a more tailored approach to vocational rehabilitation for ESD patients. Objectives: Gather patient feedback of current vocational rehab interventions delivered within our 6-week ESD remit at point of discharge. Provide insight into when and how many of our patients receiving vocational rehab intervention have returned to work. Enable greater understanding of the demand for a specialist vocational rehab services within East Berks. Actions: To share results of service evaluation with CBNRT/ESD staff in team meetings and in-service training. Seek opportunity to have training from Employment Officer. Network with local specialist services. Author and line manager to meet with audit team and seek external support for further exploration/ auditing of service demand across Berkshire.
27	(9529/CA) - Anti-psychotic and Prolactin Monitoring Inpatient Unit Rose Ward	This audit looks at local Trust standards of care relating to inpatients admitted onto Rose Ward who should have baseline prolactin, which needs to be repeated at 3 months if they are on antipsychotic medication. Aim: to improve prolactin monitoring of inpatients on Rose Ward who are taking antipsychotic medication Objectives: To determine to what extent Trust guidelines are being followed. To create an action plan for improvements as required. Actions: Serum prolactin should be taken for all inpatients admitted to the ward and guidance will be circulated to all the medical staff of this.- If for any reason, serum prolactin is not taken, it should be clearly documented, and re-attempted as soon as possible.
28	(7401/SE) - Evaluation of online STEPPS groups in comparison to face to face groups across Berks Integrated Psychological Therapies	Systems Training for Emotional Predictability and Problem Solving (STEPPS) is a 20-week manual-based group treatment programme for outpatients with Borderline Personality Disorder (BPD) or Emotionally Unstable Personality Disorder (EUPD) that combines cognitive behavioural elements and skills training with a systems component. STEPPS is in keeping with NICE Guidelines for BPD (NICE, 2009) in that it has a theoretical basis and is structured and has an intervention longer than 3 months. During the pandemic, this group was adapted and offered online. The aims of this service evaluation were to- Evaluate whether the STEPPS groups are effective in terms of reliable and clinically significant change on the pre and post treatment questionnaires- Determine if running STEPPS groups online are an effective and/or comparable alternative to face-to-face groups in terms of similar outcomes on the pre and post therapy questionnaires and retention/drop-out rate. Recommendations/Actions- STEPPS to continue online- Improved availability of devices in order to enable access for those who do not have access to smart technology- Assertively contacting service users to complete measures if not already returned.- Collection of data on reasons for non-completion of programmes.

	Audit Title	Aim/Actions
29	(9316/CA) - BHIVA National Audit 2022: Routine monitoring of HIV positive patients through the pandemic	This is a service evaluation, which is part of a wider British Human Immunodeficiency Virus Association (BHIVA) non-NCAPOP national audit that reviews Human Immunodeficiency Virus (HIV) patients who were monitored and managed through Berkshire Healthcare's Garden Clinic during the COVID-19 pandemic. Aim: To gain a UK-wide picture of how much routine HIV monitoring was disrupted, how HIV clinical services worked to maintain care standards, and current care delivery. Objectives: How much routine HIV monitoring was disrupted by the pandemic. How HIV clinical services worked to maintain care standards. Current care delivery at the time of data collection, in May-August 2022. Recommendations: Patients not living alone should have a recorded enquiry about intimate partner/domestic abuse.
30	(9386/CA) - Re-Audit on quality of Social Care referrals across BHFT (2021-2022)	In 2014, a referral audit (ID 1632) was completed by the Trust safeguarding team. This current audit aims to review these standards and assess if any further recommendations may be required. The purpose was to ensure that the children's social care referrals produced by Berkshire Healthcare are of an appropriate standard and quality to meet Berkshire Wide Safeguarding Children Procedures. Also:- To ensure that internal trust record keeping standards are being upheld- To review the quality of the current referrals that have been completed. Actions:- A review of the RIO training.- A quick reference guide to be constructed.- Safeguarding training presentations to be reviewed / changed.- A RIO transformation bid to be completed to look to streamline the process.- Departments to review / update their standard operating procedures regarding record keeping.- Discussion with RIO team regarding changes to the wording on the safeguarding risk page.
31	(9969/CA) - The quality of referrals to audiology from the school hearing screening programme	A clinical audit with Community Health East's Hearing & Balance Services to establish whether there are ways to reduce the number of inappropriate school screening referrals as the is evidence of unnecessary referrals. Aim: To reduce the number of inappropriate referrals to audiology. Objectives: To determine if there is a significant difference between the number of referrals from the school hearing screening programme and the number that have normal hearing in the audiology clinic. To determine the percentage of patients that did not attend their appointment. Actions: Re-introduce partial booking system. Continue with text reminders. Arrange visit of audiologist to school screening and discuss referral protocol and testing conditions. Arrange visit of school screener to audiology clinic and have discussions.

	Audit Title	Aim/Actions
32	(10001/CA-JD) - Pulse assmt prior to AChEIs initiation at Windsor memory clinic	This was a re-audit of that previously undertaken in 2021 (ID 9154) to evaluate current prescribing practice against Maudsley's recommendations under NICE guidelines (NG97) to see whether routine baseline pulse checks had been carried out and documented for patients started on acetylcholinesterase inhibitors in the Windsor locality. Recommendations/Actions: The pulse should continue to be recorded and documented on RiO for all patients commenced on AChEIs to ensure patient's safety and to keep up with the good clinical practice. All new staff involved in patient care must be made aware of the protocols and the guidelines at the time of induction.
33	(8621/SE) - Identifying inter-agency barriers & facilitators to providing integrated MH provision for people who are homeless	People experiencing homelessness are at significant risk of mental health difficulties. If they don't receive intervention, their coping strategies and subsequent engagement with services may reduce, thereby perpetuating homelessness. This project was developed in response to several concerns regarding the lack of uptake of mental health care provision in Berkshire by people experiencing homelessness, as identified by the local commissioning group. Recommendations/Actions: Training and supervision, with emphasis on trauma and attachment-informed care. Formal agreements, to establish clarity regarding the responsibilities of each service. Promotion of communication/continuity between services. Integrated commissioning between services with development of an integrated care pathway. Lowered threshold of acceptance to services. Flexibility regarding engagement/attendance protocols. Outreach working.
34	(9058/SE) - Evaluation of Integrated Referrals Meetings at the Gateway (2021/2022)	The Integrated Referrals Meeting (IRM) was developed as an online clinical case discussion and decision-making forum to aid the process of referral into a variety of mental health services and facilitate joint working between services. The two main aims of this service evaluation are: 1. To evaluate the process of the IRM from the perspective of multiple stakeholders. 2. To evaluate the outcomes of the IRM in terms of meeting its original goals for: a. aiding clinical decision making and b. streamlining the client journey of referral into/between services. Recommendations/Actions:- Develop guidance/information- Ensure there is not a more appropriate alternative available, potentially using fewer resources- To agree roles in advance.- To represent the client voice- To ensure that all attendees have appropriate and realistic expectations- Provide on-going support and skills development.- Enable longer discussion slots.- Improve processes to support preparation and cancellations.

	Audit Title	Aim/Actions
35	(9330/SE) – 6 Week Group Rehab for Long COVID with BLIS	Aim: To determine the effectiveness of the Berkshire Long COVID Service's (BLIS) outcomes of their six-week rehabilitation groups for people with Long COVID, which is part of the Integrated Pain & Spinal Service (IPASS) in Finchampstead, Berkshire. Objectives: - Evaluate formal outcome measures by analysing pre and post treatment COVID screening tool responses.- Analyse the feedback forms from the patients that were gathered by the service.- Conduct telephone interviews and/or focus groups with people who have completed treatment, dropped out of treatment, or did not attend the treatment programme. Recommendations/Actions: Patient recommendations for improvements at each stage of the pathway (before, during and after the group) have been detailed in a chart
36	(9598/SE) - Improving Referral Rates to the Learning Disabilities (LD) - SHaRON Service	SHaRON is an online peer-support platform designed to connect individuals using NHS Services. LD-SHaRON is a platform aiming to support carers and family members of people with LD, and users can interact with each other in several ways, including posting on the main platform, commenting on other's posts, and through writing and sharing blogs. There is also a range of resources to support carers that are free to access. Having access to LD-SHaRON is likely to allow carers to connect to others in similar situations, share resources and ideas, and have further access to NHS support. The LD Service has received funding for SHaRON since June 2019. However, the SHaRON usage within the LD Service has been consistently low. Commissioners have stated that due to the low levels of engagement in LD-SHaRON, the service is at risk of being retracted. The aims of this evaluations were to determine how referral rates to LD-SHaRON can be increased, to ensure that the service continues to be commissioned, so that carers can benefit from digital peer support. Recommendations/Actions:1. Determine that teams have adequate information about the SHaRON website. 2. SHaRON training to be made mandatory for all staff and to take place as part of events such as nurses forums and OT forums. 3. Make referral process less time-intensive for staff. 4. Develop an app that can be pre-installed in staff members phones or iPads, for easy logging on. 5. LD-SHaRON to include more specific resources for less common physical health problems. 6. All staff to receive a SHaRON login on joining the Service. 7. SHaRON website to include resources in other languages. 8. An option for carers to express interest to be referred to SHaRON to be included on the LD referral form. 9. A staff member to call everyone on the waiting list and determine whether their carers would benefit from a SHaRON referral. Staff members to call everyone who has not activated their account following a referral and determine whether they need further support. 10. Pre-printed SHaRON leaflets to be distributed to all staff teams. Digital versions to be developed.

Appendix D- CQUIN 2022/23

The national 2022/23 CQUIN is available at the following Link:
https://www.england.nhs.uk/publication/combined-ccg-icb-and-pss-commissioning-for-quality-and-innovation-cquin-guidance/

Appendix E- CQUIN 2023/24

CQUIN Number	CQUIN Indicator Name
CQUIN 1	CQUIN 1- Flu vaccinations for frontline healthcare workers
CQUIN 2	CQUIN 12- Assessment and documentation of pressure ulcer risk
CQUIN 3	CQUIN 13- Assessment, diagnosis, and treatment of lower leg wounds
CQUIN 4	CQUIN 14- Malnutrition screening in the community
CQUIN 5A	CQUIN 15a- Routine outcome monitoring in community mental health services
CQUIN 5B	CQUIN 15b- Routine outcome monitoring in CYP
CQUIN 5C	CQUIN 15c- Routine outcome monitoring in perinatal mental health services
CQUIN 6	CQUIN 17- Reducing the need for restrictive practice in adult/older adult settings

Appendix F- Statements from Stakeholders

NHS
Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care Board

NHS
Frimley

Commissioners Response – BHFT Quality Account 2022/23

This statement has been prepared on behalf of Frimley and Buckinghamshire, Oxfordshire & West Berkshire (BOB) Integrated Care Boards (ICB).

The ICBs are providing a response to the Quality Account 2022/23 submitted by Berkshire Healthcare Foundation Trust (BHFT).

The Quality Account provides information on the achievements, improvements and priorities that were set for 2022/23 and gives an overview of the services and quality of care provided by the Trust during this period. The priorities for 2023/24 are also detailed in the report. The ICBs are committed to working with the Trust to support further improvement in the areas identified within this Quality Account.

The Trust's Quality Priorities highlighted in the previous Quality Account were covered within the overall categories of Patient Experience, Harm-Free Care, Clinical Effectiveness, and Supporting Staff. These have been retained for 2023/24, with confirmation that these will be monitored on a quarterly basis by the Trust's Quality Assurance Committee to ensure continual improvement.

Frimley and Buckinghamshire, Oxfordshire & West Berkshire ICBs would like to take this opportunity to acknowledge and praise BHFT for their concerted efforts in adapting practice to meet the increasing demand and changing needs of their patients post-Covid, as well as ensuring the ICB and partners are actively involved in conversations around the quality and safety of services being provided. The ICBs would like to offer ongoing support to the Trust with an aim to further strengthen our working partnership.

Patient Experience and Involvement

We note one of the Trust's commitments is ensuring that patients have a positive experience of our services and receive respectful, responsive personal care. Within this priority, the Trust has set targets around reducing the number of patients waiting for their services, identifying, and addressing inequalities of access to services and collecting more patient and carer feedback to improve services.

The ICBs are assured that the Trust reviews the needs of individual patients on waiting lists and prioritises those at risk of harm. Trust performance against nationally mandated access targets is highly positive, with five out of six indicators being met. The Audiology diagnostics target of 95% of patients seen within six weeks is not currently being met; however, the Trust has set out several key mitigations to increase this; the impact of these has already been demonstrated with a 42% increase in performance against target between September and December 2022.

The ICBs are hopeful the Trust will continue its focus on this indicator to meet the 95% target. We are also hopeful the other indicators will remain about target so the Trust will be fully compliant by the end of Quarter 4.

The ICBs also note the Trust has undertaken work to reduce waiting times in other services such as sensory processing workshops, children, and young people Occupational Therapist assessments, and has improved compliance with Education Healthcare Needs Assessment requests- aiming to meet the six-week deadline. We see this as a positive step in supporting the needs of service users.

The "I Want Great Care" measurement tool, which has been used by the Trust since December 2021, is effective in providing patients with a voice, supporting service improvement. The ICBs note there has been an increase in the satisfaction rate over the course of the year and a 93.3% positive experience score was achieved for Quarter 3 and an average score of 4.75 (highest rating is 5). It would be helpful to understand if the 2021/22 target of a 95% satisfaction rate is still in place, and if so, if any additional work around patient satisfaction is underway to increase this score further.

Harm-Free Care

The Trust has demonstrated providing safer services through their 2022/23 Harm-Free Care priorities. The Trust has demonstrated providing safer service though such measures as a Covid-19 pathway- this is in place to manage symptomatic patients effectively in line with national guidance. It is reassuring to hear robust policies, guidance and risk assessments are in place for infection prevention and control, reducing transmission for staff and patients.

Targets for inpatient falls on Older Adult wards have been reviewed and adjusted by the Trust from those set last year. We note that the target of fewer than twenty-six inpatient falls per month has been achieved for six out of nine months, and work continues around promoting a culture where it is everyone's responsibility; involved in the care of the patient, to reduce falls. We acknowledge that the Trust continues to review methods to reduce falls on wards and the ICBs support new initiatives, such as the use of falls technology mentioned in the report. We hope this will have a positive impact and aid the Trust to meet its target. We are keen to see the longer-term impact of the falls technology once fully implemented on the wards.

The Trust priority of reducing self-harm incidents on mental health inpatient wards demonstrates a similar picture to last year, with the target of no more than forty-two incidents a month, being met once between April and December 2022. As expressed last year, the ICBs recognise the complexities of mental health inpatients and how self-harm is sometimes used as a coping mechanism by patients to deal with difficult feelings. We understand the importance of the service not being too restrictive and enacting positive risk taking where appropriate, in order to prevent higher levels of extreme harm, which can occur when a setting is too restrictive. It is positive to read that work is underway on the adult mental health wards to reduce the use of restraint and increase the use of de-escalation measures. As ICBs we hope these drivers will support a reduction in self-harm incidents on the wards, and we will be keen to see the difference this makes over the course of the year.

The ICBs acknowledge the ongoing system-wide work around the Berkshire Suicide Plan, and commend the learning opportunities provided to staff, through means of comprehensive training, workshops, and collaboration with third sector organisations to gather further intelligence and learning around stressors. Suicide rates currently remain static over the longer term. We will be interested to see if new data being collated shows an increase, and if so, the reason behind this. We appreciate the Trust are continually looking at ways implement quality improvement, and hope to see the longer-term effect of this, with a decrease in suicide rates.

In terms of preventing pressure ulcers, it is highly positive to see there has only been one category 2 pressure ulcer identified between April 2022 and March 2023, and no category 3 or 4 deep tissue pressure ulcer injuries.

In terms of the Trust recognising and responding promptly to physical health deterioration on inpatient wards, it appears NEWS is being used with good effect. There were nineteen unexpected inpatient deaths within seven days of patients being transferred to an acute hospital, however, there have been no identified lapses in care for these inpatients.

As ICBs we would also like to highlight the following points mentioned in the quality account:

- The performance around patients with SMI having a physical health check within a year of referral to CMHT had been lower than the 85% target over the last year. It is apparent Slough is an area of concern, and performance in this locality is affecting the overall percentage. We would encourage further collaboration with system partners to help identify causes and create a robust plan to increase compliance.
- The Trust has not reported any never events which is highly positive continuation from last year.
- Serious incidents reported, are lower than the previous year, however it is important to recognise there will be a change from the current serious incident framework to the new patient safety incident response framework in 2023.
- It is great to hear progress has been made with the Co-Occurring Mental Health, Alcohol and Drug disorders Improvement Project, and we hope this will make a real difference through review of safety planning, risk assessments and robust documentation.
- Quality concerns have been identified by the Trust's Quality and Performance Executive Group. It is important these are continually monitored and the ICBs are sighted on any issues which affect our patients. The ICBs will continue to support with any commissioning gaps identified and work collaboratively with the trust to resolve these.

As ICBs we see the future work described by the Trust, as its commitment to providing safe and effective patient care. We would like to thank the Trust for their co-operation and collaboration with the ICBs in terms of serious incident reviews, which has allowed for a thorough, joint review of system processes, to establish new learning and service improvement.

Clinical Effectiveness

The ICBs would like to highlight the positive work BHFT have undertaken around implementing NICE guidance in many areas across the Trust, and the monitoring of compliance around this to ensure recommendations are being met.

The ICBs are supporting BHFT in increasing awareness of health inequalities experienced by people with a learning disability, and/ or autism through the roll-out of the Oliver McGowan training and hope this will have a positive effect on patient outcomes. We would also like to thank the Trust for the continued support received from the Learning Disabilities Team, in helping to provide valuable input on the LeDeR programme.

Supporting Staff

There are a number of priorities listed under the Trust's main priority in supporting its people. The ICBs acknowledge the current challenges around workforce vacancies but find it reassuring to read strategies to bring new staff into the organisation have been successful and resulted in a higher number of clinical new starters compared to previous years.

The health and wellbeing of the Trust's staff appear to be of high importance to the organisation, which is key, and we are pleased to read about the Employee Assistance Programme (EAP) offering counselling to staff and other apps and schemes championing staff wellbeing. We hope this, along with additional interventions will help in reducing staff sickness; the main reason for absence in the Trust from January to December 2022 was noted to be due to anxiety, stress, and depression.

We would, however, encourage further work around the workforce race equality standard and workforce disability equality standard. Staff survey results show perceived inequalities between Black, Asian, and Minority Ethnic staff compared to white staff, and inequalities between disabled staff compared to non-disabled staff. It is vital staff feel safe, respected, and have equal opportunities in the workplace.

The commentary above provided by both Frimley ICB and Buckinghamshire, Oxfordshire & West Berkshire ICB summarises a few key areas reported in this year's Quality Account, but we also acknowledge the continual strive for quality improvement through numerous ongoing projects within a wide range of BHFT services. We commend the Trust's achievements throughout 2022/23.

Priorities for improvement for 2023/24

For 2023/24 the Trust have decided to keep the same priorities for improvement as in previous years, focusing on patient experience, harm free care, clinical effectiveness, and supporting our people.

The current plan outlined in the 2023/24 quality account provides details on several audits, plans and initiatives which will be implemented over the upcoming year, including recommendations made by CQC from past visits.

As ICBs we look forward to receiving the next quality account to review and reflect on performance and feedback, to assess what measures have had the greatest impact in helping the Trust to deliver quality improvements in each of the above areas. We hope to see a continual improvement, on an already highly positive quality account.

Berkshire Healthcare NHS Foundation Trust Response:
We wish to thank Frimley Integrated Care Board (ICB) and Buckinghamshire, Oxfordshire and West Berkshire (BOB) ICB for their joint response to our 2022/23 Quality Account.

We are grateful to both ICBs for their support this year in improving the quality of care for patients. Partnership working is important in ensuring the best possible outcome for our patients, and we have reaffirmed our commitment to this in our annual plan on a page document. We look forward to working with both ICBs, alongside our other partners, to further improve patient outcomes, experience and safety.

In relation to the specific comments, we have addressed each of them individually below:

Audiology diagnostics waiting time target.
This target has not been met at the end of the year, and we have detailed actions that are being taken to address this within our final Quality Account document. The audiology service is now fully staffed, with new staff currently completing their induction. The service is also trying to secure additional locum cover to help clear the backlog. We expect to increase our level of compliance in May 2023, and hope to be meeting the target again by the end of August 2023.

The 'I Want Great Care' (iWGC) patient experience tool.
Our target for the percentage of patient respondents giving a positive rating (a score of 4 or 5 out of 5) is 95%. We achieved an overall score of 94% at the end of 2022/23. Work to improve patient experience is undertaken at a service level, and examples of such work are included in a 'you said, we did' table in the patient experience section of our Quality Account. Our patient experience team continue to work with our services to review the way they collect feedback and to support them with testing different methodologies.

Improving the physical health of people with Severe Mental Illness (SMI)
We are pleased to advise that, On 1st April 2023, we achieved our goal of 85% of patients with Severe Mental Illness (SMI) that are referred to our Community Mental Health Teams (CMHTs) having all seven parameters of the annual physical health check completed within a year of referral to CMHT. A significant improvement has been seen in Slough locality, where the percentage of patients having a health check as per the criteria stated increased from 55% in February 2023 to 75% in April 2023. There is still some local variation across the county and work continues to maintain our 85% goal in all six areas of Berkshire.

Never Events
Since sharing our Q3 Quality Account with you for comment, one never event occurred in Quarter 4 and has been included in our final 2022/23 Quality Account document. This is being reviewed as a serious incident and learning will be shared in our 2023/24 quality account on completion.

Staff sickness relating to anxiety, stress and depression
The proportion of staff sickness absences due to anxiety, stress and depression has reduced over the last few years. 29.8% of our staff sickness absences in 2019/20 were for this reason, and this

100

has reduced to 25.4% in 2022/23. We have retained our objective to ensure staff have access to wellbeing support this year.

The Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES)
Our Equality Diversity and Inclusion/ Organisational Development team are now fully established, and this will provide us with further impetus in moving forward our positive action work. The WRES and WDES reports are currently being developed for this year, to help inform our actions in addressing inequalities. We work very closely with our staff networks (Race Equality Network (REN), Pride Network and Purple Network) to co-develop, co-design and co-deliver interventions to remove barriers to inequality of experience. Our staff Network Chairs are provided with budget, ½ a day a week and administrative support. We have engaged all networks in the development of our leadership and management development strategy.

In relation to the WRES, in true co-production we are leading the development of an anti-racism strategy and action plan in collaboration with our Race Equality Network (REN). This has so far involved delivering workshops and engaging with colleagues Trust-wide to help inform this. Our Board have undertaken an anti-racism workshop, and we have now developed an anti-racism task group to help us keep on track. We have recently completed our very first Ethnicity Pay Gap, and we have progressed our Just Culture work. There is still some way to go, but the data for this year looks vastly improved in terms of the proportion of BME staff who are subject to a formal disciplinary process. For 2022/23, 33% of formal disciplinary investigations involved BME staff compared to 65% and 44% in the previous two years. For comparison, our BME workforce profile is 28%.

I relation to the WDES, again we work in true co-production alongside our PURPLE staff network. We remain a Disability Confident Leader and were shortlisted at the Business Culture Awards for the best diversity, equality and inclusion initiative and best public organisation for Business Culture. We have revised and updated our reasonable adjustments policy and put in place wellbeing initiatives to further promote a positive working environment for employees with a disability. Last year we launched our Neurodiversity Strategy to recognise, understand and celebrate neurodiversity – with a clear action plan and delivery programme to improve outcomes for staff and patients.

Berkshire Healthcare NHS Foundation Trust – Quality Account 2022/2023

Response from the Council of Governors to the Trust

The Quality Account reports extensively and in substantial detail and is an excellent overview of the Trust's quality journey. It is testament to the Trust's and Staff's commitment to continuous quality improvement for the benefit of patients, families and carers and, of course, staff themselves. Governors too enjoy a sense of pride in the obvious dedication to quality improvement throughout the Trust.

It is pleasing to note that the Trust has maintained its CQC rating of Outstanding. It is also appreciated that the CEO, Julian Emms, when witnessing praise and compliments on performance and quality, will often remark along the lines of "Yes, but what can we still do better". This part of the organisational culture is very evident throughout.

We note that the implementation of the new patient experience tool in 2022, I Want Great Care (IWGC) continues to draw ever increasing uptake in the number of responses. It is also of note that we see staff in a number of service units engaging patients, families and carers creatively in initiatives to extend the take up and develop the content of feedback accordingly.

A more recent innovation in reports to Governors is the "You said/We did" section of the Patient Experience report. In the good old days of Quality Systems, IBM had a slogan: "If your failure rate is one in a million what do you tell that <u>one</u> customer". Service Excellence is made up of service delivery, the 95% or more that's right, and service recovery, for when it isn't. You said/We did evidences that the Trust's service units are working continuously towards ever increasing standards of overall service excellence. Implemented actions based on the feedback are creative and constructive and will also help with future problem prevention.

Governors will continue to observe, question and challenge constructively in meetings attended and on service unit visits. We are grateful to staff on site and in presentations in meetings with Governors who are knowledgeable and well able to handle our probing questions on, for example, Patient Experience and Complaints.

A further two areas of interest for the future of the quality journey:
The duality of Waiting Lists, the first wait to be seen, and then the second wait to begin treatment and how this is explained to patients and expectations managed.
The 'patient mindset' on arrival at the appointment – "Well I'm here, now fix me" and again managing perceptions of their own, necessary role in what can to be done for them.

A key comment to end on: recently a long-serving Governor commented that over the years there is less and less to be said on the Quality Account, a reflection on successes and progress over time.

<u>Brian Wilson, Lead Governor</u>
23rd May 2023

Berkshire Healthcare NHS Foundation Trust Response:

We wish to thank our Board of Governors for their response to our 2022/23 Quality Account. We appreciate the time given by the Governors to review this document, and we are able to make useful alterations and additions to the content thanks to their input. We would also like to acknowledge the Governors help in making this document more user friendly and readable over the years, and we thank them for this help.

We look forward to keeping the Council of Governors appraised of our progress and thank you for your ongoing support.

Appendix G- Map of Berkshire Localities
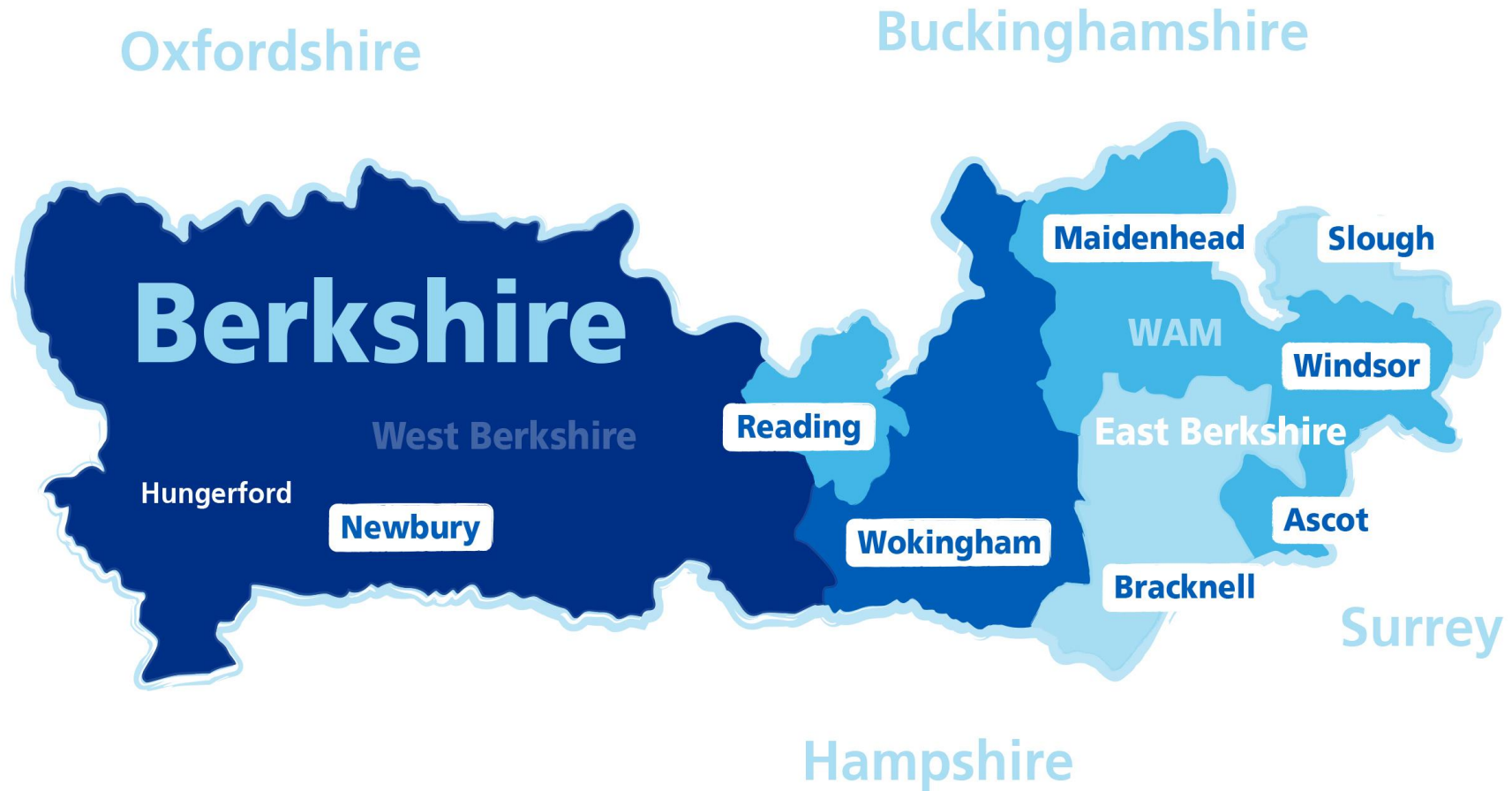
Glossary of acronyms used in this report.

Acronym	Full Name
AchEI	Acetylcholinesterase inhibitors
A&E	Accident and Emergency
ACP LD/A	Advanced Practice Credential in Learning Disability and Autism
ADHD	Attention Deficit/ Hyperactivity Disorder
AHP	Allied Healthcare Professional
AMHS	Adult Mental Health Services
ARC	Assessment and Rehabilitation Centre
ARFID	Avoidant/restrictive food intake disorder
ARRS	Alternative Resource Reimbursement Scheme
ASQ	Ages and Stages Questionnaire
ASSIST	Assertive Intervention Stabilisation Team
AWOL	Absent Without Leave
BAF	Board Assurance Framework
BAME	Black Asian and Minority Ethnic
BASHH	British Association for Sexual Health and HIV
BEACH	Bedside Emergency Assessment Course for Healthcare Staff
BEDS	Berkshire Eating Disorder Service
BMI	Body Mass Index
BOB	Buckinghamshire, Oxfordshire and Berkshire
BPI	Business Process Improvement
BRAVE	Building Resilience and Valuing Emotions
BTSS	Berkshire Traumatic Stress Service
CAMHS	Child and Adolescent Mental Health Service
CaPDID	Caring for People with a Personality Disorder and an Intellectual Disability
CARRS	Cardiac and Respiratory Rehabilitation Service
CATS	Carers Awareness Tools and Support
CBNRT	Community-Based Neuro-Rehabilitation Team
CBT	Cognitive Behavioural Therapy
CCN	Community Children's Nursing
CDiff	Clostridium Difficile
CDS	Commissioning Data Set or Community Dental Service
CMHT	Community Mental Health Team
COMHAD	Co-occurring Mental Health, Alcohol and Drug Disorders
COPD	Chronic Obstructive Pulmonary Disease
COVID-19	Coronavirus disease 2019
CPA	Care Programme Approach
CPE	Common Point of Entry
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CREST	Community Rehabilitation Enhanced Support Team

Acronym	Full Name
CRHTT	Crisis Resolution and Home Treatment Team
CYPF	Children, Young People and Families
CYPIT	Children and Young People's Integrated Therapy Service
DBT	Dialectical Behavioural Therapy
DOC	Duty of Candour
DSPT	Data Security and Protection Toolkit
DSR	Dynamic Support Register
DVT	Deep Vein Thrombosis
EAP	Employee Assistance Programme
ECG	Electrocardiogram
EHCNA	Education and Health Care Needs Assessment
EHCP	Education Health and Care Plan
EIP	Early Intervention in Psychosis
EMBRACE	Emotional Minds Bring Reasons and Choices Every day
ESD	Earlier Supported Discharge
EUPD	Emotionally Unstable Personality Disorder
FEA	First Expert Evaluation
FFT	Friends and Family Test
FI	Family Intervention
FPM	First Permanent Molars
FTSU	Freedom to Speak Up
GA	General Anaesthetic
GOSW	Guardian of Safe Working
HA	Health Anxiety
HCP	Healthcare professionals
HCSW	Healthcare Support Worker
HEE	Health Education England
HPV	Human papillomavirus
HSE	Health and Safety Executive
HV	Health Visitor, Health Visiting
IAF	Information Assurance Framework
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
ICS	Integrated Care System
ICU	Intensive Care Unit
IFR	Initial Findings Report
IMPACTT	Intensive Management of Personality Disorders and Clinical Therapies Team
IPC	Infection Prevention and Control
IPS	Individual Placement and support (Employment Service)
IPT	Integrated Psychological Therapies
IV	Intravenous
iWGC	I Want Great Care (patient experience monitoring)

Acronym	Full Name
LCS	Lean Competency System
LD	Learning Disability
L&D	Liaison and Diversion
LeDeR	Learning Disability Mortality Review Programme
LIC	Lapse in Care
LoS	Length of Stay
MBT	Mentalization-Based Treatment
MCA	Mental Capacity Act
MDT	Multi-Disciplinary Team
MEP	Managing Emotions Programme
MH	Mental Health
MHA	Mental Health Act
MHICS	Mental Health Integrated Community Health Service
MND	Motor Neurone Disease
MOFD	Medically Optimised for Discharge
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSK	Musculoskeletal
NACAP	National Asthma and COPD Audit Programme
NCAP	National Clinical Audit of Psychosis
NCAPOP	National Clinical Audit and Patient Outcomes Programme
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NCISH	National Confidential Enquiry into Suicide and Homicide
NDA	National Diabetes Audit
NDFA	National Diabetes Footcare Audit
NEWS	National Early Warning System
NG	NICE Guideline
NHS	National Health Service
NHSE	NHS England
NICE	The National Institute of Health and Care Excellence
NIHR	National Institute of Health Research
NRLS	National Reporting and Learning System
OAP	Out of Area Placement
OCD	Obsessive Compulsive Disorder
OH	Occupational Health
OPMH	Older Peoples Mental Health
OSCE	Objective Structured Clinical Examination
OT	Occupational Therapy/ Occupational Therapist
PALS	Patient Advice and Liaison Service
PDSA	Plan, Do, Study, Act
PEP	Post-Exposure Prophylaxis
PFD	Preventing Future Deaths
PICT	Psychologically Informed Consultation and Training

Acronym	Full Name
PICU	Psychiatric Intensive Care Unit
PMS	Psychological Medicine Service
PNA	Professional Nursing Advocate
POMH	Prescribing Observatory for Mental Health
PPE	Personal Protective Equipment
PPI	Patient and Public Involvement
PPH	Prospect Park Hospital
PR	Pulmonary Rehabilitation
PRES	Participant Research Experience Survey
PTSD	Post-Traumatic Stress Disorder
PU	Pressure Ulcer
QAC	Quality Assurance Committee
QI	Quality Improvement
QMIS	Quality Management and Improvement System
RBH	Royal Berkshire Hospital
R&D	Research and Development
RHA	Review Health Assessment
RiO	Not an acronym- the name of the Trust patient record system
RTT	Referral to Treatment Time
SE	Service Evaluation
SEND	Special Educational Needs and Disability
SI	Serious Incident
SJR	Structured Judgement Review
SLT	Speech and Language Therapy/ Therapist
SMI	Severe Mental Illness
SN	School Nurse/ School Nursing
SSN	Special Schools Nursing
STEPPS	Systems Training from Emotional Predictability and Problem Solving
SUN	Service User Network
SUS	Secondary Users Service
TILS	Transition, Intervention and Liaison Service for Veterans.
TT	Talking Therapies
UCR	Urgent Community Response
UKHSA	United Kingdom Health Security Agency
VPR	Violence Prevention and Reduction
VW	Virtual Ward
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent