Berkshire Healthcare
NHS Foundation Trust

COUNCIL OF GOVERNORS

The next meeting will be held on Wednesday, 27 September 2023 starting at 10.30am

(Conducted via MS Teams)

There will be a governor pre-meeting at 9.45.

AGENDA

ITEM	DESCRIPTION	PRESENTER	TIME
1.	**Welcome & introductions**	Chair	1
2.	**Apologies for Absence**	Julie Hill, Company Secretary	1
3.	**Declarations of Interest**	All	1
4.1	**Minutes of Last Formal Meeting of the Council of Governors and Matters Arising**	Chair	1
5.	**Election Results Paper** *(Enclosure)*	Julie Hill, Company Secretary	1
6.	**External Auditors Report to the Council of Governors** *(Enclosure)*	E&Y External Auditors	10
7.	**Trust Annual Report and Accounts 2022-23 (Presentation)**	Julian Emms, Chief Executive and Paul Gray, Chief Financial Officer	10
8.	**Quality Improvement Programme - Reducing Assaults on Staff Presentation**	Sue McLaughlin, Clinical Director	20
9.	**Carers Strategy Update Presentation** *(Enclosure)*	Katie Humphrey, Carers Lead	20
10.	**Committee/Steering Groups** Reports: *a)* Membership & Public Engagement and approval of the Excluded Member Review Process(*Enclosure)* *b)* Quality Assurance meeting *(Enclosure)* *c)* Living Life to the Full *(To follow)*	Committee Group Chairs and Members	5

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11.	**Executive Reports from the Trust** 1. Patient Experience Quarter 1 Report *(Enclosure)* **2.** Performance Report *(Enclosure)*	Liz Chapman, Head of Service Engagement and Experience Julian Emms, Chief Executive	10
12.	**Appointment of Lead and Deputy Lead Governors –** to approve the re-appointment of Brian Wilson as Lead Governor and Jon Wellum as Deputy Lead Governor for another year.	Martin Earwicker, Chair	1
13.	**Governor Feedback Session** *This is an opportunity for governors to feedback relevant information from any (virtual) external meetings/events they have attended*	Martin Earwicker, Chair	2
14.	**Any Other Business**	Martin Earwicker, Chair	2
15.	**Dates of Next Meetings and Annual Schedule of Meetings for 2022** *(Enclosure)* • *01 November 2023 (Joint Trust Board and Council of Governors meeting – in person/MS Teams meeting* • *07 December 2023 – Formal Council Meeting – MS Teams*	Martin Earwicker, Chair	1

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Berkshire Healthcare
NHS Foundation Trust

Minutes of the Council of Governors Meeting held on

Wednesday, 14 June 2023 at 10.30am

(Conducted via MS Teams)

	Present:	Martin Earwicker, Chair
	Public Governors:	Tom Lake Brian Wilson Jon Wellum Madeline Diver Baldev Sian Tom O'Kane Steven Gillingwater Ros Crowder Graham Bridgman Ian Germer Jordan Montgomery
	Staff Governors:	June Carmichael Guy Dakin
	Appointed Governors:	Cllr Deborah Edwards
	In attendance:	Julian Emms, Chief Executive Alex Gild, Deputy Chief Executive Tehmeena Ajmal. Chief Operating Officer Naomi Coxwell, Non-Executive Director Mark Day, Non-Executive Director Julie Hill, Company Secretary Linda Jacobs, Executive Business Assistant
	Guests:	Darren Bailey, Service Manager, Crisis Resolution Home Treatment Team Service Steph Moakes, Health, Wellbeing and Engagement Manager Heidi Ilsley, Deputy Director of Nursing
1.	**Welcome and Introductions**	
	Martin Earwicker, Chair welcomed everyone to the meeting. The Chair particularly welcomed the new governors: Sarah Croxford, Tim Dee, Ian Germer and Graham Bridgman (Graham Bridgman had previously represented West Berkshire Council).	
2.	**Apologies for absence**	
	Debra Allcock Tyler, Paul Myerscough, Natasha Berthollier, Tina Donne, Elaine Williams.	
3.	**Declarations of Interest**	
	None declared.	

4.1	**Minutes of Last Formal Meeting of the Council of Governors and Matters Arising – 08 March 2023**
	The minutes the meeting held on 08 March 2023 and noted with the following amendment: Section 3.1 – reference to "Annual Declarations of Interest" was deleted. Graham Bridgman pointed out that the public minutes did not contain a summary of the private issues discussed at the private meeting held on 08 March 2023. Julie Hill, Company Secretary apologised and explained that the minutes of the private meeting did not contain any confidential information and should have been circulated along with the public minutes.(The Company Secretary emailed a copy of the private minutes to members of the Council during the meeting).
4.2	**Matters Arising**
	None.
5.	**Election Results - Uncontested Seats**
	The election results for the uncontested seats in West Berkshire and Windsor, Ascot and Maidenhead had been circulated. Julie Hill, Company Secretary reported that there were currently elections taking place in Slough and Reading. Elections were also taking place for a new clinical and a new non-clinical staff governors. It was noted that following the local elections, there would be five new local authority appointed governors.
6.	**Patient Experience Quarterly Report**
	The Chair welcomed Heidi Ilsley, Deputy Director of Nursing to the meeting. Heidi reported that since the use of the iWantGreatCare feedback tool there had been an improvement both the volume and quality of patient feedback. Guy Dakin noted that the compliments in the last Quarter were lower than normal and pointed out that there was no mention of Talking Therapies receiving any compliments and asked if the service had not received any feedback. Heidi Ilsley advised she would check this with the Patient Experience Team as Talking Therapies usually received a high volume of compliments. **Post meeting note**: Heidi Ilsley has confirmed that there was an issue with the DATIX system which meant that Talking Therapies compliments were not captured for a period of time. The issue has been resolved. Tom Lake asked if the grey areas on the bar charts represented "no response" to questions. Heidi Ilsley confirmed this was usually the case as the questions may not be relevant. Tom Lake referred to the closed complaints appendix and noted that a Carers Clinic was to be piloted at Prospect Park Hospital and pointed out that this information should be included in the body of the report as it was of interest to Governors. Tom Lake noted that District Nurses were now issued with Ketone Monitors and asked if this was Berkshire wide.

	Heidi Ilsley confirmed that Ketone Monitors were available in the East and agreed to find out if they were available to District Nurses in West Berkshire. It was noted that the new operational structure meant that services were managed across the whole of Berkshire and if something new was introduced it was rolled out across the Trust unless it was individually commissioned. Tom Lake referred to the complaints appendix and pointed out that the table showed that the number formal complaints received and noted that the information did not show true reflection of complaints received had decreased in the last quarter but the table did not point out that the number of complaints had almost doubled over the last year. Graham Bridgman noted there was no mention of local government enquiries and asked if the Trust received any local government enquiries. Julian Emms confirmed that he was not aware of any enquiries received from local Councillors directly but pointed out that the Trust regularly received queries from local MPs. The Chair thanked Heidi for the report.
7.	**National NHS Staff Survey Results**
	The Chair welcomed Steph Moakes, Health, Wellbeing and Engagement Manager to the meeting. Steph reported that the Trust's overall engagement score in the national NHS Staff Survey Results was 7.4 (the national average was 7.0). Although there were still areas for improvement, particularly in relation to the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES), the Trust's staff survey results remained very positive. Steph reported that the People Directorate was discussing the results and areas for further improvement(for example, staff retention and turnover, and sickness absence) locally with the Divisions/Services. Guy Dakin noted that the Trust's appraisal satisfaction score was 5.4 which was above the national average but asked what could be done to ensure staff gained benefit from their appraisal. Julian Emms said that further work was needed around ensuring that managers and staff developed meaningful objectives, identified areas for personal development and wellbeing which would improve the staff survey results across the board. The Chair commented that the overall staff survey result scores were impressive and thanked to the Executive team for their work. Tom Lake asked how Governors would be notified about the actions which were being taken in response to the staff survey results particularly around the Trust's Equality, Diversity and Inclusion work. The Chair said that these would be reported to the Trust Board and papers would be available to Governors via the Trust's website. The Chair thanked Steph for the presentation.
8.	**Crisis Resolution Home Treatment Team Service**
	The Chair welcomed Darren Bailey, Service Manager, Crisis Resolution Home Treatment Team Service to the meeting.

Darren shared a presentation entitled: “Using Patient Feedback to Improve our Service” and highlighted the following points:

- Patient feedback from the *I Want Great Care* tool was emailed to the team monthly. Patients were reminded to give feedback.
- At Prospect Park Hospital there was screen near the main entrance which patients could use to give feedback. Other sites provided tablets for patients to leave feedback
- Patient feedback was discussed at the daily status exchanges.
- Using Quality Improvement Programme methodology, based on the patient feedback received improvement “tickets” were raised on behalf of patients.

Darren provided examples for improvement tickets;

Ticket 1

- Issue – the service did not always provide a person-centred approach when responding to known individual difficulties (e.g. ASD) and adapting treatment to meet patient needs

  Actions to address the issue included:
  - Staff training to improve staff understanding and knowledge to better support patients
  - The team’s Lived Experience Workers joined patient contacts to give feedback and advice
  - A learning event was held focusing on patient centred care and the importance of Making Every Contact Count

Ticket 2

- Issue - patients having to repeat themselves multiple times - particularly when giving history or events leading up to their referral
- Actions to address the issue included:

  - Making Every Contact Count
  - Learning around the importance of reading progress notes before seeing patients and ensuring this was communicated with patients
  - Training on summarising and formulating an impression
  - Agenda setting workshops – focusing on the purpose of the contact e.g. building on information already known, rather than needing to repeat known history
  - Explaining to patients at initial assessment the need to take a detailed history, with reassurance that they should not have to keep repeating this
  - Using shorter initial assessment template where appropriate

Ticket 3

- Issue - patients and Carers feeding back a lack of information about medication (including what it was for, doses, side effects, what to do post-discharge etc.)
- Actions to address the issue included:

  - Employed a Pharmacist in CRHTT
  - Sharing Choice and Medication website
  - Providing patient information leaflets
  - Physical Health Clinic project – launched as a temporary addition in Reading and Wokingham
  - NMPs offering reviews, advice on medication, ensuring questions and concerns are answered
  - Ensuring discharge summaries are clear and include accurate medication plans

Ticket 4

- Issue - using deadnames and incorrect pronouns, misgendering with transgender patients

- Actions to address the issue included:

    - Reminding staff the of importance of using correct name, pronouns and gender
    - Preferred name and gender was now included on the weekly Multi-Disciplinary Team templates
    - The service had requested learning resources from the Pride Staff Network which would be shared with the team to improve understanding of importance of using correct information and impact on patients

Jon Wellum said that he had visited the service along with Sally Glen, Non-Executive Director earlier in the year and commented that if anything the service had improved ever further since then.

Tom Lake asked if reading progress notes could be improved or whether there were other practical issues that make it difficult to be prepared, for example, lack of a mobile phone signal or not being able to park close to the patient's home etc.

Darren Bailey reported the main issue in terms of reading progress notes ahead of a visit was time pressures. Most clinicians were busy with back-to-back appointments but did try to manage their time accordingly. A project had been piloted using iPads and the team were looking at other type of technology to help with this. It was noted that connectivity with iPads was better than with laptops. Completion of progress notes was lengthy and staff were encouraged to be concise using bullet points.

Julian Emms added that the service was working very well against the national benchmark for the number of calls to the service, which had a high level of demand, which was not funded. The team had a high level of staff satisfaction and acted on patient and carers feedback.

The Chair thanked Darren for his presentation and passed on thanks to colleagues.

9. New Operational Structure

The Chair welcomed Tehmeena Ajmal, Chief Operating Officer to the meeting.

Tehmeena provided an overview of the new operational structure and made the following points:

From six Divisions …

- Mental Health Inpatients - Prospect Park Hospital
- Mental Health Community East
    - Community Mental Health Teams
    - Specialist Community Services
- Mental Health Community West
    - Community Mental Health Teams
    - Specialist Community Services
- Community Services East
    - Community Hospitals
    - Community Services
- Community Services West
    - Community Hospitals
    - Community Services
- Children, Young People, Families and Learning Disability
    - Childrens and Adolescent Mental and Physical Health Services
    - All Age Eating Disorder Services

- Learning Disability Services

…to three Divisions

- Mental Health Services Division
  - Mental Health Inpatients
  - Community and Specialist MH Services
- Community Services Division
  - Community Inpatient Services
  - Community Physical Health Services
- CFAA Division
  - Children's and Adolescent Mental and Physical Health Services
  - Learning Disability Services
  - All Age Eating Disorder Services

Rationale

- Division of operational services between **East** and **West**
- Split between **community** and **inpatient mental health** services
- Services and teams and sometimes operating in isolation
- Lack of **resilience** and **mutual aid**
- **Different experiences for staff and patients** across different reams and services
- **Lack of consistency** in roles and responsibilities
- Examples of **excellent service provision which could replicated across the organisation**

The aim of these changes is to ensure

- A **structure organised around pathways** rather than simply geography
- **Consistency of quality, safety, access and outcomes** for patients and families
- **Clarity about who is accountable and responsible** for what and whom
- Clarity of **routes and escalation for operational, clinical or quality concerns**
- **Parity of portfolio** in terms of scope complexity, staff, service and budgets, relationships etc
- **Alignment with locality, place and system arrangements** and consistency across geography
- **Appropriate balance** between clinical, operational and professional leadership
- **Professional/career development**, talent management, and succession planning
- **Capacity and expertise focused** where it is most needed

Jon Wellum asked if the Trust had any thoughts on how the two ICSs could be encouraged to work together for the patients' benefit.

Tehmeena Ajmal reported that the Trust had an excellent reputation as a provider of Mental Health, Community and Childrens' Services which meant that it could influence the direction of each ICS on how we develop and deliver our services. Clinical and operational leads also provided input into systems programmes of work..

Julian Emms noted that health and social care had become complicated with several providers involved and alignment was key to delivering high quality sustainable health and social care which we needed to contribute to. All providers must work together and contribute to manage priorities at system level and this is work in progress.

The Chair thanked Tehmeena for her paper.

10.	**External Well Led Review Report**

The Chair reported that DCO Partners were commissioned to conduct an external developmental Well-Led Review (WLR) between December 2022 and March 2023. This review was the first independent well led review for seven years but followed an Outstanding assessment from a full CQC inspection in March 2020.

	The DCO team comprised Giles Peel, a governance specialist, and Professor Mike Bewick, a clinician and former Deputy Medical Director of the NHS. In a three-month period, the DCO team began with a wide-ranging documentary review, exploring the quality of paperwork, the depth of the Trust's policy base and the detail of management information being supplied to the Board. It then conducted one-to-one interviews with all Board members, as well as with external stakeholders representing the Integrated Care Boards (ICBs) that oversee the Trust. An observation phase saw the team attend several Board and Committee meetings, having first held a focus group meeting for the Council of Governors. The Trust Board had discussed the external well led report and would be reviewing the report's conclusions and recommendations. The Chair highlighted that one of the conclusions from the report was: • The Council of Governors were supportive but felt disempowered in terms of their public role and in terms of building stronger relationships with non-executive directors The Chair said he would be happy to receive any comments from governors in due course about how the governors wanted to develop their public role and build stronger relationships with the non-executive directors. Tom O'Kane noted his disappointment that research and development was not mentioned in the report and said that it was beneficial for staff to be involved in research and development as it could promote career progression. Julian Emms reported that an NHS England template relating to Well-Led that the Trust had completed which included research environment. Guy Dakin commented that the breakout sessions with the non-executive directors were very useful in developing relationships with the Non-Executive Directors. Guy Dakin noted the comment on "the organisation is "data heavy" and it required some effort to sift through briefing packs to receive the key messages and derive conclusions. This was ironic for an organisation that was lauded as a Digital Exemplar and may need to be reviewed further to develop innovation, especially in clinical practice." Guy asked if this would have impact on the information Governors will receive. The Chair reported this was a learning curve to get succinct papers to include core information which will apply to Governors papers and welcomed views on how this can be done. Brian Wilson asked for the timeline for the proposed actions from the Well-Led Report. The Chair reported that the Company Secretary would be developing an action plan in response to the well led report which would be presented to July 2023 Public Trust board meeting.
11.	**Committee/Steering Groups**
	Reports: **a) Living Life to the Full Group** The report taken as read. Tom Lake reported at the last meeting Martin Gill, Service Manager of Reading Community Mental Health team spoke about how relations with bodies outside the Trust affected the work of his team. Tom invited Governors to attend the next meeting where we hope to hear from a couple of

	charities that deal with the Trust. **b) Membership and Public Engagement** The report was taken as read. Brian Wilson reported that Marcomms had outlined their approach to addressing the shorfall in certain categories in the Membership data, across a range of demographic and diversity measures, including younger persons. Brian gave a big "thank you" again to Marcomms for their support for M&PE. Brain said that all Governors could make a contribution in this area using their own knowledge of their constituencies and volunteering names and organisations that can be approached with a view to promote membership of the Trust. To support this, a survey has been devised to scope out Governors' activity across social media channels. This should be launched in early June. **c) Quality Assurance Group** The report was taken as read.
12.	**Executive Reports from the Trust**
	1. Performance Report The Council of Governors noted the report. Guy Dakin noted the number of staff assaults and asked if the Service Lead could provide Governors with an update at a future meeting. Julian Emms reported most incidents of violence and aggression were from patients on adult inpatient wards and those with learning disabilities. The Trust had a duty to support staff with the knowledge and therapeutic interventions to reduce the risks. Guy Dakin also noted the Talking Therapies Target of 50% and asked if we should be striving for higher. Julian Emms reported that this was an international evidence based target for a high performing service of recovery and requirements. Brian Wilson noted staff turnover and agency usage had reduced and asked what steps the Trust had taken to influence the figures. Julian Emms reported that the Trust's objective was to reduce staff turnover to 12% by March 2025. The Trust had a good track record in recruiting staff but staff turnover was high and a lot of work was being done on improving the quality of exit interviews to find out why staff were leaving and to improve the experience of staff in the first 12 months of joining the Trust etc. The Trust's National Staff Survey results indicated that staff were happy to work for the Trust but unhappy with their pay. Graham Bridgman noted the high number Out of Area Placements being over double the target and asked if this was an issue for due to the Trust not having enough inpatient beds. Julian Emms reported that the Trust had undertaken a bed modelling exercise to look at the number of beds to meet the needs of the population in Berkshire. There was a national bed shortage and the Trust was around 18 beds short, 9 of which were for immediate needs and the other 9 included resizing of wards.
13.	**Governor Feedback Session**

	This is an opportunity for governors to feedback relevant information from any (virtual) external meetings/events they have attended
	Jon Wellum reported that he had attended the National Providers Conference and would share papers with Governors. He also attended a meeting with Lead Governors and Deputy Lead Governors and will also share papers when available. Brian Wilson reported that he had attended Bracknell Pride and met staff from the Sexual Health Team at Upton Hospital and Frimley Health ICB staff. Brian said that it was a very well-run event.
14.	**Any Other Business**
	The Chair reported Mehmuda Mian was stepping down as Non-Executive Director and thanked her for her 8 years of service, commitment, care and compassion for disadvantaged patients. •
15.	**Date of Next Meetings**
	• 19 July 2023 - Joint NEDs and Council of Governors Meeting - Hybrid meeting - London House • 27 September 2023 - Formal Council meeting followed by the Annual Members Meeting
16.	**Confidential Issue** **To consider a resolution to exclude press and public from the remainder of the meeting, as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.**
	Members of the press and public left the meeting.
17.	**Appointment of a new Non-Executive Director, a new Vice Chair and Extension of a Non-Executive Director's term of office**
	The appointment of a new Non-Executive Director, a new Vice Chair and Extension of a Non-Executive Director's term of office were discussed.

Berkshire Healthcare NHS Foundation Trust

Minutes of the Private Meeting of the Council of Governors Meeting held on

Wednesday, 14 June 2023

(the minutes do not contain confidential information and are therefore circulated along with the minutes of the public Counci of Governors' meeting)

	Present:	Martin Earwicker, Chair
	Public Governors:	Tom Lake Brian Wilson Jon Wellum Madeline Diver Baldev Sian Tom O'Kane Steven Gillingwater Ros Crowder Graham Bridgman Ian Germer Jordan Montgomery
	Staff Governors:	June Carmichael Guy Dakin
	Appointed Governors:	Cllr Deborah Edwards
	In attendance:	Julie Hill, Company Secretary Linda Jacobs, Executive Business Assistant
1.	**Apologies for absence**	
	Debra Allcock Tyler, Paul Myerscough, Natasha Berthollier, Tina Donne, Elaine Williams.	
2.	**Declarations of Interest**	
	None.	
3.	**Report of the Council of Governors' Appointments and Remuneration Committee:**	
	Non-Executive Director related issues <u>a) Appointment of a new Non-Executive Director</u> Mehmuda Mian's current term of office as a Non-Executive Director will end on 30th June 2023. Mehmuda will have served eight years when her term of office ends. She is currently the Trust's Vice Chair, is a member of the Audit and Quality Assurance Committees. Ms Mian has made a significant contribution to the work of the Trust. Ms Mian is a Solicitor by background. Securing a strong field of suitable candidates and undertaking an initial long listing assessment process is a complex task and one that requires specialist expertise. For this	

reason, the Trust appointed Audeliss, Recruitment Consultants to support the Appointments and Remuneration Committee.

The Appointments and Remuneration Committee reviewed the skills matrix for the current individual members of the Trust Board. The Committee agreed that there were no specific requirements for the new Non-Executive Director in terms of their skills and background.

The Chair also requested that the Committee needed to be mindful of the gender, diversity and skills and experience balance on the Board. The Recruitment Consultant was asked to take steps to encourage applications from diverse backgrounds.

The Committee met to review the long list the candidates. Audeliss and the Chair conducted informal interviews with each of the candidates on the long list and presented the Committee with their comments on each of the candidates.

The Committee agreed to interview five candidates. Face to face interviews were held on 25th May 2023.

The Committee unanimously agreed to recommend that Rebecca Burford be appointed as the Trust's new Non-Executive Director from 1 July 2023 for an initial term of office of three years.

The role of the Council of Governors is to seek assurance that the Appointments and Remuneration Committee conducted a fair and robust recruitment process. The Council of Governors can either approve or reject the Appointments and Remuneration Committee's recommendation.

Brian Wilson reported that Ms Burford is a Junior Partner in a Law Firm, has led EDI projects and made a culture change within her company signed by by pledge of actions. She compliments the skills of the other Non-Executive Directors and has experience of start up companies.

Brian Wilson noted his experience with Audeliss Recruitment Consultants was very positive.

The Council of Governors Committee approved the appointment of Rebecca Burford as Non-Executive Director from 1st July 2023.

The Chair thanked Governors for their input.

<u>b) Extension of Non-Executive Directors' Terms of Office - Naomi Coxwell</u>
Naomi Coxwell's current term of office is due to end on 13th December 2023. Naomi will have served on the Board for six years. Naomi is the Trust's Senior Independent Director, Chairs the Finance, Investment and Performance Committee and is a member of the Audit Committee.

The Committee agreed to recommend to the Council of Governors that Naomi's term of office be extended for a further one year (14th December 2023 to 13th December 2024).

The Council of Governors Committee approved the extension of Naomi's term as Non-Executive Director from 14th December 2023 to 13th December 2024.

<u>c) Appointment of new Vice Chair</u>
Mehmuda Mian is the Trust's current Vice Chair. Mehmuda will leave the Board on 30th June 2023. The Committee agreed to recommend to the Council of Governors that Mark Day, Non-Executive Director be appointed as the Trust's Vice Chair from 1st July 2023. The Vice-Chair does not receive any additional allowance to undertaking the role of Vice Chair.

	The Council of Governors Committee approved the appointment of Mark Day as Vice-Chair from 1st July 2023.
4.	**Any Other Business**
	June Carmicheal reported this is her last meeting as a Governor. The Chair thanked June for her role as Staff Governor and wished her the best.

Report of Voting

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

ELECTION TO THE COUNCIL OF GOVERNORS

CLOSE OF VOTING: 5PM ON 29 JUNE 2023

CONTEST: Public: Reading

RESULT		2 to elect
CUGGY, James	51	**ELECTED**
WELLUM, Jon	41	**ELECTED**
EMMETT, Raymond	30	

Number of eligible voters		1,948
Votes cast by post:	22	
Votes cast online:	58	
Total number of votes cast:		80
Turnout:		4.1%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		80

CONTEST: Public: Slough

RESULT		1 to elect
OLIVER, Nigel John	16	**ELECTED**
JAMA, Abdiraheem Hassan	8	
SHARMA (RAMAPAUL), Sahibi (aryan Shivam Lal)	8	

Number of eligible voters		685
Votes cast by post:	15	
Votes cast online:	18	
Total number of votes cast:		33
Turnout:		4.8%
Number of votes found to be invalid:		1
Total number of valid votes to be counted:		32

CONTEST: Staff: Clinical

RESULT		1 to elect
JUMBA, Anne	151	ELECTED
BAJAJ, Sunaina	89	
THOROGOOD, Julie	88	
ILYAS, Mubashir	75	

Number of eligible voters		3,702
Votes cast online:	403	
Total number of votes cast:		403
Turnout:		0
Number of votes found to be invalid:		10.9%
Total number of valid votes to be counted:		403

CONTEST: Staff: Non-Clinical

RESULT		1 to elect
GRIFFITHS, Alun	171	ELECTED
WYNTER, Stephanie	160	

Number of eligible voters		1,284
Votes cast online:	331	
Total number of votes cast:		331
Turnout:		25.8%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		331

Civica Election Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

a) was sent the details of the election and

b) if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and CES is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.

Yours sincerely

Abi Walcott-Daniel

Returning Officer

On behalf of Berkshire Healthcare NHS Foundation Trust

The Election Centre • 33 Clarendon Road • London • N8 0NW • 020 8365 8909 • civica.com/electionservices • support@cesvotes.com

Berkshire Healthcare NHS Foundation Trust Auditor's Annual Report

Year ended 31 March 2023

Contents

Introduction

Purpose

The purpose of the auditor's annual report is to bring together all of the auditor's work over the year. A core element of the report is the commentary on value for money (VFM) arrangements, which aims to draw to the attention of the Trust or the wider public relevant issues, recommendations arising from the audit and follow-up of recommendations issued previously, along with the auditor's view as to whether they have been implemented satisfactorily.

Responsibilities of the appointed auditor

We have undertaken our 2022/23 audit work in accordance with the Audit Plan that we issued on 18 January 2022. We have complied with the National Audit Office's (NAO) 2020 Code of Audit Practice, other guidance issued by the NAO and International Standards on Auditing (UK).

As auditors we are responsible for:

Expressing an opinion on:

- The 2022/23 financial statements;
- The parts of the remuneration and staff report to be audited;
- The consistency of other information published with the financial statements, including the annual report; and
- Whether the consolidation schedules are consistent with the Trust's financial statements for the relevant reporting period.

Reporting by exception:

- If the governance statement does not comply with relevant guidance or is not consistent with our understanding of the Trust/CCG;
- To the Secretary of State for Health and Social Care and NHS England if we have concerns about the legality of transactions of decisions taken by the Trust;
- If we identify a significant weakness in the Trust's arrangements in place to secure economy, efficiency and effectiveness in its use of resources;
- Any significant matters that are in the public interest; and
- Any significant issues or outstanding matters arising from our work which are relevant to the NAO as group auditor.

Responsibilities of the Trust

The Trust is responsible for preparing and publishing its financial statements, annual report and governance statement. It is also responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Introduction (continued)

2022/23 Conclusions	
Financial statements	Unqualified – the financial statements give a true and fair view of the financial position of the Trust as at 31 March 2023 and of its expenditure and income for the year then ended. We issued our auditor's report on 28 June 2023.
Parts of the remuneration report and staff report subject to audit	We had no matters to report.
Consistency of the other information published with the financial statement	Financial information in the Annual report and published with the financial statements was consistent with the audited accounts.
Value for money (VFM)	We had no matters to report by exception on the Trust's VFM arrangements. We have included our VFM commentary in Section 03.
Consistency of the annual governance statement	We were satisfied that the annual governance statement was consistent with our understanding of the Trust.
Referrals to the Secretary of State and NHS England	We made no such referrals.
Public interest report and other auditor powers	We had no reason to use our auditor powers.
Reporting to the Trust on its consolidation schedules	We concluded that the Trust's consolidation schedules agreed, within a £300,000 tolerance, to the audited financial statements.
Reporting to the National Audit Office (NAO) in line with group instructions	The NAO included the Trust in its sample of Department of Health component bodies. We had no matters to report to the NAO.
Certificate	We issued our certificate on 28 June 2023.

Audit of the financial statements

Key findings

The Annual Report and Accounts is an important tool for the Trust to show how it has used public money and how it can demonstrate its financial management and financial health.

On 28 June 2023, we issued an unqualified opinion on the financial statements. We reported our detailed findings to the 23 June 2023 Audit Committee meeting. We outline below the key issues identified as part of our audit, reported against the significant risks and other areas of audit focus we included in our Audit Plan. We reported some internal control recommendations and some areas for improvement in the control environment in the Audit Results Report.

Significant risk	Conclusion
Management override of controls	Our audit work found no indication of fraud in either revenue or expenditure balances.
Risk of manipulation of reported financial performance	We have not identified any material weaknesses in the recognition of expenditure. Our work in this area identified some misstatements regarding trade payable accruals and deferred income.
Valuation of land and buildings	We have identified no evidence of the inappropriate valuation of land and property as a result of the work we have undertaken. Adjustments were needed in the disclosure notes relating to assets not valued in year and the revaluation reserve. These notes have been corrected in the final version of the financial statements.

Value for Money

We did not identify any risks of significant weaknesses in the Trust's VFM arrangements for 2022/23

Our VFM commentary highlights relevant issues for the Trust and the wider public

We had no matters to report by exception in the audit report

Scope

We are required to report on whether the Trust has put in place proper arrangements to secure economy, efficiency and effectiveness in it use of resources. We have complied with the guidance issued to auditors in respect of their work on value for money arrangements (VFM) in the 2020 Code of Audit Practice (2020 Code) and Auditor Guidance Note 3 (AGN 03). We presented our VFM risk assessment to the 23 June 2023 Audit Committee meeting which was based on a combination of our cumulative audit knowledge and experience, our review of Trust body and committee reports, meetings with the Head of Financial Services and evaluation of associated documentation through our regular engagement with Trust management and the finance team.

Reporting

We completed our work on 28 June 2023 and did not identify any significant weaknesses in the Trust's VFM arrangements. We have also not identified any significant risks during the course of our audit. As a result, we had no matters to report by exception in the audit report on the financial statements.

Our commentary for 2022/23 is set out over the following pages. The commentary on these pages summarises our conclusions over the arrangements at the Trust in relation to our reporting criteria (see below) throughout 2022/23.

In accordance with the NAO's 2020 Code, we are required to report a commentary against three specified reporting criteria:

Reporting criteria	Risks of significant weaknesses in arrangements identified?	Actual significant weaknesses in arrangements identified?
Financial sustainability: How the Trust plans and manages its resources to ensure it can continue to deliver its services	No significant risks identified	No significant weaknesses identified
Governance: How the Trust ensures that it makes informed decisions and properly manages its risks	No significant risks identified	No significant weaknesses identified
Improving economy, efficiency and effectiveness: How the Trust uses information about its costs and performance to improve the way it manages and delivers its services	No significant risks identified	No significant weaknesses identified

Value for Money (continued)

Financial Sustainability: How the Trust plans and manages its resources to ensure it can continue to deliver its services

The Trust submitted a high-level financial planning report in April 2022 to the Finance, Investment and Performance Committee for a £2.7m deficit, but with a continued ambition to breakeven. The deficit reflected the risk in relation to the savings delivery and likely elective recovery performance. There was an acceptance that inflation funding within the tariff uplift was insufficient to cover the current levels of inflation. The Finance team had reviewed the current cost base and estimated that of the £2.7m deficit c£1.8m related to excess inflation. This represented under funding of assumed pay award, Retail Price Index impacting PFI contracts and supplier driven inflation demands.

In June 2022, the Trust resubmitted its plan as part of the submission from the Integrated Care System (ICS) which is for the overall breakeven as per NHSE&I requirements linked to additional funding. The revised plan was for a £0.9m deficit. This recognised £1.4m of additional funding to cover inflationary pressures and an increased efficiency of £0.4m.

In December 2022, the Board agreed to move the forecast outturn to a £1.1m surplus. In recognition of the Trust's contribution to improving the system position, they received an additional £0.8m of funding from Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Board (ICB), bringing the overall revised target to a £1.9m surplus. The final outturn was a £2.4m surplus, after accounting for the impact of donations and non-operating fixed asset impairments.

We note that the Trust has continued to actively monitor any short term financial pressures throughout the year. When these pressures have been identified, strategies have been put in place to mitigate them. These strategies have then been subject to frequent review and adjusted as required.

Conclusion: The Trust had the arrangements we would expect to see in 2022/23 to enable it to plan and manage its resources to ensure that it can continue to deliver its services.

Value for Money (continued)

Governance: How the Trust ensures that it makes informed decisions and properly manages its risks

We have seen through our attendance at Audit Committees and our review of the Board minutes that key decisions made are backed up by the appropriate supporting evidence. In addition, the relevant officers attend the Committees to present their papers and to answer any questions the Committee may have. We have seen in Audit Committees the committee asking challenging questions to officers to ensure they are fully informed before decisions are made.

During 2022/23, Internal Audit have issued six reports with reasonable assurance and one that was advisory only. We have not identified any weaknesses in relation to the governance of the Trust through review of these reports. Internal Audit raised a total of twenty eight actions (7 medium, 11 low and 10 advisory) during the year which were followed up in 2022/23. Twelve actions, including six medium and six low priority actions, related to IT Application Audit, New Models of Care and Risk Management are not yet due for implementation and will be followed up accordingly when due. The Audit Committee monitors the Internal Audit recommendations and ensures they are followed up on a timely basis.

The Trust has continued to maintain its risk register as part of its Board Assurance Framework (BAF). The risk register is regularly reviewed by the Audit Committee which challenges the risks included and gains assurance that the right risks and mitigations are included. There are a number of 'red' risks within the risk register for 2022/23 which we considered as part of our value for money risk assessment. These are risks that we would expect to see for the Trust and are not an indication of a weakness in their governance arrangements.

Conclusion: The Trust had the arrangements we would expect to see in 2022/23 to enable it to make informed decisions and properly manage its risks.

Value for Money (continued)

Improving economy, efficiency and effectiveness: How the Trust uses information about its costs and performance to improve the way it manages and delivers its services

The Finance, Investment and Performance Committee monitors both financial and non-financial performance information and challenges officers where there are any departures from plans or expectations. We have seen evidence of this throughout out the year as the Finance, Investment and Performance Committee meetings are reported to the Audit Committee meetings that we attend.

In terms of financial review, monthly finance reports are reported to the Finance, Investment and Performance Committee. A detailed summary of the finance position is provided in these reports covering the current surplus/deficit position along with a forecast to the year end and this is challenged regularly by the Committee. As at the year end, the Trust achieved a £2.4m surplus, after accounting for the impact of donations and non-operating fixed asset impairments.

Further to this, the Trust's Internal Auditors also provide operational recommendations and control reviews. The outcome of these and any recommendations are tracked at Audit Committee. This is used in conjunction with financial and performance information to identify areas for improvement.

In relation to partnership working, the Trust is part of Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) and a partner of Frimley ICS, working closely with them across services and governance. Monitoring of operational performance and performance against long term planning trajectories is undertaken by both BOB and Frimley ICS and is discussed at quarterly System Tri-partite meetings which are attended by each organisations Executive teams.

Conclusion: The Trust had the arrangements we would expect to see in 2022/23 to enable it to use information about its costs and performance to improve the way it manages and delivers services.

Appendices

Appendix A – Summary of arrangements

Financial Sustainability

Reporting Sub-Criteria	Findings
How the body ensures that it identifies all the significant financial pressures that are relevant to its short and medium-term plans and builds these into them	There is an open culture with financial matters raised and discussed. The budget management arrangements ensure finance managers are in contact with service leads routinely and gather intelligence on risks and pressures that may arise. The collation of financial risks and pressures are identified through finance representation on key committees and groups across the organisation, including Capital Resource Group, Strategic People Group, Estates Group, Divisional Boards, Quality Executive, Business & Finance Executive. Regular attendance by CFO and DoF at system finance meetings ensures risks for national policy or local pressures are flagged.
How the body plans to bridge its funding gaps and identifies achievable savings	There is a clear and robust planning process which assigned affordable financial envelopes for all divisions. Divisions undertook a process to review opportunity areas for cost improvement and efficiency as well as develop realistic workforce plans which aligned to control totals. The Trust maximise investment income from commissioners to cover existing underlying and forecast pressures for the year ahead. There are ICS wide transformation programmes, including temporary staffing and procurement and internal transformation programmes including digital investment.
How the body plans finances to support the sustainable delivery of services in accordance with strategic and statutory priorities	The Trust ensures that all operational services are involved in the build of operational budgets, ensuring the final financial resources allocated are sufficient to maintain safe and effectives services and incorporated appropriate investment from commissioners targeting key NHS long term plan aims.
How the body ensures that its financial plan is consistent with other plans such as workforce, capital, investment, and other operational planning which may include working with other local public bodies as part of a wider system	The internal planning process is designed to ensure that there is consistency in planning. Key personnel including CFO/DoF are involved in consolidation and review to ensure alignment and consistent assumptions underpinning all elements of the plan. The final planning document is taken to the Board and includes finance, workforce and capital plans to allow effective review and read across. NHSI financial planning tool, and review provides further assurance of finance and workforce alignment. At a system level, all plans are submitted and collated to allow collective review by CFOs across the system.
How the body identifies and manages risks to financial resilience, e.g. unplanned changes in demand, including challenge of the assumptions underlying its plans	Risks are raised and identified through key business meetings. These are fed into periodic financial forecasts to assess the impact verses current cost run rate. These forecasts are presented to the Board, Finance Committee and Business & Finance Executive. Where the cumulative impact of changes presents an overall financial risk to the organisation, corrective action would be recommended by the CFO.

Appendix A – Summary of arrangements (continued)

Governance

Reporting Sub-Criteria	Findings
How the body monitors and assesses risk and how the body gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud	Clinical and non clinical risks are monitored and reviewed at all levels of the organisation. All services hold both local risk registers with clinical risk reviewed at the Clinical Risk Committee and non clinical risk at to the Non Clinical Risk Committee. The BAF and Corporate Risk registers are reported periodically to the Board, Finance Committee and Audit Committee. Assurance over internal controls including fraud are reviewed periodically by both internal audit and counter fraud, who have provided ongoing assurance to the organisation.
How the body approaches and carries out its annual budget setting process	The CFO carries out a high level assessment of the budget for the coming year and that will be presented to the Senior Leadership Team, Business & Finance Executive Committee, Finance Committee and Board. The Director of Finance and Head of Financial Management, formulate control totals for finance and operational budgets for colleagues to worked to. The Director of Finance and Associate Director of Contracts lead discussions with commissioners to agree funding envelopes and investments, aligning these to income assumptions made at divisional level. This provides the annual funding envelope. The Head of Financial Management, along with Senior Finance Managers, build bottom up budgets with input from operational colleagues, ensuring commissioner investments and income are aligned and inflationary pressures are identified. The CFO and Director of Finance work with system colleagues to agree the Trust's share of central system allocations. The residual impact of costs being greater than funding are addressed through the efficiency programme.
How the body ensures effective processes and systems are in place to ensure budgetary control; to communicate relevant, accurate and timely management information (including non-financial information where appropriate); supports its statutory financial reporting requirements; and ensures corrective action is taken where needed	Financial processes are reviewed and tested on an annual basis. Financial management and budgetary controls were tested by internal audit in 22/23 who gave substantial assurance. Key non financial performance reporting is reviewed at the Quality Executive and Trust Board monthly.
How the body ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency. This includes arrangements for effective challenge from those charged with governance/audit committee	Key decisions are always supported by a comprehensive paper or business case and taken to Executive Committees and the Board. All Executive committees have all executives, senior operational colleagues and clinical leads, ensuring robust and effective challenge. For decisions made at Executive subgroup meetings, minutes are always provided for review and are standing items of agendas.

Appendix A – Summary of arrangements (continued)

Governance (continued)

Reporting Sub-Criteria	Findings
How the body monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of officer or member behaviour (such as gifts and hospitality or declarations/conflicts of interests)	The Trust has a clear policy on declarations and all senior staff are required to complete them on an annual basis. These processes are also built into the procurement processes and meeting procedures.

Improving economy, efficiency and effectiveness

How financial and performance information has been used to assess performance to identify areas for improvement	The Trust utilises a range of information and metrics to assess financial and non financial performance. The QI methodology to keep focus on the key metrics ensures they focus on areas that cause the greatest concern or where they can make the most difference. The Trust has used this to identify breakthrough objectives around staff assaults, self harm and reducing falls, which the Quality Executive received updates and fed back on a monthly basis. The Trust a member of NHS Benchmarking and the Executive Committee regularly reports on service benchmarking and identifies areas where improvements could be made.
How the body evaluates the services it provides to assess performance and identify areas for improvement	Operational services all have individual performance reports which identify and track their key driver metrics (ones which are most important to them, or identify area of sustained weakness) and tracker metrics which require ongoing monitoring. These are reviewed at Executive level on a monthly basis. These also feed up into the Trust Performance Report which is reviewed at Board and Executive Committee. Where metrics are off track under the Trust's business rules, countermeasure reports identifying corrective actions are presented and reviewed
How the body ensures it delivers its role within significant partnerships, engages with stakeholders it has identified, monitors performance against expectations, and ensures action is taken where necessary to improve	The Trust is an active member of both BOB and Frimley ICSs and works closely with partner organisations across services and governance. The Trust is represented at all key governance meetings including Senior Leadership Groups and Boards. The existing performance reporting takes account of key measures. Where specific performance measures are identified across the system, these are reviewed and if required incorporated into performance reports. Some local initiatives and investments will have KPIs and metrics which are monitored with partners across the ICS, with actions agreed where required. Further monitoring of operational performance and performance against long term planning trajectories is undertaken by both BOB and Frimley ICS and is discussed at quarterly System Tri-partite meetings attended by each organisations executive teams.
How the body ensures that commissioning and procuring services is done in accordance with relevant legislation, professional standards and internal policies, and how the body assesses whether it is realising the expected benefits	The Trust has very clear and robust procurement policies and procedures, including the ongoing management of contractual arrangements. These are reviewed periodically by both internal audit and counter fraud, who have provided ongoing assurance to the organisation.

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NHS
Berkshire Healthcare
NHS Foundation Trust

Friends, Family & Carers

Strategy Update

Care Quality Commission Inspected and rated Outstanding

ARMED FORCES COVENANT

Diversity and Inclusion Bringing us together

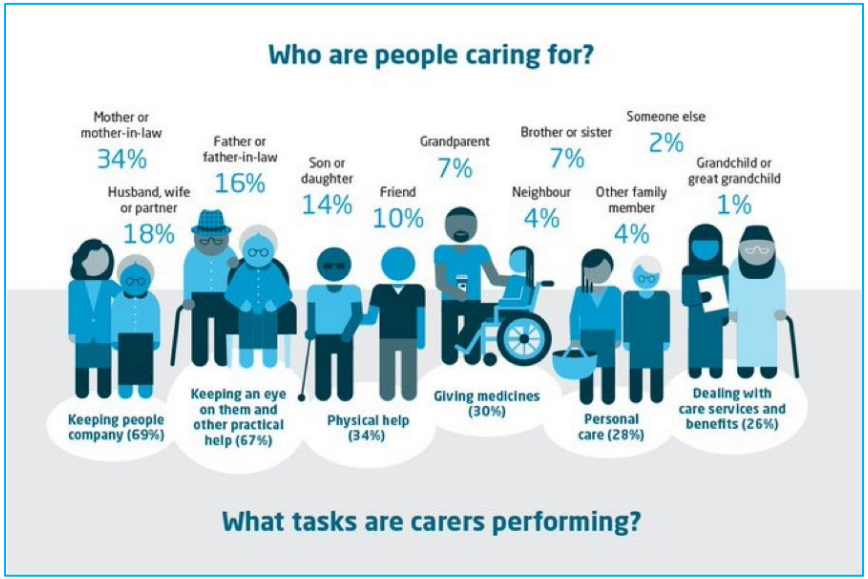
Katie Humphrey

Introduction

Berkshire Healthcare NHS Foundation Trust

What is a Carer?

- A Carer is anyone, including children and adults, who looks after a family member; partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support.
- The care they give is unpaid.

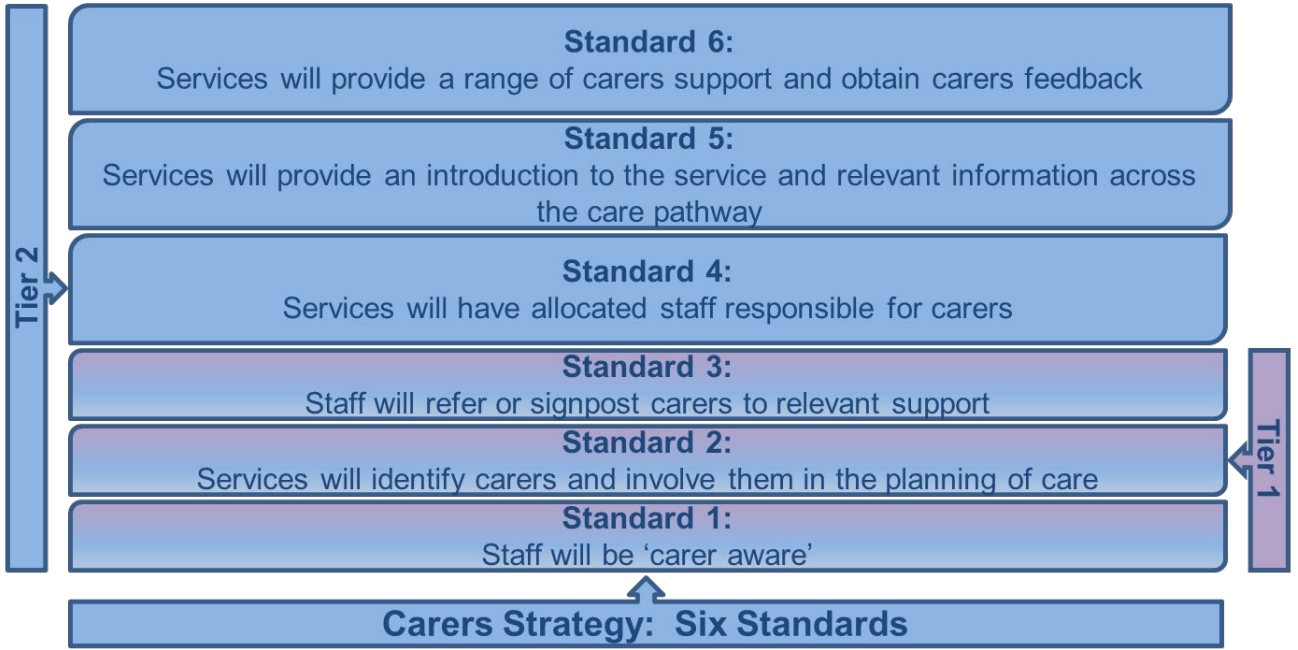


Source: The King's Fund – Unpaid Carers caring in a complex world

What is our Carers Strategy?

Berkshire Healthcare NHS Foundation Trust

- Based on the Triangle of Care (ToC), NICE principles, national guidance and best practice.
- Consists of six standards for services to work towards.
- All services should achieve Standards 1 – 3.

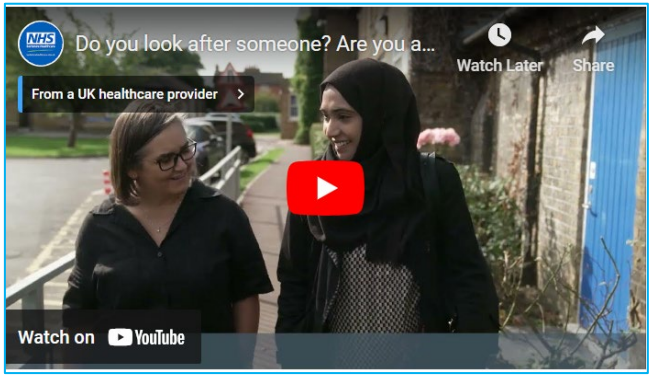


We said:
Last Year

Carer Activities & Improvements

Berkshire Healthcare NHS Foundation Trust

- **Engagement:**
  - **Internally** with Heads of Services, managers, supervisors and staff
    - Attendance at meetings; involvement in specific projects e.g. One Team – Carer event (July)
  - **Externally** with NHS England; ICS partners; voluntary sector; local authorities etc.
    - Attendance on Carer Strategy Groups
    - Input into revised/updated Carers Strategies for Bracknell, Reading and West Berkshire Councils
- **Friends, Family & Carer Awareness Training**:
  - Yellow belt project to review completion rates
- **Website/Nexus:**
  - Additional pages and content including our Charter, video and updated resource information leaflets.



Triangle of Care (ToC)

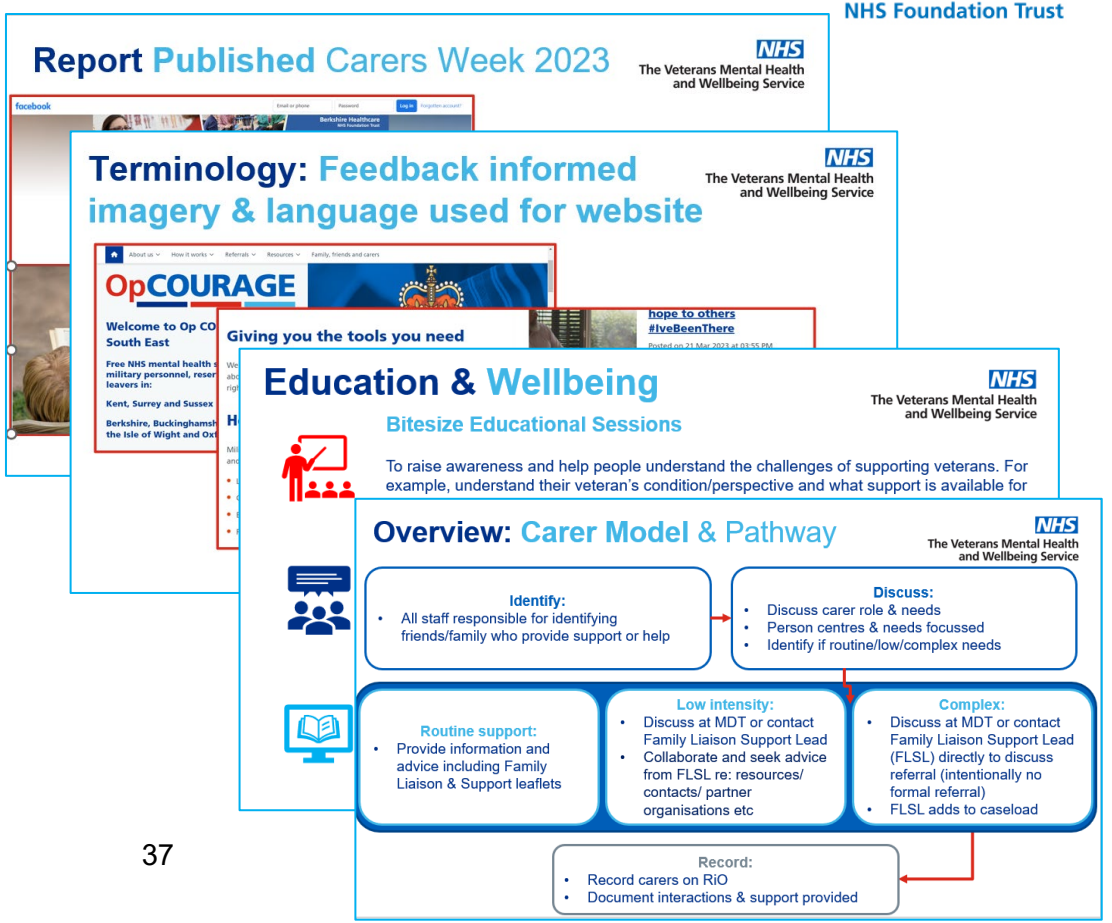
Berkshire Healthcare NHS Foundation Trust

- Carers Trust have revised and updated the Triangle of Care membership
- New branding
- Introduction of annual membership fee
- Revised annual review process to maintain accreditation status
- Berkshire Healthcare annual return has been submitted (August 2023) – awaiting confirmation of continued two star status
- Regional and national Triangle of Care meetings

Mind the Gap Project

NHS Berkshire Healthcare NHS Foundation Trust

- NHS England funding to identify carer voice of those supporting veterans
- Report published Carers Week
- Project Outcomes:
  - Specific OpCourage Family & Carers webpage
  - Bitesize educational videos:
    - Understanding the impact of military training on veterans & family members
    - Transitioning to civilian life
    - Tools for managing relationships & wellbeing
  - Embedding Family Liaison & Support Lead role



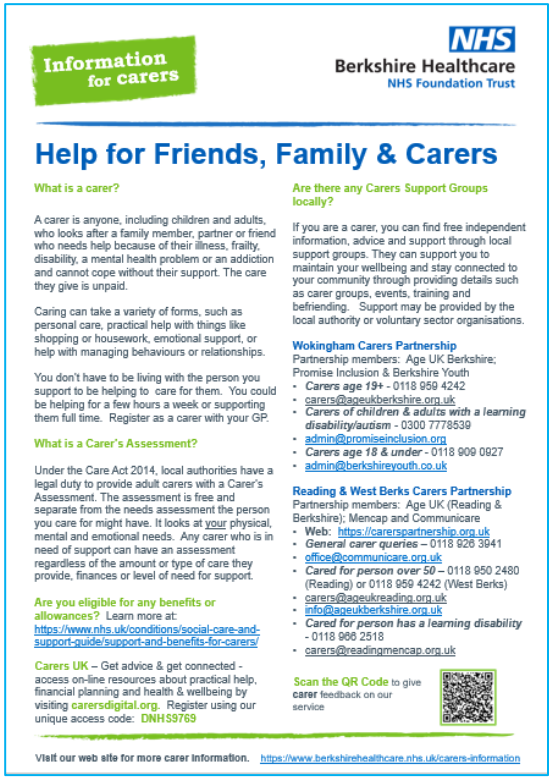
Resources: Confidentiality & Information Sharing

Berkshire Healthcare NHS Foundation Trust

- Created Information sheets:
  - For Friends, Families and Carers
  - For staff
- Bitesize learning for teams
- Accessible via Nexus and Toolkit

Resources: Information to adapt/share

NHS Berkshire Healthcare NHS Foundation Trust



Information for carers

NHS Berkshire Healthcare NHS Foundation Trust

Help for Friends, Family & Carers

What is a carer?

A carer is anyone, including children and adults, who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.

Caring can take a variety of forms, such as personal care, practical help with things like shopping or housework, emotional support, or help with managing behaviours or relationships.

You don't have to be living with the person you support to be helping to care for them. You could be helping for a few hours a week or supporting them full time. Register as a carer with your GP.

What is a Carer's Assessment?

Under the Care Act 2014, local authorities have a legal duty to provide adult carers with a Carer's Assessment. The assessment is free and separate from the needs assessment the person you care for might have. It looks at your physical, mental and emotional needs. Any carer who is in need of support can have an assessment regardless of the amount or type of care they provide, finances or level of need for support.

Are you eligible for any benefits or allowances? Learn more at: https://www.nhs.uk/conditions/social-care-and-support-guide/support-and-benefits-for-carers/

Carers UK – Get advice & get connected - access on-line resources about practical help, financial planning and health & wellbeing by visiting **carersdigital.org**. Register using our unique access code: **DNHS9769**

Are there any Carers Support Groups locally?

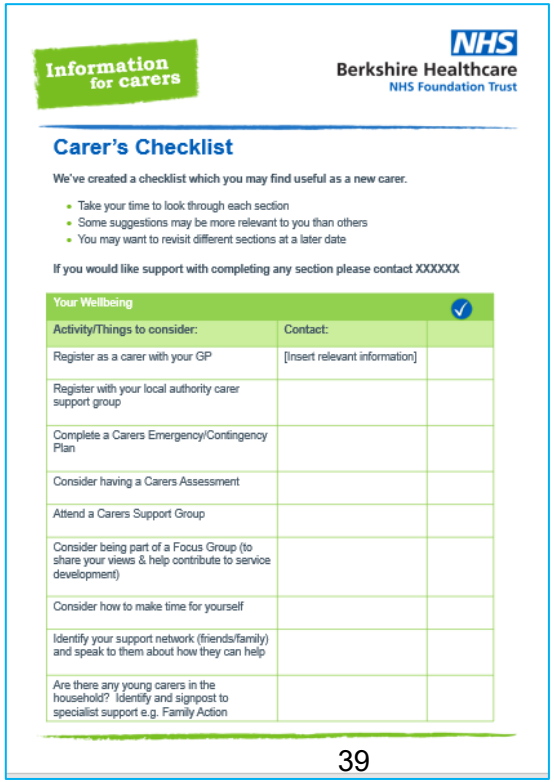
If you are a carer, you can find free independent information, advice and support through local support groups. They can support you to maintain your wellbeing and stay connected to your community through providing details such as carer groups, events, training and befriending. Support may be provided by the local authority or voluntary sector organisations.

Wokingham Carers Partnership
Partnership members: Age UK Berkshire; Promise Inclusion & Berkshire Youth
- ***Carers age 19+*** - 0118 959 4242
- carers@ageukberkshire.org.uk
- ***Carers of children & adults with a learning disability/autism*** - 0300 7778539
- admin@promiseinclusion.org
- ***Carers age 18 & under*** - 0118 909 0927
- admin@berkshireyouth.co.uk

Reading & West Berks Carers Partnership
Partnership members: Age UK (Reading & Berkshire); Mencap and Communicare
- **Web:** https://carerspartnership.org.uk
- ***General carer queries*** – 0118 926 3941
- office@communicare.org.uk
- ***Cared for person over 50*** – 0118 950 2480 (Reading) or 0118 959 4242 (West Berks)
- carers@ageukreading.org.uk
- info@ageukberkshire.org.uk
- ***Cared for person has a learning disability*** - 0118 966 2518
- carers@readingmencap.org.uk

Scan the QR Code to give **carer** feedback on our service

Visit our web site for more carer information. https://www.berkshirehealthcare.nhs.uk/carers-information



Information for carers

NHS Berkshire Healthcare NHS Foundation Trust

Carer's Checklist

We've created a checklist which you may find useful as a new carer.

- Take your time to look through each section
- Some suggestions may be more relevant to you than others
- You may want to revisit different sections at a later date

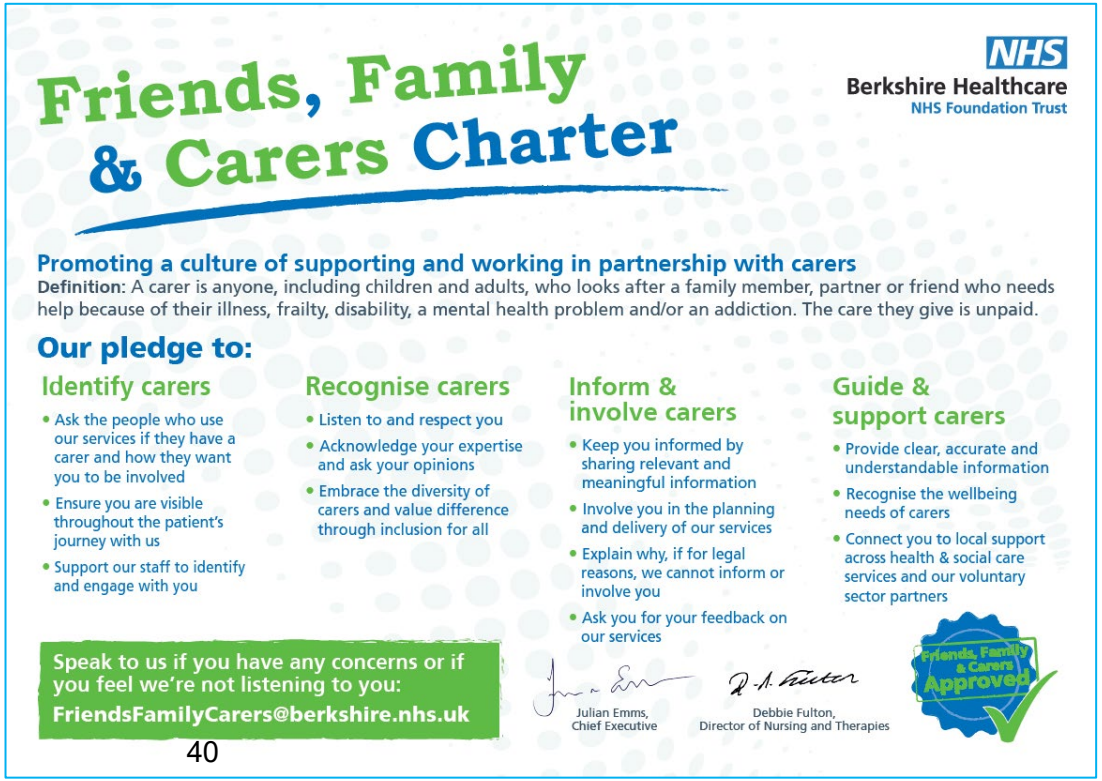
If you would like support with completing any section please contact XXXXXX

Your Wellbeing		✓
Activity/Things to consider:	**Contact:**	
Register as a carer with your GP	[Insert relevant information]	
Register with your local authority carer support group		
Complete a Carers Emergency/Contingency Plan		
Consider having a Carers Assessment		
Attend a Carers Support Group		
Consider being part of a Focus Group (to share your views & help contribute to service development)		
Consider how to make time for yourself		
Identify your support network (friends/family) and speak to them about how they can help		
Are there any young carers in the household? Identify and signpost to specialist support e.g. Family Action		

Friends, Family & Carers Charter

NHS
Berkshire Healthcare
NHS Foundation Trust

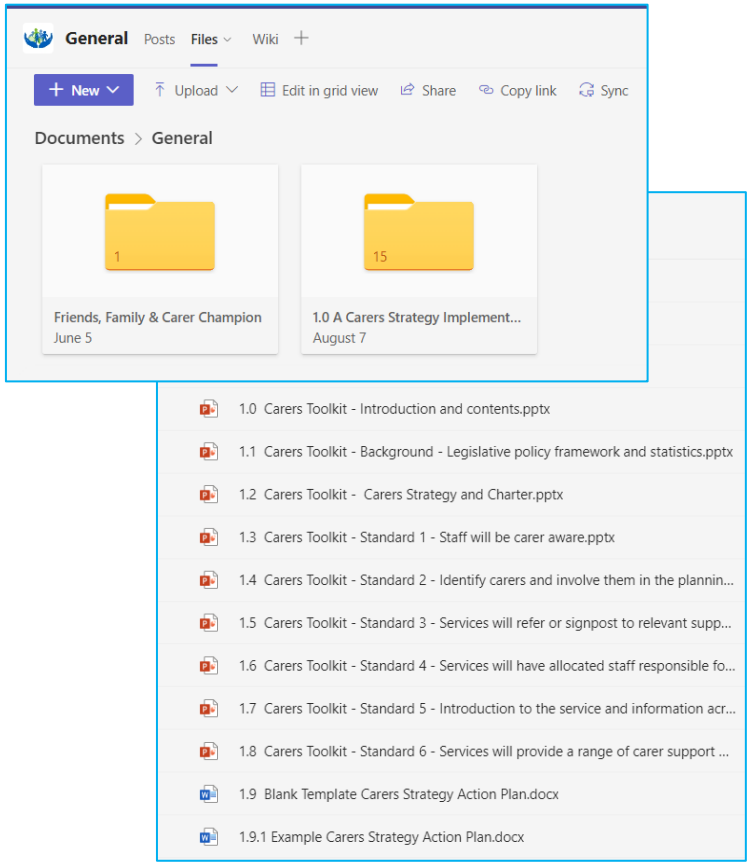
- Launched Carers Rights Day (November 2022)
- Co-produced with carers following carer events
- Four pillars reflect strategy standards
- Circulated to services to be displayed
- Promoted at Trust Leadership meeting (December 2022)
- Available on Nexus for services to download & print



Carers Strategy Toolkit:

Berkshire Healthcare NHS Foundation Trust

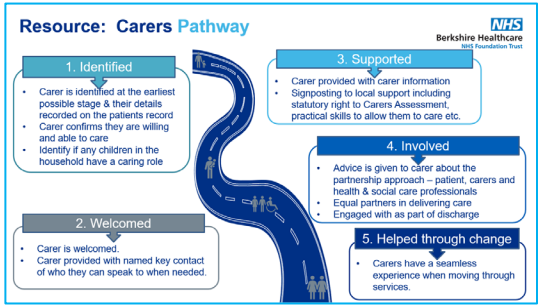
- Launched **Carers Week (June 2023)** - On-line workshop c120 attendees
- Developed in conjunction with **carers**, **staff** and **managers**.
- Hosted on **Friends, Family & Carers Staff Forum Teams Channel** – Hub to **share information** & platform to **ask questions**, provide **support** and **advice**.
- Encourage people to **make contact and learn from each** other to enable further work to engage with families and carers.
- Created a form for teams to **share and showcase carer activities**.
- Toolkit is a live resource which will be constantly updated and examples added.

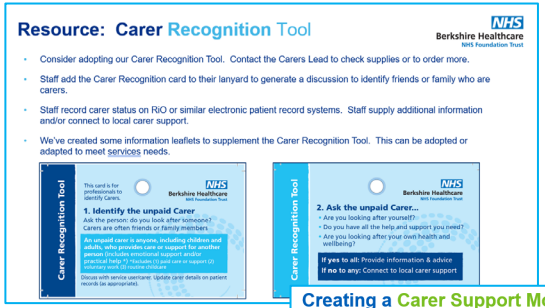


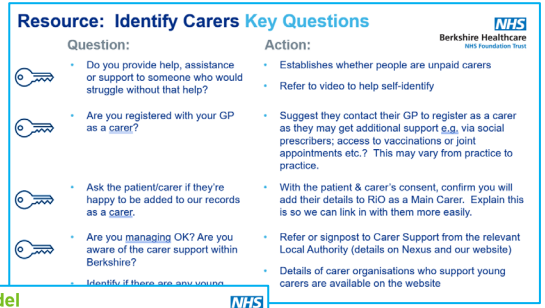
Carers Strategy Toolkit:

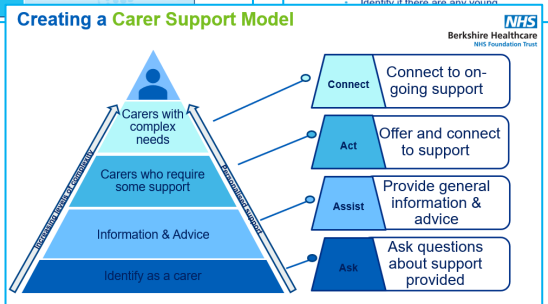
NHS Berkshire Healthcare NHS Foundation Trust

- Toolkit aims:
  - Provide **action-orientated "top tips"** to help managers/staff implement our Carers strategy in practice.
  - Contains **case study examples** from a **variety of teams** to highlight **different ways of working** with carers in a **variety of settings**. E.g. physical and mental health or community and in patient settings.
  - Contains **template resources** which can be **adapted or adopted** to operationalise our carers strategy in practice.





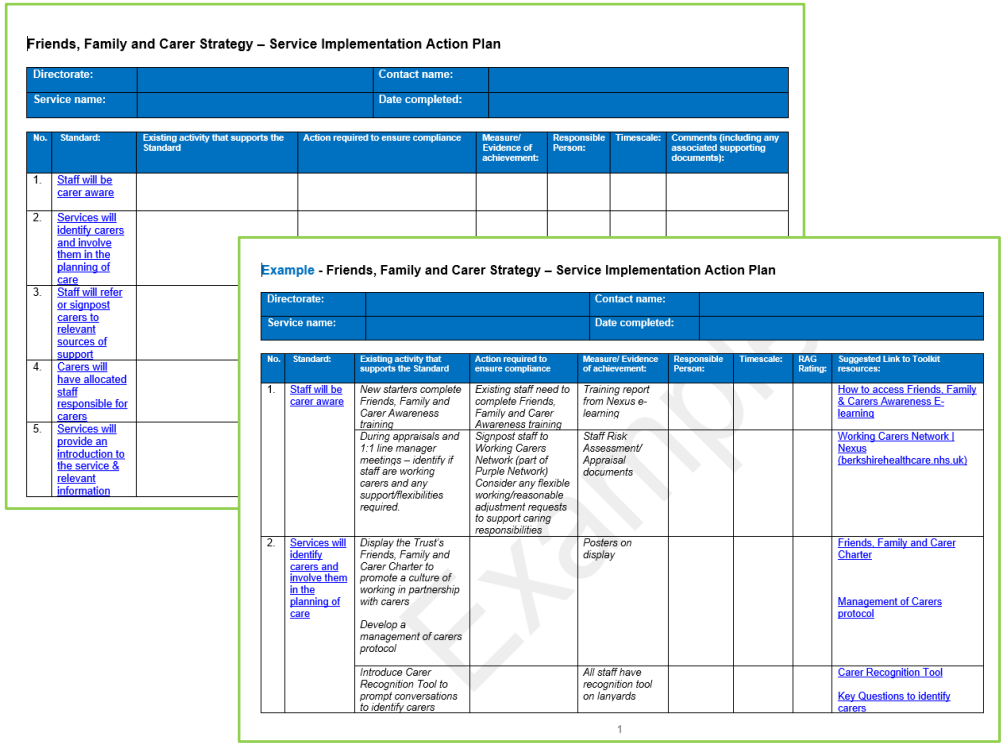




Carers Strategy Toolkit:

Berkshire Healthcare NHS Foundation Trust

- **Implementation Action Plans**
  - Blank Action Plan for teams to populate
  - Example Action Plan with links to Toolkit resources to assist services to develop suitable plans
  - Annual Self Assessment Review asks for copies of Action Plans to demonstrate compliance



Friends, Family and Carer Strategy – Service Implementation Action Plan

Directorate:		Contact name:	
Service name:		Date completed:	

No.	Standard:	Existing activity that supports the Standard	Action required to ensure compliance	Measure/ Evidence of achievement:	Responsible Person:	Timescale:	Comments (including any associated supporting documents):
1.	Staff will be carer aware						
2.	Services will identify carers and involve them in the planning of care						
3.	Staff will refer or signpost carers to relevant sources of support						
4.	Carers will have allocated staff responsible for carers						
5.	Services will provide an introduction to the service & relevant information						

Example - Friends, Family and Carer Strategy – Service Implementation Action Plan

Directorate:		Contact name:	
Service name:		Date completed:	

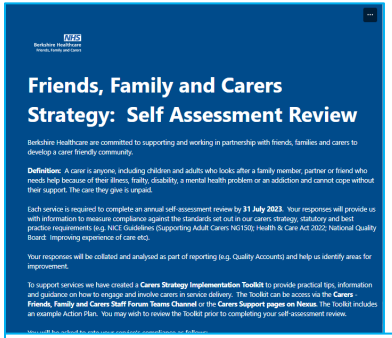
No.	Standard:	Existing activity that supports the Standard	Action required to ensure compliance	Measure/ Evidence of achievement:	Responsible Person:	Timescale:	RAG Rating:	Suggested Link to Toolkit resources:
1.	Staff will be carer aware	*New starters complete Friends, Family and Carer Awareness training*	*Existing staff need to complete Friends, Family and Carer Awareness training*	*Training report from Nexus e-learning*				How to access Friends, Family & Carers Awareness E-learning
		During appraisals and 1:1 line manager meetings – identify if staff are working carers and any support/flexibilities required.	*Signpost staff to Working Carers Network (part of Purple Network) Consider any flexible working/reasonable adjustment requests to support caring responsibilities*	*Staff Risk Assessment/ Appraisal documents*				Working Carers Network | Nexus (berkshirehealthcare.nhs.uk)
2.	Services will identify carers and involve them in the planning of care	*Display the Trust's Friends, Family and Carer Charter to promote a culture of working in partnership with carers* *Develop a management of carers protocol*		*Posters on display*				Friends, Family and Carer Charter Management of Carers protocol
		Introduce Carer Recognition Tool to prompt conversations to identify carers		*All staff have recognition tool on lanyards*				Carer Recognition Tool Key Questions to identify carers

1

Self Assessment Review:

Berkshire Healthcare NHS Foundation Trust

- Inaugural Self Assessment Review
  - Circulated to services as a Microsoft Teams form
  - RAG rating responses to fifteen multiple choice questions
  - Questions have been mapped to our carers strategy, Triangle of Care self assessment processes and principles set out in NICE guidance NG150 Supporting Adult Carers.
- 61 services have responded to date
- Dashboard is in development.


Friends, Family and Carers Strategy: Self Assessment Review

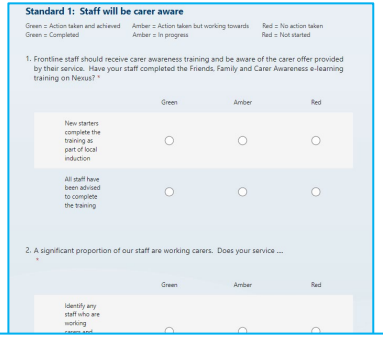
Berkshire Healthcare are committed to supporting and working in partnership with friends, families and carers to develop a carer friendly community.

Definition: A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.

Each service is required to complete an annual self-assessment review by **31 July 2023**. Your responses will provide us with information to measure compliance against the standards set out in our carers strategy, statutory and best practice requirements (e.g. NICE Guidelines (Supporting Adult Carers NG150); Health & Care Act 2022; National Quality Board Improving experience of care etc).

Your responses will be collated and analysed as part of reporting (e.g. Quality Accounts) and help us identify areas for improvement.

To support services we have created a **Carers Strategy Implementation Toolkit** to provide practical tips, information and guidance on how to engage and involve carers in service delivery. The Toolkit can be access via the **Carers - Friends, Family and Carers Staff Forum Teams Channel** or the **Carers Support pages on Nexus**. The Toolkit includes an example Action Plan. You may wish to review the Toolkit prior to completing your self-assessment review.


Standard 1: Staff will be carer aware

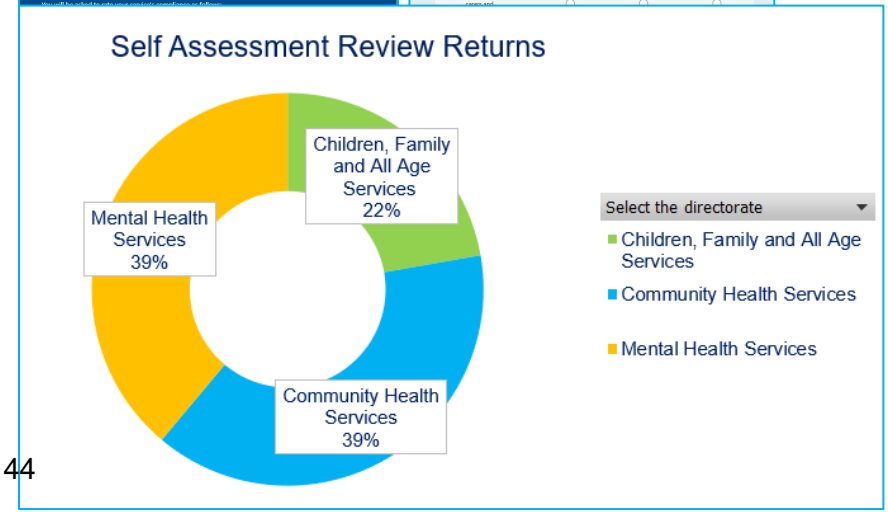
Green = Action taken and achieved
Green = Completed
Amber = Action taken but working towards
Amber = In progress
Red = No action taken
Red = Not started

1. Frontline staff should receive carer awareness training and be aware of the carer offer provided by their service. Have your staff completed the Friends, Family and Carer Awareness e-learning training on Nexus? *

	Green	Amber	Red
New starters complete the training as part of local induction			
All staff have been advised to complete the training			

2. A significant proportion of our staff are working carers. Does your service ... *

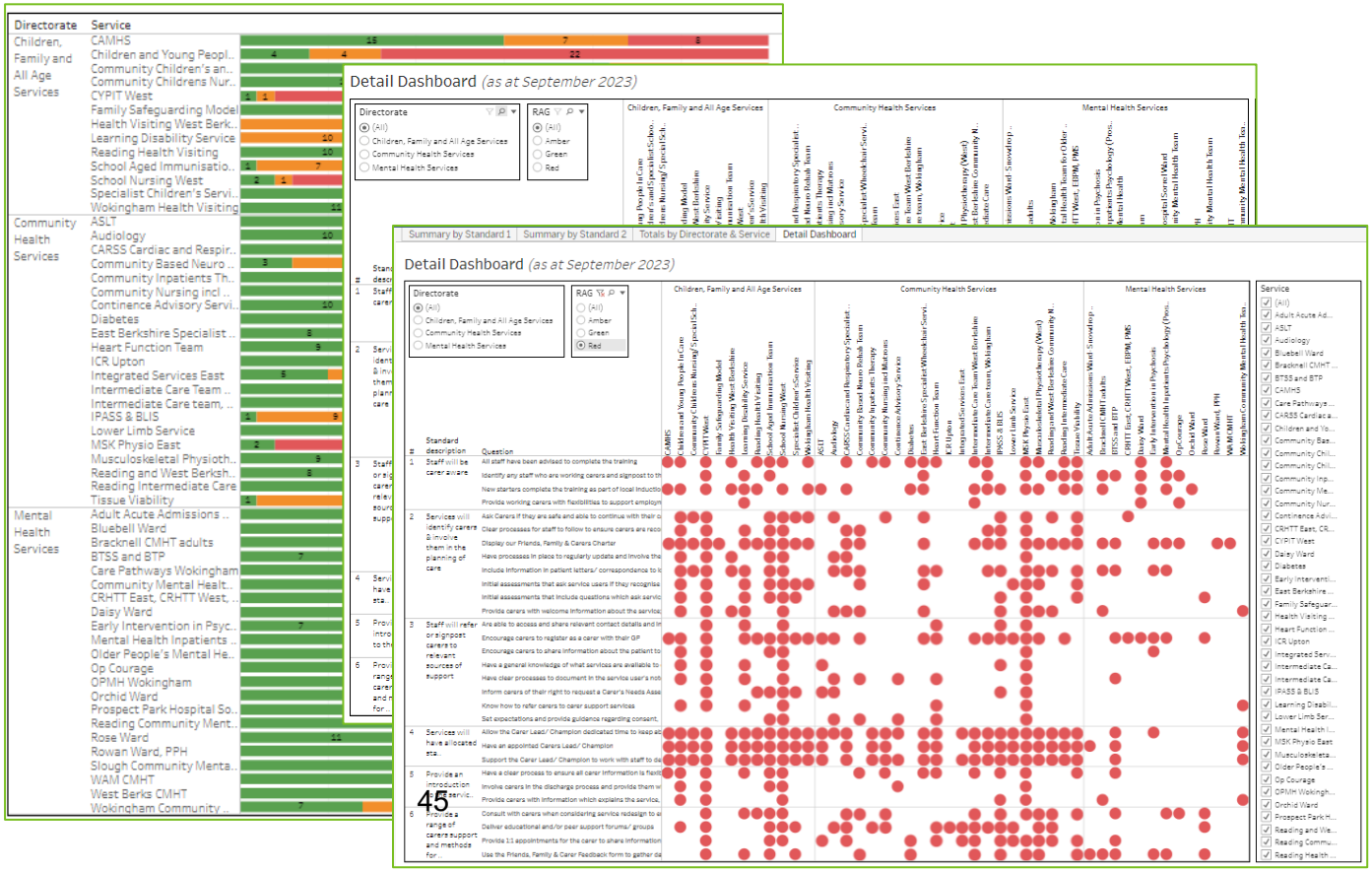
	Green	Amber	Red
Identify any staff who are working carers and			



Self Assessment Dashboard:

Berkshire Healthcare NHS Foundation Trust

- Dashboard will assess compliance against the six standards
- Services can use the dashboard to identify areas for improvement
- Dashboard will be finalised by the end of September



We did: 2022/2023

Berkshire Healthcare NHS Foundation Trust

Next Steps

NHS
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- **Analyse Self-assessment Review responses** (September 2023)
  - Review **action plans** and work with teams to **target areas for improvement**
  - Refine/**review the self-assessment process**
- Promote and recruit Friends, Family & Carers **Champions** (September 2023 onwards)
  - Work towards identifying a Champion for each team to **make incremental changes** to **culture** and **behaviours** to influence our on-going engagement & involvement with carers
- **Continuing Professional Development** (September 2023 onwards)
  - Work with Clinical Education teams to include Friends, Family & Carer sessions as part of student nurse; preceptorship; HCA Development programmes etc.
- **Working Carers –** Wellbeing workshops for staff (September & November 2023)
- **SilverCloud –** Plans for a specific Carer Programme – project launch November 202
- **Refresh Carers Strategy** (originally created for 2020 to 2023)

Friends, Family & Carer Plans 23/24

NHS
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Our Mission

Refresh our strategy

Embed our strategy across teams

Our Vision

Continue to create a carer friendly culture

Our Pledge

Promote our Charter pledge to: identify; recognise; inform & involve and guide & support carers

Our Initiatives

* Increase Carer Champions
* Improve carer data & recording
* Add resources to our Toolkit

Thank you

questions…

GOVERNORS' WORKING GROUP – MEMBERSHIP & PUBLIC ENGAGEMENT
REPORT TO COG FOR 27TH SEPTEMBER 2023

This Governors' Working Group met on 25th July 2023 as an MS Teams Meeting. Following a call out by email to all Governors about chairing the Working Groups where the Chairs would be retiring at the end of their permitted nine years of service, Staff Governor Alun Griffiths has volunteered to co-chair this meeting with me. Many thanks indeed!

Our partners Marcomms were in attendance and presented updates on the Membership Newsletter, Membership Report and Membership Strategy. Another Membership Newsletter was used to support the Governor Elections process. It was requested that the September issue could feature the Trust's use of the Health Bus.

Trust Public Events – Bracknell held its first Pride Event and as Bracknell is my constituency I attended the Trust presence in one of the marquees for a couple of hours, meeting a range of people from around the Trust and service units I had not met before. A question was also raised about Focus groups, which had ceased to be held largely due to the restrictions imposed by the Covid pandemic. Information on what's planned and upcoming has been sent to me. This will be an agenda item for the next meeting.

A survey of Governors Social Media activity was conducted and the results discussed. Thirteen Governors responded (thank you) and it became clear from the detailed responses and the number of respondents that few Governors are very active and not many Governors are engaging with or through social media platforms much at all. The overall result for M&PE is that, for Governors, this is not likely to be a worthwhile area to put any further effort into and the matter is now closed.

Reflecting on the social media survey, a different initiative for the Group to consider is focussed research in individual constituencies to seek out organisations to reach out to for potential new members, particularly where the 'members' of those organisations have lived experience and/or are representative of those demographic categories in the Membership which are currently under represented. Again, this will be another agenda item for a future meeting.

Some Governors may recall the "Well-Led Review" conducted on the Trust some while ago. The overall report was positive and also came up with five recommendations. One of these was – "There should be support for Governors in their public duties". The most important, key starting point for this discussion with the Trust is for the Governors to identify and define what this support should be. It's going to be a busy meeting next time round! I look forward to seeing many of you there.

The Group also reviewed the Excluded Member Review Process (attached at appendix 1) and agreed to recommend that the Council of Governors approve the changes shown in tracked changes.

Brian Wilson
Chair, M&PE Governors Working Group

Excluded Members Review Process

The Trust's Constitution sets out the process for removing members and provides a mechanism for excluded members to have their removal reviewed. The relevant sections of the Constitution (sections 8.3-8.8) is set out at appendix a of the paper).

Upon receipt of a written request from an excluded member to have their membership removal reviewed, the Company Secretary will:

- Acknowledge the request and confirm to the excluded member that the request for a review is in accordance with the timescales set out in the Trust's Constitution
- If the request does not meet the requirements for a review, the Company Secretary will inform the requester and explain the reason why
- Convene a Review Panel consisting of a Non-Executive Director, Lead Governor and one other Public Governor. The Review Panel will be chaired by the Non-Executive Director. The Company Secretary will be in attendance.
- Draft a report for the Review Panel to consider. The report will set out the reasons why the member was excluded and will list the interactions the excluded member has had with the Trust and/or or with third parties about the Trust since the member was excluded ~~or since the last review.~~

Review Panel Meeting

The Review Panel will meet (either virtually for in person) and will consider the Company Secretary's report.

The Review Panel will consider whether revoking the membership ban would be in the interests of the Trust and will take account of:

- The eligibility for membership as set out in the Trust's Constitution
- Whether there is a personal conflict of interest between the excluded member and the Trust which risked them acting in a manner contrary to the Trust's interests
- the frequency and appropriateness of the excluded member's interactions with the Trust or about the Trust since their exclusion from membership
- whether there is evidence to suggest that the excluded member has changed their behaviour since their exclusion. This could include a written communication confirming that their issues with Trust have been resolved. The absence of interactions with the Trust or about the Trust over a period of time does not constitute evidence of a change in behaviour.
- The risks to the Trust around re-installing the excluded member

The Review Panel will determine whether or not the excluded member should be re-admitted as a member.

The Trust Chair will write to the excluded member to inform them of the outcome of the review.

Appendix 1 - Extract from the Trust's Constitution

Restrictions on Membership

8. **Restriction on membership**

8.1 A member of a constituency, or of a class within a constituency, may not while membership of that constituency or class continues, be a member of any other constituency or class.

8.2 An individual who satisfies the criteria for membership of the Staff Constituency may not become or continue as a member of any constituency other than the Staff Constituency.

8.3 An individual shall not be eligible for membership if he or she:

8.3.1 is under 12 years of age.

8.3.2 fails or ceases to fulfil the criteria for membership of any of the constituencies.

8.3.3 has demonstrated aggressive or violent behaviour at any Hospital or other trust premises or during any other interaction with Trust staff or Sub-contractors or Volunteers and following such behaviour he or she has been asked to leave or has been removed or excluded from any Hospital or other Trust premises or programmes of home or community visits, under the Trust's policy for withholding treatment from violent/aggressive patients: zero tolerance.

8.3.4 has been confirmed by the Trust to be a 'vexatious complainant' as defined in the Trust's policy on handling of complaints.

8.3.5 has been removed from being a member of another NHS Foundation Trust.

8.3.6 has been deemed by the Trust to have acted in a manner contrary to the interests of the Trust; or

8.3.7 has previously been removed from being a member of the Trust under paragraph 8.5.3.

8.4 Members should ensure their own eligibility for membership and inform the Trust if they cease to be eligible.

8.5 A member shall cease to be a member if—

8.5.1 they resign by notice in writing to the Trust,

8.5.2 they die, or

8.5.3 they cease to be eligible for membership under paragraph 8.3 and they are removed from membership following the process set out in 8.6 below.

8.6 The Trust shall give any member at least 14 days' written notice of a proposal to remove them from membership under paragraphs 8.5.3 and:

8.6.1 the notice shall state the date by which the member must respond by if they

wish to make any representations;

8.6.2 the Trust shall consider any representations made by the member during that notice period, and the Secretary shall decide whether to remove the member;

8.6.3 within 14 days after receiving notice of the Secretary's decision, a person wishing to dispute the decision may require the Secretary to refer the matter to the Council of Governors to determine whether the decision was fair and reasonable taking all relevant matters in to account;

8.6.4 where a member does not ask the Secretary to refer their proposed removal to the Council of Governors, they shall cease to be a member 14 days after receiving notice of the Secretary's decision;

8.6.5 where a member does ask the Secretary to refer their proposed removal to the Council of Governors, they shall continue to be a member until the Council of Governors has reached a decision on their membership and provided them with notice;

8.6.6 the decision of the Council of Governors shall be final.

8.7 An individual member removed under paragraph 8.6 may make a request to the Secretary that their membership removal be reviewed by the panel of the Council of Governors, chaired by a Non-Executive Director and their eligibility to be a member will be considered at the following points:

8.7.1 No earlier than 12 months from the date of the first review for removal ("the first review").

8.7.2 No earlier than 36 months after the date of the outcome of the first review ("the second review"); and

8.7.3 No earlier than sixty month intervals after the date of the outcome of the second review.

8.8 When making a request under paragraph 8.7 the individual must make such a request in writing to the Secretary and outline whether they wish to be considered as eligible to be a member and the reasons for the requested review. The Trust shall endeavour to issue a decision in writing within 28 days of receipt of the request.

GOVERNORS' WORKING GROUP – QUALITY ASSURANCE GROUP
REPORT TO COG FOR 27TH SEPTEMBER 2023

After nine years of sterling service, Paul Myerscough has now 'retired' as a Governor at the end of his third three year term. We would like to express our thanks and gratitude for Paul's service, including as Chair of the QAG.

Although I was in the chair for that one meeting held as a hybrid from London House on 11th September, for the future the new QAG Chair will be Tim Dee, for which we are very grateful. We have also asked and confirmed John Jarvis as Co-chair of this Group – thank you John. This Governors' Working Group has by far the greatest quantity of papers for each meeting and having two Governors preparing and running the meeting makes good sense, together with providing flexibility in the diary if there are any commitments or happenings which might have previously forced a date change. (The other two Working Groups, in time, will also move to this model of leadership, all being well).

Some of the Standing Items on the Group's Agenda are Waiting Lists Report; Patient Experience and Complaints Report (Quarter One 2023/24); Formal Complaints Report; and Sample Anonymised Complaint. There was no Powerpoint presentation at this meeting.

From the waiting Times Report it was pleasing to see that for the CYP Team, partnering with external providers has seen the number of appointments the service can offer approximately doubled over the last year.

Patient Experience – uptake of I Want Great Care by patients continues to show strong improvement across the Trust. For example, for children's services the responses have doubled over last quarter. We note the creative initiatives in which a range of service units are promoting iWGC. A very good innovation we noticed in the You said/We did scenario was the use of visual feedback to patients confirming the actions or improvements taken by service units, based on patient feedback.

Complaints, compliments and PALS activity – as with other data and reports reviewed by this Group, this report is the same material as presented to the Board. This particular report gives an opportunity for Governors to ask questions and seek assurance about individual complaints, trends if apparent, the nature, consequences and remedial actions deployed.

Sample Anonymised Complaint – at each meeting the Group examines and discusses an original complaint letter and the Trust's response letter. The subject matter was an ADHD assessment report sent to a child's parent which contained clearly apparent errors. The Rust's response was comprehensive and detailed, including actions taken to improve. This was very well received and accepted by the parent.

This Working Group also receives Governor's reports written up when service visits are conducted around the Trust. One visit report was received at this meeting on the District Nurse Team at Upton Hospital in Slough. It is important to note that when asked about the Council of Governors and the role of Governor, once again there was very little knowledge and understanding in the team. I would encourage all Governors on visits to ask, and explain briefly the answer to both questions!

Brian Wilson
Interim Chair, QAG

Berkshire Healthcare
NHS Foundation Trust

Patient Experience

Quarter One 2023-24 Report

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

Highlight Patient Experience Report
Quarter one 2023/24

1. Why is this coming to the Board?

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

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

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

2. What are the key points?

The iWGC tool enables patients to provide a review of their experience using a 5-star rating for several areas(facilities, staff, ease, safety, information, involvement and whether the person felt listened to) as well as making suggested improvements. The trust has an ambition as part of the Trust strategy to increase the volume of feedback received over the next 3 years to 10% and also to increase the use of the information received to support improvement. All divisions have a performance metric that they are monitoring to improve levels of feedback. For our Mental health wards there is also work in progress to identify alternative ways of capturing patient experience.

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

Patient Experience – overall Trust Summary		Target	Qtr. 1		Qtr. 2	Qtr. 3	Qtr. 4
Total patient contacts recorded (inc discharges from wards)	Number		216,579				
Number of iWGC responses received	Number	**16,000** (based on Q1 contact)	6,450	↑			
iWGC Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	**7.5%** by Mar '24	3%	↔			
iWGC 5-star score	Number	**4.75**	4.71	↑			
iWGC Experience score – FFT (good or very good experience)	%	**95%**	93.8%	↑			
Compliments received directly by services	Number	Total 22.23 **4522**	1091	↑			

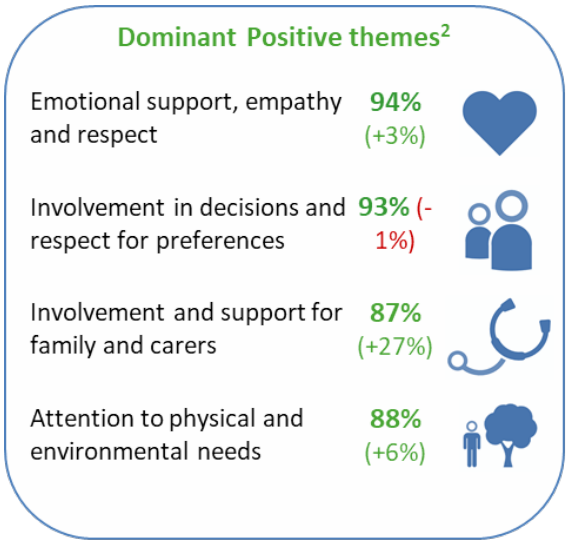
Patient Experience – overall Trust Summary		Target	Qtr. 1		Qtr. 2	Qtr. 3	Qtr. 4
Formal Complaints received	Number	Total 22/23 **240**	68	↑ 1*			
Formal Complaints Closed	Number	Total 22/23 **247**	53	2*			
Formal complaints responded to within agreed timescale	%	**100%**	100%	↔			
Formal Complaints Upheld/Partially Upheld	%	Total 2022/23 **56%** total complaint	62%	↑			
Local resolution concerns/ informal complaints Rec	Number	Total 2022/23 **134**	36	↑ 3*			
MP Enquiries Rec	Number	2022/23 total **88**	24	↔			
Complaints upheld/ partially by PHSO	Number	Total 2022/23 **0**	0	↔			

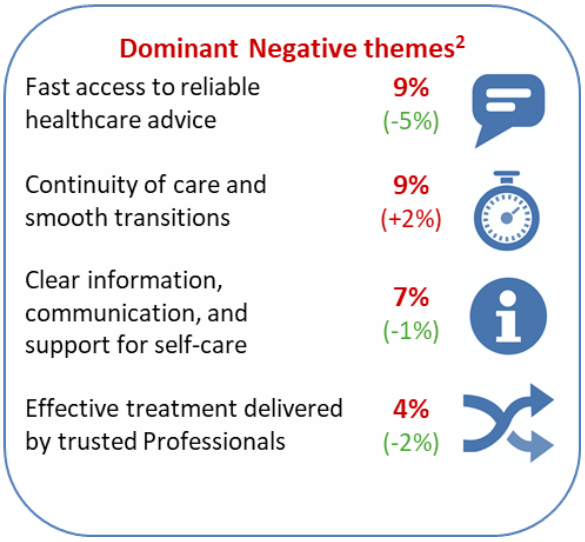
1*Increased from Q4 but within quarterly control limits based on previous quarters over last year
2* Lower than Q4 but less complaints opened in Q4 will result in less to close in Q1
3* increased from Q4 but within quarterly control limits based on previous quarters over last year

There are no significant changes identified in analysis of data that differs from previous reports, the highest number of complaints related to specific care and treatment concerns and the largest volume of MP enquires (15) relates to wait times within CAMHS services (Neurodiversity pathway) for which there is internal work to maximise efficiency and also external conversations in terms of resourcing.

There is work being undertaken across all divisions in relation to highlighted learning and improvements; examples of feedback alongside 'you said, we did' improvements can be found in the full report accessed through the hyperlink.

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





3. What are the implications for EDI and the Environment?

We aim to receive feedback that is representative of the diversity across the population. The below table shows the split of both complaint and survey responses by ethnicity. In terms of gender, we see a comparable gender split in terms of complaints in relation to attendances and a lower percentage of men but higher percentage of those identifying as non-binary/ other completing the survey.

Ethnicity	% Complaints received	% Patient Survey Responses	% Breakdown of attendances
Asian/Asian British	5.88	7.95	9.67%
Black/Black British	2.94	3.21	2.67%
Mixed	1.47	2.39	3.49%
Not stated	2.94	10.11	15.89%
Other Ethnic Group	2.94	7.21	1.62%
White British	83.82	69.14	66.66%

4. Conclusions and Recommendations for consideration by the Board

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

There has been a continual increase not only in the number of responses received through the patient experience tool but also in the use of this information for improvement across services. Board members should continue, as part of their contact with services to explore how patient feedback is being used for improvement.

Berkshire Healthcare
NHS Foundation Trust

Patient Experience Report Quarter 1 2023/24

Introduction

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

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

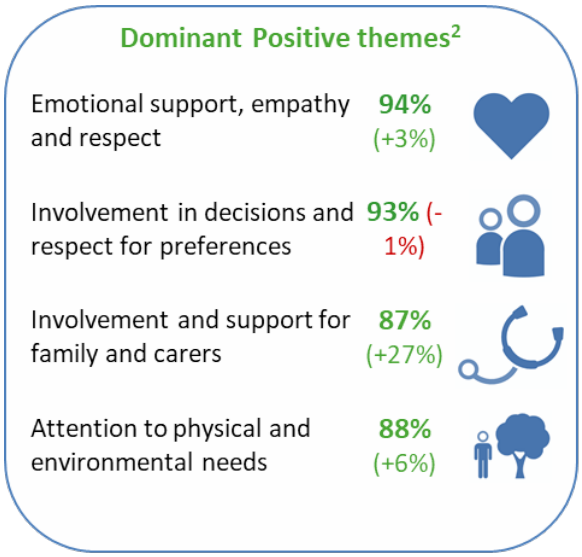
The iWCG tool is used as our primary patient survey programme and is offered to patients following a clinical outpatient contact or, for inpatient wards, on discharge via a variety of platforms. The tool uses a 5-star rating which is comparable across all services within the organisation and is based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

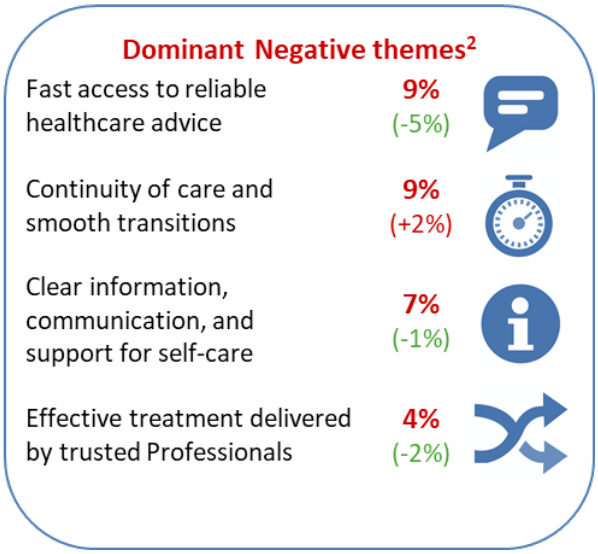
Table 1

Patient Experience – overall Trust Summary		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Total patient contacts recorded (inc discharges from wards)		216,579			
Number of iWGC responses received	Number	6,450			
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	3%			
iWGC 5-star score	Number	4.71			
iWGC Experience score – FFT	%	93.8%			
Compliments received directly by services	Number	1091			
Formal Complaints Rec	Number	68			
Number of the total formal complaints above that were secondary (not resolved with first response)		11			
Formal Complaints Closed	Number	53			
Formal complaints responded to within agreed timescale	%	100%			
Formal Complaints Upheld/Partially Upheld	%	62%			
Local resolution concerns/ informal complaints Rec	Number	36			
MP Enquiries Rec	Number	24			
Complaints open to PHSO	Number	3			

There are no significant changes identified in analysis of data that differs from previous reports, the highest number of complaints related to specific care and treatment concerns and the largest volume of MP enquires (15) relates to wait times within CAMHS services (Neurodiversity pathway) for which there is internal work to maximise efficiency and also external conversations in terms of resourcing.

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





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

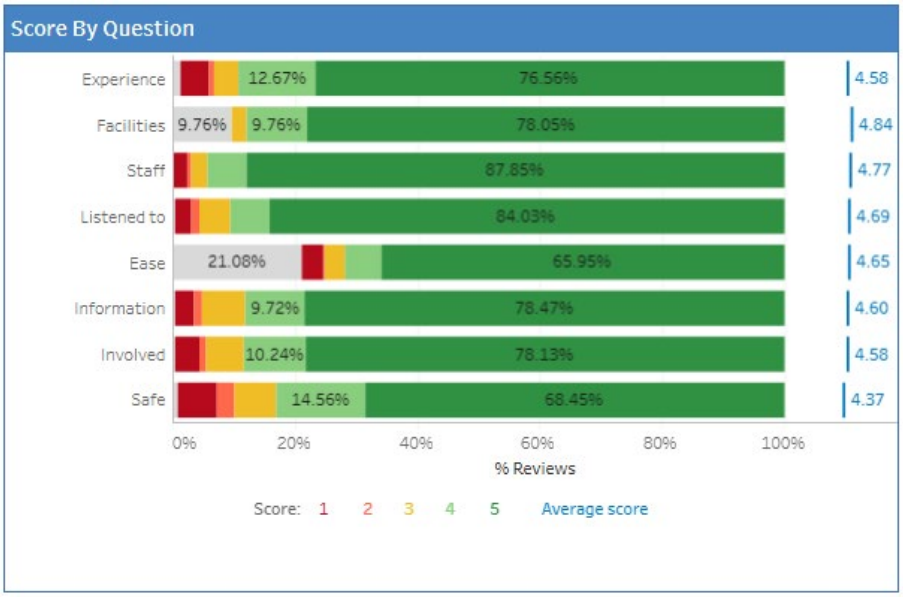
What the data is telling us

Below is a summary and triangulation of the patient feedback we have received for each of our 6 divisions.

Children and Young Peoples division including learning disability services.

Table 2: Summary of patient experience data

Patient Experience - Division CYPF and LD		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	556			
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	2.1%			
iWGC 5-star score	Number	4.59			
iWGC Experience score – FFT	%	89.3%			
Compliments received directly by services	Number	72			
Formal Complaints Rec	Number	14			
Formal Complaints Closed	Number	14			
Formal Complaints Upheld/Partially Upheld	%	93%			
Local resolution concerns/ informal complaints Rec	Number	6			
MP Enquiries Rec	Number	15			



For children's services the iWGC feedback has seen the responses double from last quarter, however, further work needs to continue, young people and parents/carers have been assisting in the ways to promote the new patient experience tool to other service users, including the design and layout of the new posters that will now be used across CYPF services.

Of the 578 responses, 518 responses related to the children's services within the division; these received 90.7% positivity score, with positive comments about staff and services and a few suggestions for further improvement, this included 8 reviews for Phoenix House where comments about staff being caring and compassionate was very positive and there were some suggestions for further improvement regarding support being delayed and lack of communication. 47 of the responses related to learning disability services as detailed below and 11 to eating disorder services.

From the feedback that was received, ease and feeling safe were most frequent reasons for individual questions being scored below 4.

Children's Physical Health Services

There were 4 formal complaints for children's physical health services received this quarter. There were 2 formal complaints about the Speech and Language service. There was also a formal complaint about a young person being vaccinated against the parent's wishes.

486 of the 518 patient survey responses were in relation to children's physical health services. The 2 services with most responses were the Health visiting Bracknell and Immunisation team East; the Health Visiting Bracknell team received 129 of these responses which scored positively receiving a five-star rating of 4.65 and feedback included *We were greeted warmly and the whole experience made us feel comfortable and at ease." "[name removed] helps with all our concern's happy to have this opportunity to seek support and advice" and "Really friendly, understanding of my concerns and gave really sound advice - thank you."*

Children's services have continued to undertake their feedback surveys this quarter for school nursing 50 young people completed the survey , responses included that they were helpful, felt listened to and understanding. There are also some responses that are associated with Health Visiting incorrectly which affects the overall rating for CYPF negatively. We are, along with iWGC looking into this to ensure it is rectified.

Children's services have continued to gain feedback via other methods during this quarter including an online focus group to learn from the experiences of parents/carers and nursery

staff who have attended early years Speech and Language Therapy [SLT] drop-in surgeries in the past. This provided valuable learning detailed in the you said , we did section of this report. The CYPIT East team also attended the “Special Voices” parent group in Slough in February to hold a focus group. Areas of discussion generated included parental involvement, the voice of the child, and a lack of knowledge/understanding about how the CYPIT team operates.

Child and Adolescent Mental Health Services (CAMHS)

For child and adolescent mental health services there were 8 complaints received (these were in relation to care and treatment received, waiting times and medical records; themes around these included failure to medicate, inaccurate records and long wait for treatment). In addition to this, the service received 15 enquiries via MPs, and most of these again related to waiting times.

There have only been 23 responses for CAMHS services received through our patient survey for this quarter. Currently the survey is accessed through paper surveys, online or configured tablets in the departments.

The admin team for CAMHS Getting Help collated feedback from young people who received a service. Experience of Being Referred to a Getting Help Service in the East of Berkshire. They have received 46 responses for this quarter with 38 of the responses describing being satisfied or very satisfied with the referral process (4 of the 46 were dissatisfied / very dissatisfied). As a result of the survey a focus group is planned to gain more detailed understanding of people’s experience.

In addition to the current feedback tools, the anxiety and depression pathway have set up a question on the whiteboard in waiting rooms, asking for feedback and suggestions for young people and their families, there will be a differing question each month.

Compliments for our CAMHS services included “*This is mum, we were one of your crisis counselling families last year. I wanted to let you know how much D is thriving this year and that she is a completely different girl than she was a year ago. She’s back to her old self, her energy and zest for life is back and she’s really happy at school. She breezed through her exams with no stress or anxiety and is absolutely loving athletics which I think does wonders for her mental health, well-being and self-esteem. We valued the support from you last year and I just thought you’d like to hear a positive news story. I wanted to thank you for all you did for D and also for us as parents to help her navigate what was going on for her last year.”*

Learning disability

There was one complaint received this quarter for the Campion Ward regarding care and treatment on the ward.

Overall there were 47 responses for all Learning Disability services from the patient survey received, all responses were for the Community Teams for People with a Learning Disability. These received a 76.6% positive score, this was skewed by 4 responses not having a score; 2 people scored the services as a 1 however there are no comments to understand the reason for this; other feedback included that staff were nice, “Dr. [name removed] communicated on a human level, with humour, and explaining what he was doing..”, “very professional service from all concerned, I manage a service for people with learning disabilities, the service received from the team is excellent, caring and communicative. the client has complex needs and the support managing this has been absolutely fantastic. I am completing this survey on behalf of the client.” and “Good listening, good communication, spending time to examine the client and fast response.”, there were comments for improvements including be polite, listen, explain clearly, waiting time and communication.

Eating disorders

There were no complaints for eating disorders.

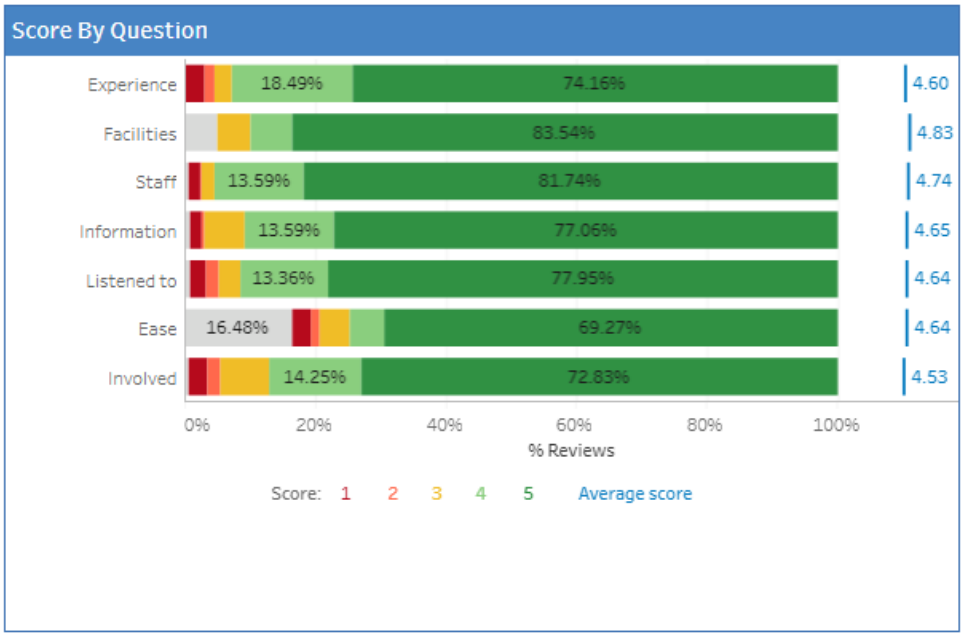
Of the 11 feedback responses received, 9 scored a 5 with comments such as “[name removed] has been absolutely amazing, kind, considerate but firm in order to support me to not only understand more about disordered eating but also how to get well. I will miss her being a part of my life and challenging me to get well. She is incredibly good at her job and I would like to thank her for supporting me to improve my life as significantly as she has. I feel like a different person and I am so so grateful. Thank you”, “[name removed] was AMAZING. Couldn't have been happier to be paired up with her. She went above and beyond to help in any way possible with my journey.”, ”I attended the day programme and without their dedicated help and support. I would not be on my path to recovery. The staff always put us first.”.

The services also have other methods of collating feedback to support service improvement including that The Berkshire PEACE team (Pathway for Eating Disorders and Autism Developed from Clinical Experience) have been running the parent participation groups, with parents invited from Berkshire, Buckinghamshire, and Oxfordshire. The February group took place online via MS Teams and 8 parents attended. Within Adult BEDs [Berkshire Eating Disorder service] have a good system in place of feeding back from the individual groups from day programme, individual first steps group, as well as continuing to regularly review day programme every 3 months. The service users have identified areas for improvement; including more information/ transparency of services and treatments at the point of assessment/ first steps group.

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

Table 3: Summary of patient experience data

Patient Experience - Division MHE		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	**Number**	449			
Response rate (calculated on number contacts)	**%**	2.7%			
iWGC 5-star score	**Number**	4.64			
iWGC Experience score - FFT	**%**	92.7%			
Compliments received directly by services	**Number**	37			
Formal Complaints Rec	**Number**	16			
Formal Complaints Closed	**Number**	16			
Formal Complaints Upheld/Partially Upheld	**%**	37%			
Local resolution concerns/ informal complaints Rec	**Number**	4			
MP Enquiries Rec	**Number**	1			



16 formal complaints were received into the division during this quarter; in addition, there were 4 informal/ locally resolved complaints. 16 complaints were closed during the quarter. 6 of these were either fully or partially upheld and 10 were not upheld Most of the complaints related to communication or care and treatment. One was about discrimination when accessing services.

The services receiving the majority of iWGC responses were CRHTT East 186 responses, Psychological Medicine Service – East 66, CMHT Bracknell 42 responses and Memory Clinic Slough 20 responses. CRHTT East received two formal complaints this quarter, one relating to communication, the other to care and treatment. They received one informal concern relating to attitude of staff. They closed two formal complaints, and both were upheld.

Across the CRHTT East survey responses the average 5-star score was 4.38 with 91.2% positive feedback, an increase from last quarter. 186 of the (overall number of responses received) scored a 4 or 5-star rating with many comments about staff understanding, being helpful, listening and being supportive; "*Very attentive and unrushed. I felt listened to. Staff are very motivated and committed to patients care.*" This quarter, questions relating to feeling involved and ease were least likely to be positive with areas for improvement and dissatisfaction with the service about communication, medication given, early discharge, always a different person to speak to and lack of support.

Feedback from compliments for the service included, '*I had a very good call with A and he explained everything clearly and listened to me and i really felt like i mattered. I had a bad experience with therapy before and was not looking forward to his call but I'm glad I took it. I feel hopeful. Thank you so much, thank A for me.*

The Psychological Medicine Service - East received 97% positive score (4.85-star rating) and received positive feedback about staff being helpful, listening, supportive and understanding. "*Very supportive staff. I was well listened and every staff member was so willing to help*."

CMHT Bracknell received 97.6% positive feedback (4.88-star rating), many of the comments were positive about staff being helpful, listening and Friendly. "*[name removed] is always good at listening to my views and wants and she tries her best to do what she can."* One patient gave a score of 1 and said *'"Hoover carpet."*

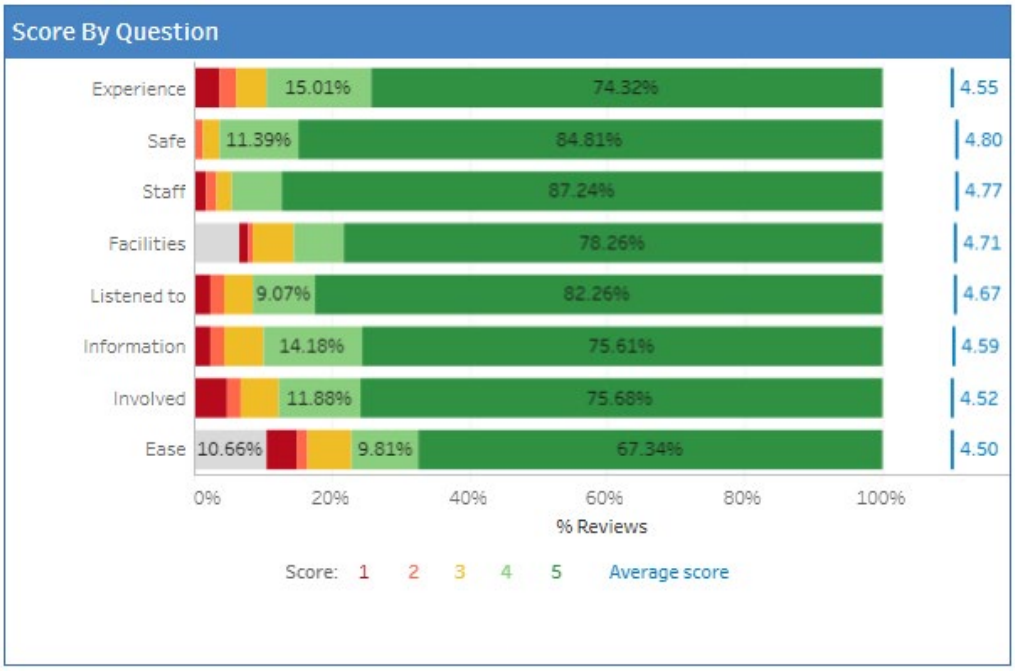
Other areas for being worked on for improvement include reviewing contact telephone numbers to make sure they up to date, provide context and training around the importance of tools to manage and regulate emotions and to have patients involved in more daily activities.

CMHT received 69 responses (Bracknell 42, WAM 15 and Slough 12) with 93.3% positive score and 4.473 star with of the total responses scoring less than a rating of 4; comments included *"Please clean the toilet, looks like the sinks are never clean and it's like that week after week", "The Dr I spoke to did not want to listen to me" and "Listen!!! Someone would not call between outs of 1am and 6am if ur isn't a crisis!!"* There were a number of positive comments about being listened to, staff being professional, helpful and making them feel comfortable.

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

Table 4: Summary of patient experience data

Patient Experience - Division MHW		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	**Number**	1246			
Response rate (calculated on number contacts)	**%**	2.5%			
iWGC 5-star score	**Number**	4.61			
iWGC Experience score - FFT	**%**	89.3%			
Compliments received directly by services	**Number**	557			
Formal Complaints Rec	**Number**	12			
Formal Complaints Closed	**Number**	7			
Formal Complaints Upheld/Partially Upheld	**%**	43%			
Local resolution concerns/ informal complaints Rec	**Number**	7			
MP Enquiries Rec	**Number**	4			



The Mental Health West division has a wide variety of services reporting into it, including Talking Therapy services and Court Liaison as well as secondary mental health services.

The division saw an increase in number of responses received this quarter, this was largely due to increase in responses from Talking Therapies. The 3 services with the most feedback through the patient survey were Talking therapies 790 responses, PMS West 77 responses and Liaison and Diversion 64 responses.

Within Mental Health West the questions relating to ease and facilities had the least number of positive responses.

This division received 12 formal complaints during the quarter with CMHT receiving 7. There were 7 formal complaints closed with 3 being found to be upheld or partially upheld and 4 not upheld.

West Psychological medicines service received two complaints regarding interaction of staff with the patient.

Mental Health West also received 7 informal complaint/locally resolved complaints and 4 MP enquiries.

For CRHTT there were 59 feedback questionnaires completed with a 83.1% positivity score and 4.27-star rating; with lots of positive comments about staff being helpful and listening, *“They were great, very understanding and always clear in what the plans were. They always asked if I'm comfortable and what I needed and planned around me. They always visited me at home as I wasn't comfortable to go into your office, it was never a problem for them.”;* a number of the less positive reviews talked about lack of communication, staff not listening and wanting the staff members who they are being seen by to be consistent.

There were 61 responses received for West CMHT teams with 80.3% positivity score and 4.35-star rating, 49 of these were positive with comments received that staff were supportive and listened, there were 11 negative responses with reviews stating that patients felt like staff didn’t listen, would like appointment times and dates and also would like face to face appointments.

Older adult and memory clinic combined have received 86 patient survey responses during the quarter with a 98.8% positivity rating (4.89-star rating) some of the feedback included *“Both members of the medical staff (on this and previous occasions) were welcoming, made me feel relaxed, gave me as much time as I needed, were quite open and honest in discussions about my condition and portrayed a totally positive perspective throughout.”*

The West Psychological medicine service received 77 responses with an 92.2% positive score and 4.68-star rating (6 responses scored less than 4) many of the comments were positive about staff listening, helpful and being supportive.

For Talking Therapies, their patient survey responses gave a positivity score of 88.6% (4.60-star rating), 97 of the reviews scored less than 4. The vast majority of comments were still very positive about the staff, including that they listened, were understanding and helpful. A number of the comments/areas for improvement were requesting the support to be provided sooner and less questionnaires and wanting to be seen face to face. For example, *“I would prefer face to face support for therapy, I find it hard to connect with others online. Especially in relation to building trust”.*

Examples of positive feedback about Talking Therapies included, *”I am listened to, my views considered, my experiences accepted and I’m not judged or made to feel strange, odd or broken. I am grateful for an honest chat even if I don’t get to make much progress on the app. Thanks for the time.”*, “*[name removed] was so kind & considerate in addition to providing constant reassurance throughout the call. I felt at ease during the call & felt I was not being judged”* .and *“Seen quickly for first appointment. Treated with patience, respect and care. Easy to talk to. Looking forward to next appointment”* Patients reported that they felt *“I felt listened too and the information given was very clear.”, ”I have felt listened to, and understood. I haven’t felt judged at all, so I see this as a safe place.”’ and were “Listened to, asked my opinion and involved me.”*

The service identified that the referral numbers for ethnic groups was decreasing so they did some targeted work reaching out to a Community Wellbeing Hub. The service received the following feedback as a result of this engagement, *'I want to thank you for the mental health counselling that I received at ACRE (Alliance for Cohesion and Racial Equality), offered by XX (Talking Therapies CBT Therapist). I was at the cliff end, but after the first and other counselling sessions, I feel confident and sure of myself'.*

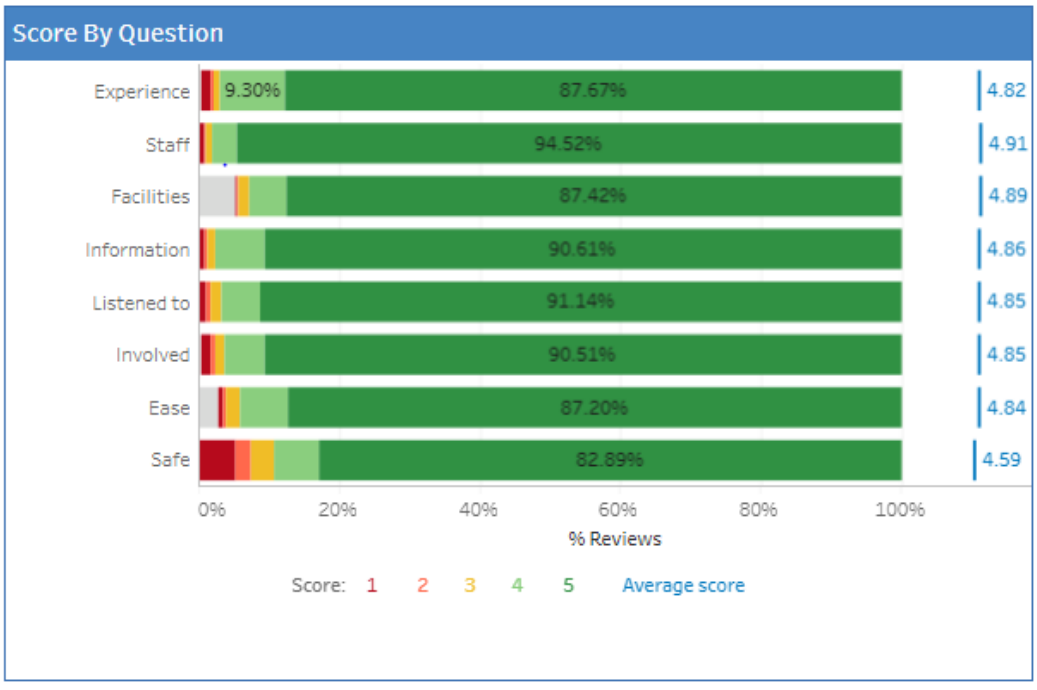
Op Courage

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

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

Table 5: Summary of patient experience data

Patient Experience - Division CHE		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	2044			
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	5.5%			
iWGC 5-star score	Number	4.86			
iWGC Experience score - FFT	%	97%			
Compliments received directly into the service	Number	217			
Formal Complaints Rec	Number	2			
Formal Complaints Closed	Number	2			
Formal Complaints Upheld/Partially Upheld	%	50%			
Local resolution concerns/ informal complaints Rec	Number	1			
MP Enquiries Rec	Number	1			



Two complaints were received this quarter. One for IPASS and one for MSK Physio, both relating to communication.

There were two complaints closed, one for Podiatry, which was not upheld, and one for MSK Physio, which was upheld.

Hearing and balance received 145 responses to the patient experience survey with a 96.6% positive score and 4.84-star rating.

East Community Nursing/Community Matrons received 257 patient survey responses during the quarter with a 98.8% positive scoring, many comments were about staff being caring and kind, for example "*Although I haven't been seen very much I can only say what an amazing service, I was very impressed with how caring and professional everyone was.", "all the nurses are wonderful and kind they will always have a chat with me",* "*Great nurses always kind and caring"* and *"Everyone is wonderful, always came promptly when needed and very caring."* There were also some comments around not being notified of a scheduled visit for example *"Staff are kind and polite, bad experience with one staff who just turned up on the doorstep."*

The wards received 157 feedback responses (91 responses for Jubilee ward 97.8% positive score and 66 Henry Tudor ward 92.4% positive score). Most of the comments for improvement were to have more physio, more staff and more food choices.

As with MSK physio in the West, there was a high number of responses to the patient survey and a high positivity score of 97.7 % (4.82-stars), comments were very complimentary about staff being professional and friendly, *"I was extremely happy with the young lady that assessed me. She was friendly while remaining totally professional".* The reoccurring improvement suggestion for this quarter was for a sooner appointment.

Outpatient services within the locality received a positivity score of 96.7% with 4.92 stars from the 650 responses received. With some very positive feedback including for the UCR & Virtual Community Ward, *"Very efficient and professional. Involved in wider issues that presented with carer team and tried to resolve the problem. I think the service is really valuable after hospital discharge and very reassuring for me. Excellent staff, knowledgeable and kind, and well organised. Thank you."*

The diabetes service received 37 feedback responses with 97.3% positivity and some lovely comments including "The lady that I spoke to was very kind and helpful. And explained everything to me in a way that I could understand." Alongside some helpful suggestions for the service to consider such as "Printed hardcopy of instructions and changes would be useful, as it's easy to forget something if a lot of information is forthcoming."

The Assessment and Rehabilitation Centre (ARC) also received positive feedback including "I was seen on time, The personnel at the ARC centre were polite helpful and friendly. I felt comfortable and well cared for throughout. Even when I was put through my paces and a rehearsal of the daily exercises it was pleasant and encouraging.".

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

Table 6: Summary of patient experience data

Patient Experience - Division CHW		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	2056			
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	2.5%			
iWGC 5-star score	Number	4.81			
iWGC Experience score - FFT	%	95.1%			
Compliments (received directly into service)	Number	196			
Formal Complaints Rec	Number	12			

Formal Complaints Closed	Number	7			
Formal Complaints Upheld/Partially Upheld	%	86%			
Local resolution concerns/ informal complaints Rec	Number	18			
MP Enquiries Rec	Number	3			

Community Health West saw a significant increase in responses this quarter. There are a significant number of services within the division and a generally high level of satisfaction received as detailed in the overall divisional scoring of 95.1% positive satisfaction and 4.81-star rating and the question on staff receiving a 97.4% positive scoring from the 2056 responses received.

There were 12 formal complaints received during the quarter, these were split across several different services. Of these District Nursing received three complaints and Phlebotomy received 2

There were 7 complaints closed for the division during the quarter with 4 being upheld, 1 not upheld, 2 partially upheld.

During this quarter the community hospital wards have received 151 responses through the patient survey receiving a 88.74% positive score and 4.55-star rating, (17 responses scored 3 and below) questions around information and feeling involved received the most results of 3 and below; comments include staff were caring and kind, “Everyone was so considerate and caring and so helpful.”, “I have had an exceptional experience delivered by wonderful staff.”, “I couldn't have had better care and attention anywhere! Thank you to all staff for their kindness, patience and care! Top class!!!” And “Absolutely brilliant. I can’t knock this sort of place at all. Lovely staff, pleasant, you can have a good old laugh with the staff”, there were some individual comments where patients were less satisfied, with comments including better communication, need for more physiotherapy, more staff and to answer the call bell quicker.

WestCall received 21 responses through the iWGC questionnaire this quarter (95.2% positive score, 4.78-star rating, 1 score received below 4. Positive comments included *(“The receptionist was friendly and apologised for the wait. The GP was exceptionally attentive and kind. She took the time for a thorough examination and listened to the concerns we had. The*

clinical sample, despite initially being negative, was sent to the lab, and I have now received a phone call informing me of the positive result and hence the correct medication was prescribed. I'm very grateful that we were not dismissed after the initially negative result." "We saw [name removed] with our young daughter. I thought he was thorough, understanding, kind and very knowledgeable. I came away feeling we were listened to cared for.." WestCall received around 19906 contacts during the quarter.

Podiatry services received 189 patient survey responses. Most responses were very positive receiving 5 stars (overall 96.3% positivity 4.85-star rating) with examples including "Seen on time, and treated very well, professional and friendly, new appointments sorted straight away, really wonderful staff" and "I had the best experience, the lady treated me with the best service. She went above and beyond. She was very friendly and made me feel welcome. I would recommend her for this service".

There were three complaints for Community Nursing, all relating to care and treatment. They have received some of the highest numbers of feedback (515 across the 3 localities in the quarter, with a 99.4% overall satisfaction score and 4.92-star rating).

To provide some context across our East and West District Nursing teams combined there were 44,071 contacts this quarter. Lots of comments included nurses were kind, helpful and caring, "*Nurses are always very pleasant helpful and professional. [name removed] did explain very well regarding the wound and did dress my mum' s leg very well. she is very polite and professional during the visit.", "Fantastic quality of care given to me [name removed] was so gentle and had a calming nature to him absolutely brilliant I really appreciate him coming and I would like him to come again next time" and "Fantastic care given to me I really appreciate it [name removed] was a superstar with showing compassion towards me and made me feel not so vulnerable".* There were several positive comments about nurses being professional and there were very few suggestions for improvement, mainly around visits being moved and occasionally lack of communication about visit being moved.

MSK Physio has received one complaint in the quarter relating to the clinical care the patient received. The service has received 416 patient survey responses with a 96.1% positive score (4.85 star rating), very few areas for improvement were included in the feedback there were a few suggestions including more seating in the waiting room, waiting time for appointment and for the phone to be answered when they call and the overall feedback was extremely positive with lots of comments about staff were friendly, professional, listened and helpful.

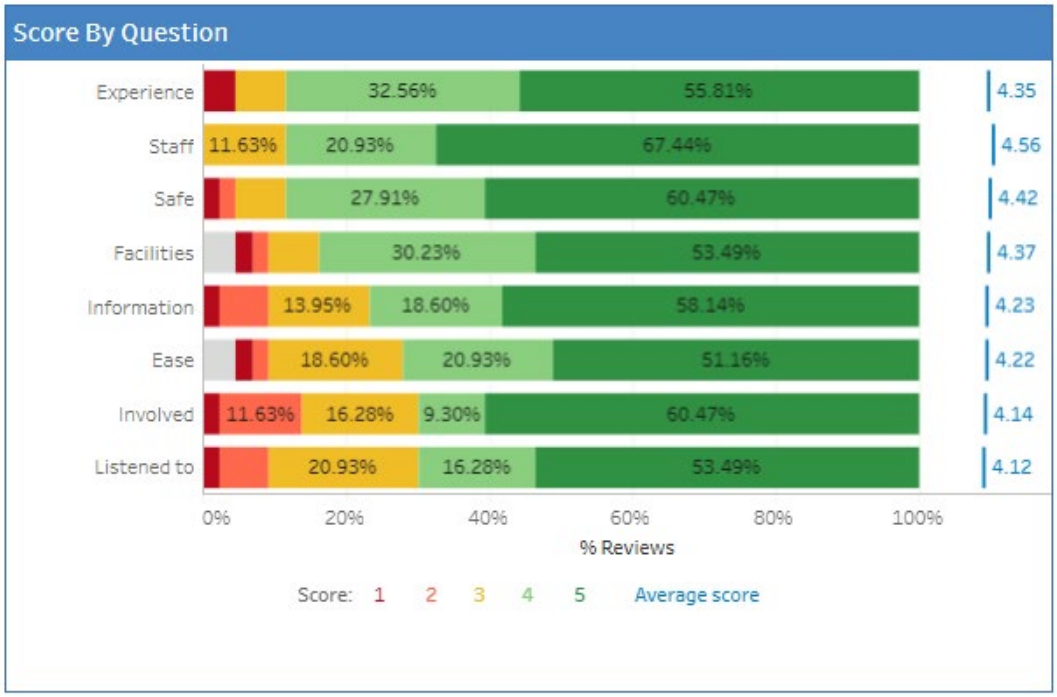
The services across the division received many compliments including ‘*' Hello, I just wanted to say a big thank you to all your staff for looking after me on the evening of 3rd April 2023. Only a minor injury at football, dislocated and broken finger, but it was a wonderful opportunity to meet you all and be once again reminded what a wonderful bunch you all are. Angels all of you. Thank you so so much.*

Mental Health Inpatient Division

Table 7: Summary of patient experience data

Patient Experience - Division MH Inpatients		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	**Number**	43			
Response rate	**%**	28.3%			
iWGC 5-star score	**Number**	4.30			
iWGC Experience score – FFT	**%**	88.4%			
Compliments	**Number**	12			
Formal Complaints Rec	**Number**	10			
Formal Complaints Closed	**Number**	5			

Patient Experience - Division MH Inpatients		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Formal Complaints Upheld/Partially upheld	**%**	80%			
Local resolution concerns/ informal complaints Rec	**Number**	0			
MP Enquiries Rec	**Number**	0			



The satisfaction rate at 88.4% is skewed by 5 of the 43 completed questionnaires giving scores of 1-3. The individual question themes would indicate that the question relating to feeling listened to receives the least positive scores with overall 5-star rating being 4.12; with 13 of the 43 giving a score of 3 or less to this question.

There were 10 formal complaints received for mental health inpatient wards during the quarter, mainly regarding care and treatment. One complaint alleged bullying/harassment and two related to discharge planning. There were no complaints for Sorrel Ward this quarter. There were 5 complaints closed for this Division during the quarter and of these 4 were partially or fully upheld and one was not upheld.

There were many positive comments received in the feedback including comments such as staff were helpful, supportive, kind and caring. 5 of the 43 responses to the survey were from Sorrel Ward and all gave a positive score of 4 or 5. There were some comments for improvement about food needing improvement, one person felt there was bias and stereotyping, wanting hallway lights off at night, knocking and waiting for an answer before opening the door . Examples of the feedback left are "*I felt safe. Staff are lovely. The place was very clean. I was offered food and drink.*," "*[name removed] provided great support and she was very kind. She presented all options available to help me with nicotine dependence. [name removed] does great job!", "Very grateful to be here, am improving in my mental health", "The drug and alcohol nurse [name removed] was mega fantastic and supportive . She was really helpful with what I need like sorting out my benefits / housing / by alcohol problems*." The 12 responses related to Place of Safety provided positive scores and comments, only one scored below 4 and gave no reason for their answer.

Demographic profile of people providing feedback (Breakdown up to date as of Quarter 4 data from our Business Intelligence Team)

Table 8: Ethnicity

Ethnicity	% Complaints received	% Patient Survey Responses	% Breakdown of Q4 attendances
Asian/Asian British	5.88	7.95	9.67%
Black/Black British	2.94	3.21	2.67%
Mixed	1.47	2.39	3.49%
Not stated	2.94	10.11	15.89%
Other Ethnic Group	2.94	7.21	1.62%
White	83.82	69.14	66.66%

The above would indicate that potentially we have a higher number of complaints received compared to attendance percentage from those with Black/Black British heritage and that there is still more feedback being received from White British as a percentage of contacts than from others. It will be important to ensure as we continue to gain an increase in our patient survey responses that everyone is able to access and use the survey; the survey is provided in easy read and a number of differing languages, but it will be important to ensure that the prompts to complete this are not inhibiting feedback representative of the community and our patient attendance.

Table 9: Gender

Gender	% Complaints received	% Patient survey responses	% Breakdown of Q4 attendance
Female	54.41	47.29	53%
Male	45.59	30.80	46.98%
Non-binary/ other	0.00	5.00	0%
Not stated	0.00	16.89	0%

This would indicate that whilst the breakdown by attendance is fairly equally split as are complaints it would appear that we are still more likely to hear the voice of the patient through the patient survey if they are female.

Table 10: Age

Age Group	% Complaints received	% Patient Survey Responses	% Breakdown of Q4 attendance
0 to 4	4.41%	7.03	18.41
5 to 9	4.41%		4.14
10 to 14	5.88%		4.34
15 to 19	4.41%		4.52
20 to 24	4.41%	5.13	2.87
25 to 29	10.29%		3.14
30 to 34	4.41%	7.70	3.56
35 to 39	11.76%		
40 to 44	10.29%	9.29	3.58
45 to 49	5.88%		3.52

Age Group	% Complaints received	% Patient Survey Responses	% Breakdown of Q4 attendance
50 to 54	5.88%	13.18	3.73
55 to 59	1.47%		4.32
60 to 64	5.88%	15.28	4.46
65 to 69	5.88%		4.63
70 to 74	1.47%	16.11	4.53
75 to 79	1.47%		5.56
80 to 84	2.94%	14.89	6.16
85 +	5.88%		6.55
Not known	2.94%	11.34	11.98

Ongoing improvement

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

All services have access to a tableau dashboard detailing response to our patient survey including free text comments and this is refreshed daily to enable live data to be used by services alongside improvement work being undertaken.

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

Some examples of services changes and improvements are detailed below

Service	You said	We did
Reading CAMHS	A young female patient came on their period whilst waiting for an appointment at Erlegh House and didn't have any sanitary supplies with her.	Fed back to clinician as she was saying that at school they have supplies in toilets, huddle ticket was raised about this and team have now implemented this.
Phoenix Unit	Request for music on at mealtimes and decoration for the therapy room	These have both been actioned. In addition, a 'link clinician' has been implemented following feedback around improving communication between Phoenix staff and family members
CYP BEDS	Feedback through the participation group to have motivational quotes and recovery stories in the waiting area.	These have been put up in the waiting area.
Improving access to CAMHS	Families and complaints received told us that the service is good that they received but the route to	A Countermeasure is currently being implemented to have CAMHS Getting Help Team clinicians triaging patients received to CPE and to move them to

Service	You said	We did
Getting Help QI project:	be referred to the team was lengthy.	treatment list for their service (reducing time taken to be referred to the service).
Jubilee Ward	Recent IWGC feedback highlighted that some patients were having communication problems as English is not their first language.	The admin lead has had some information sheets designed in the four most spoken languages, Hindi, Urdu, Punjabi and Polish – the sheets answer some of the most asked questions around pain, comfort, thirst & hunger.
MSK Physio (West)	“It is possible at times to hear other patient's consultations behind curtains separating cubicles”.	We have identified a private room on each site for those patients who request it.
	“I would like there to be less repetition in assessments when referred via the Integrated Pain and Spinal Service (IPASS) or MSK Community Specialist Service (MSK CSS)”.	Collaborative working with IPASS and MSK CSS to set up new pathways to streamline your care and reduce repetition.
MSK Community Specialist Service	“I don’t want to go to reading for an injection”.	The procurement of new estates space has given the opportunity to run injection clinics in Newbury – patients will now be able to access the right treatment closer to home.
	“There is a long wait for appointment in the Thatcham area”.	Due to lack of available estates in the Newbury area – we have invested in a new site (Adlam Villas) to provide clinics in the community close to where people live with greater availability and equitable waits.
	Give more information about opening times, making the welcome message more patient friendly on our phone line messages	we have changed the phone line message to include our opening times and added the email to greeting message. We have also updated the welcome message.
IPASS	“There is a long wait for appointment in the Thatcham area”.	We have now greatly expanded the number of clinics we hold in the Newbury area due to the opening of our new building at Adlam Villas. Patient feedback regarding the lack of choice in this area played a key role in being able to secure funding for this investment.
	“Chairs in the waiting area are too close together – like being in a cupboard”.	A number of comments were received in relation to the waiting area. Service managers visited the area to review this and chairs were moved to facilitate a more private and less enclosed waiting area alongside clearer signage with regards to where to check in and wait.
	“I didn’t know who I was seeing”.	We received a range of comments from patient’s explaining that they weren’t aware of who their assessing clinician was. We took the step of feeding this back to the team to ensure that on patient arrival they clearly introduced themselves with their name and

Service	You said	We did
		role within IPASS. In addition, we reviewed our patient appointment confirmation letters to ensure that the assessing clinician was identified on this.
Psychological Medicine Service	The leaflets provided has information not relevant to patients. Patients need to speak to next of kin and involve them in the care plan.	Through QMIS we are working on changing the Safety Plan and PMS leaflet so that it is tailored to your needs Ensured that it is common practice for all clinicians to speak to and involve carers. We are working on gathering feedback from our carers which will be reported on from IWGC
Eating Disorder Service	Bring back carers support Update resources Expand access to treatment	Relaunched the carers support group Updated outpatient and day programme booklets Online treatment groups are now being delivered
Crisis Resolution and Home Treatment Team (CRHTT)	We used deadnames, incorrect pronouns and misgendered our transgender service users.	Reviewed this through QMIS and shared resources from the Pride Network with all staff. We continue to remind staff of the importance of getting these details correct. We encouraged staff to attend the “Belonging at Berkshire” learning event.

15 Steps

Appendix 1 contains the 15 Steps visits that took place during Quarter 1, with the programme fully recommencing in April 2022.

There were 4 visits this quarter; the Garden Clinic and Podiatry clinic at Upton Hospital in Slough and Ascot Ward and the Physiotherapy service at Wokingham Community Hospital.

Summary

It is very positive to see further increased volumes of patient feedback through our patient survey month on month and all managers and divisional leaders have access to the live tableau dashboard to view this. It is also positive to see a number of services proactively using the feedback to make changes and displaying this for patients and their loved ones to see.

Responses about staff have remained overwhelmingly positive although we recognise that this is not the experience for everyone and do see some feedback and complaints relating to staff attitude for the vast majority of patient contacts their experience of our staff is a good one; we continue to foster our culture of kindness and civility across the organisation.

It has been noted that in some cases we continued to receive scores of 1 (the lowest rating) but with very positive comments alongside this rating which doesn’t quite equate; this has been fed back to iWGC who have advised that this is a recognised issue with feedback across the Trusts that they work with and that as they consider this as a minimal impact, there are no plans to amend the supporting information that is given about the rating scale.

Appendix 2: complaint, compliment and PALS activity

All formal complaints received

	2022-23							2023-24				
Service	**Q1**	**Q2**	**Q3**	**Q4**	**Total for year**	**% of Total**	**Higher or lower than previous quarter**	**Q1**	**Q1 no. of contacts**	**% contacts Q1**	**Total for year**	**% of Total**
CMHT/Care Pathways	11	10	18	14	53	**22.00%**	↑	16	8253	0.19	16	**24.00%**
CAMHS - Child and Adolescent Mental Health Services	4	6	13	10	33	**14.00%**	↓	8	2353	0.34	8	**12.00%**
Crisis Resolution & Home Treatment Team (CRHTT)	3	9	6	4	22	**9.00%**	↑	5	10016	0.05	5	**7.00%**
Acute Inpatient Admissions – Prospect Park Hospital	13	7	9	6	35	**15.00%**	↑	10	152	6.58	10	**14.50%**
Community Nursing	3	0	4	5	12	**5.00%**	↓	3	44071	0.01	3	**4.00%**
Community Hospital Inpatient	4	3	2	1	10	**4.00%**	-	1	367	0.27	1	**1.50%**
Common Point of Entry	0	1	3	1	5	**2.00%**	-	1	470	0.21	1	**1.50%**
Out of Hours GP Services	1	0	1	2	4	**1.50%**	↓	1	19906	0.01	1	**1.50%**
PICU - Psychiatric Intensive Care Unit	1	2	0	4	7	**3.00%**	↓	0	4	0.00	0	**0.00%**
Urgent Treatment Centre	1	0	0	0	1	**0.50%**	↑	1	4197	0.02	1	**1.50%**
Older Adults Community Mental Health Team	1	1	0	0	2	**1.00%**	↑	1	3498	0.03	1	**1.50%**

Other services during quarter	19	11	15	11	56	**23.00%**	↓	21	123292	0.02	21	**31.00%**
Grand Total	61	50	71	58	240	100.00%		68	216579	0.03	68	100.00%

Locally resolved concerns received

Division	April	May	June	Qtr 1
CYPF		2	2	4
Community Mental Health East	1			1
Physical Health	6	9	2	17
Total	**7**	**11**	**4**	**22**

Informal Complaints received

Division	April	May	June	Qtr 1
CYPF		2		2
Community Mental Health East		1	1	2
Community Mental Health West	3	2	2	7
Corporate			1	1
Physical Health	1	1		2
Total	**4**	**6**	**4**	**14**

KO41a Return

We have been informed by NHS Digital that they are no longer collecting and publishing information for the KO41a return on a quarterly basis, but will now be doing so on a yearly basis. We will expect to be asked to submit our information in May 2023, so this will next be reported in the Q2 2023 report.

Formal complaints closed

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

Outcome of formal complaints closed

	2022/23					2023/24		
Outcome	**Q1**	**Q2**	**Q3**	**Q4**	**Higher or lower than previous quarter**	**Q1**	**Total for year**	**% of 22/23**
Not Upheld	23	22	23	38	↓	20	20	38.00%
Partially Upheld	21	30	26	25	↓	22	22	42.00%
Upheld	12	9	7	8	↑	11	11	20.00%
Grand Total	**57**	**61**	**57**	**72**		**53**	**53**	**100.00%**

62% of complaints closed last quarter were either partly or fully upheld in the quarter (compared to 46% in Quarter 4, these were spread across several differing services.

Complaints upheld and partially upheld

	Main subject of complaint										
Service	Abuse, Bullying, Physical, Sexual, Verbal	Access to Services	Attitude of Staff	Care and Treatment	Communication	Confidentiality	Discrimination, Cultural Issues	Medical Records	Medication	Waiting Times for Treatment	Grand Total
Adult Acute Admissions - Bluebell Ward	1		1								2
Adult Acute Admissions - Snowdrop Ward				1							1
CAMHS - ADHD				2				1		1	4
CAMHS - Anxiety and Depression Pathway										1	1
CAMHS - Common Point of Entry (Children)					1						1
CAMHS - Specialist Community Teams					1					1	2
Children's Speech and Language Therapy - CYPIT										1	1
CMHT/Care Pathways		1		2			1				4
Community Hospital						1					1

Inpatient Service - Windsor Ward											
Crisis Resolution and Home Treatment Team (CRHTT)			1				2	1			4
District Nursing				2							2
Immunisation									1		1
Learning Disability Service Inpatients - Campion Unit - Ward				3							3
Older Adults Inpatient Service - Rowan Ward	1										1
Out of Hours GP Services			1							1	2
Phlebotomy					1						1
Physiotherapy Musculoskeletal					1						1
Psychological Medicine Service				1							1
Grand Total	2	1	3	11	4	1	3	2	1	5	33

Care and Treatment complaint outcomes

Care and Treatment complaint outcomes	Partially Upheld	Upheld	Grand Total
Adult Acute Admissions - Snowdrop Ward		1	1
CAMHS - ADHD	2		2
CMHT/Care Pathways	2		2
District Nursing	1	1	2
Learning Disability Service Inpatients - Campion Unit - Ward	3		3
Psychological Medicine Service		1	1
Grand Total	**8**	**3**	**11**

As part of the Trust strategy to continue to improve care, we aim to reduce the number of formal complaints about care and treatment which are found to be upheld or partially upheld. 11 complaints related to care and treatment; of these 8 were partially upheld and 3 were fully upheld. This compares to 33% of all complaints closed that were either fully or partially upheld.

PHSO

The table below shows the PHSO activity since April 2022:

Month opened	Service	Month closed	Current stage
May 2022	Crisis Resolution and Home Treatment Team (CRHTT)	Awaiting update	File sent to PHSO on 11 May 2022 to aid their decision on whether or not to investigate
June 2022	CMHT/Care Pathways	Awaiting update	File sent to PHSO on 14 June 2022 to aid their decision on whether or not to investigate
September 2022	CMHT/Care Pathways	September 2022	PHSO confirmed not investigating
September 2022	Community Hospital Inpatient Service - Donnington Ward	September 2022	PHSO confirmed not investigating
November 2022	Children's Occupational Therapy - CYPIT	November 2022	LGO confirmed not investigating
November 2022	CAMHS - AAT	March 2023	PHSO confirmed not investigating
January 2023	CMHTOA/COAMHS - Older Adults Community Mental Health Team	February 2023	PHSO confirmed not investigating
April 2023	CMHT/Care Pathways	Awaiting update	File sent to PHSO on 20 April 2023 to aid their decision on whether or not to investigate

CQC

It has been announced that from July 2023, at the point of triage, the Mental Health Act (MHA) complaints team within the CQC will consider whether any of the concerns raised could be dealt with as an early resolution by Trusts.

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

PALS activity

PALS provides a signposting, information, and support service. The service deals with a range of queries with an emphasis on informal resolution. PALS collaborates with the complaints team in order to triage queries which be escalated to a formal complaint.

PALS has continued to facilitate the ‘Message to a loved one’ service, which involves collating messages for patients, which are then delivered on the ward. This is available across all inpatient areas. The PALS Manager continues in the role Armed Forces Service Network champion. PALS is also responsible for responding to postings on the NHS website which refer to Trust services.

With the closure of the PALS office at Prospect Park Hospital, a programme of outreach will be developed, whereby the PALS manager will be visiting sites across Berkshire on a regular basis.

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

There were 383 queries recorded during Quarter one. An increase of 73 since Quarter 4. 354 queries were acknowledged within the 5 working day target, but the recording of queries has fallen behind due to the volume of queries coming into the service. The Patient Experience Team has undertaken work to standardize and streamline the PALS process, in order to make it more user friendly for the wider team and enable the service to be covered consistently during the absence of the PALS Manager.

PALS has engaged a volunteer on a part time basis, and this has improved direct access to the service. The volunteer is also recording queries which has improved the rate of data collection.

In addition, there were 150 non-BHFT queries recorded. Another member of the Patient Experience Team is consistently helping with the recording process in order to improve the rate of data collection.

The services with the highest number of contacts are in the table below:

Service	**Number of contacts**
CMHT/ Care Pathways.	36
CAMHS AAT	26
Other	22
Operational HR	16
Admin teams/ office-based staff	15
CAMHS ADHD	15
Phlebotomy	11

Formal Complaints closed during Quarter one 2023.24							
ID	Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
8921	Reading	Mental Health Services	Minor	Patient has raised various issues regarding care and treatment as a patient on Campion ward	Partially Upheld	Ward manager will continue to discuss the communication approach of staff on the ward to emphasise the importance of caring and compassionate communication Campion Ward Manager to remind staff to ensure they knock before entering sign is on his door and that staff need to knock before entering	Care and Treatment
8902	Reading	Mental Health Services	Low	Lack of support from CMHT, no care worker, requires medication. concerned as no professionals are going to see the pt. Believes revised assessment is required	Not Upheld		Care and Treatment
8939	Reading	Mental Health Services	Low	Questioning at what point an internal SCT referral for this should have been made. Complainant believes this was discussed with clinician and not documented on RiO	Partially Upheld		Waiting Times for Treatment

8911	Windsor, Ascot and Maidenhead	Mental Health Services	Low	Incorrect address noted on records on several occasions. Sympathies sent for deceased mother who is NOT deceased	Partially Upheld	Advanced Mental Health1 Practitioner to attend appropriate training to improve on telephone skills. Feedback to Advanced Mental Health Practitioner 2 regarding mistake in taking notes from the assessment and discussion regarding possible solutions for improvement	Medical Records
8924	Reading	Mental Health Services	Minor	Parents are unhappy with a letter they received from service. They say nobody is providing them with updates, so they have to call repeatedly	Partially Upheld	CAMHS CPE staff to be reminded to record all communication with patients/families/carers on patient notes, including information given. CAMHS CPE to review processes further with regards to information given to patients/families/carers and to remind staff to have a consistent approach which is documented clearly in patient notes. CAMHS CPE to review processes with regards to referral receipt letter and continue process of summary letter which has recently been implemented. CAMHS CPE to review processes with regards to sending letters to patients/families/carers and ensure all letters contain relevant and standardised information.	Communication

8918	Slough	Mental Health Services	Low	Pt unhappy they are being discharged after 20 years, they think is wrong as they need CMHT support	Not Upheld	Patient has been offered a referral to Mental Health Integrated Community Service (MHICS) for ongoing support. Patient to contact Slough CMHT if he is interested after reading the information provided. It has been communicated to Patient that he still has access to Slough CMHT Duty and Crisis Team if he experiences severe distress or feels at risk to himself. Patient is also in receipt of ongoing outpatient psychiatry appointments with Dr. Patient has been provided with a signposting document with guidance on how to access external support, if required.	Care and Treatment
8916	Reading	Mental Health Services	Minor	Unhappy with move from Bluebell to Daisy ward. Staff member derogatory to pt	Partially Upheld	Communication Work around handover and inc the patient as appropriate Understanding care plans, where they are etc?	Attitude of Staff

8880	West Berks	Mental Health Services	Low	Pt wishes a review of treatment over the last 14 years as does not agree with the diagnosis	Partially Upheld	Second opinion outpatient appointment booked Referral sent to CMHT Triage for integrated psychological service to review and offer assessment.	Care and Treatment
8894	Bracknell	Mental Health Services	Low	pt feels they have a disability discrimination complaint against BCMHT as they will not give the staff members email to the pt. Feel previous clinician ignored them. Wishes to be referred to the Clinic for Dissociative Studies and feels this request is being ignored	Partially Upheld	Increased awareness of individual client communication needs. To contact RiO to ask if the system could support this more effectively. Information to be clearly incorporated when plans are made about care for clients. Any discussion about responses to client's complaints or concerns should be recorded at the time on RiO to inform the care provided thereafter. Staff to be refreshed on how to handle complaints when they are reported. Reminder to practice assessors that students working with patients via duty need regular support and oversight.	Discrimination, Cultural Issues

8915	Reading	Mental Health Services	Minor	Pt had an altercation with another pt and sustained facial injuries, family have serious concerns for pt safety	Partially Upheld	Ward Manager has reminded staff that exceptions to mask wearing can be made for health reasons, and that they should take time to listen to reasons given for not wearing a mask. Request made to reposition CCTV camera – would not have prevented incident but would have been helpful to corroborate witness accounts	Abuse, Bullying, Physical, Sexual, Verbal
8914	West Berks	Clinical Services (East and West CHS only)	Moderate	DECEASED PT: 1. why did DN not return call regarding photos 2. why was complainant reported to ASC for neglect 3. why no consistency in care 4. Why did DN's not dress or care for pt's feet	Partially Upheld	Learning for us is when we receive a text from Triage, to update our actions on the health record Learning for us… already undertaken, safeguarding decision guide and flow chart for all staff Learning for us… already undertaken, when a visit is moved it is risk assessed beforehand.	Care and Treatment
8956	Bracknell	Mental Health Services	Low	Specific incident of CPN cancelling at the last moment leaving the pt isolated	Not Upheld		Care and Treatment
8970	Windsor, Ascot and Maidenhead	Clinical Services (East and West CHS only)	Low	Complainant unhappy pt was not picked up as an urgent referral as a high risk pt, also unhappy they were sent to a private clinic who only deal	Not Upheld		Care and Treatment

				with low risk/routine patients			
8975	Reading	Mental Health Services		pt feels un safe on the ward due to a staff member being attacked and allegedly 4 pt being attacked in a week	Not Upheld	complaint withdrawn	Other
8945	Slough	Mental Health Services		In appropriate communication from call handler	Not Upheld	no consent received	Communication
8953	Reading	Mental Health Services	Minor	Lack of pain relief provided when requested	Upheld	1. The team are striving to improve the process of the environmental check to ensure that lack of sanitary bin is noticed and acted upon promptly in the future 2. Improving handovers, communication and documentation	Care and Treatment
8927	Reading	Mental Health Services	Minor	Lack of communication regarding the DSR which the pt seems to have been removed from	Upheld	Change in process/ownership of DSR has mitigated this problem going forward.	Communication
8950	Wokingham	Mental Health Services	Low	Medication ordering / delivery issues. No longer receives regular MH visits	Not Upheld	Patient to access alternative services in the community to seek support for his needs	Medication

8940	Wokingham	Clinical Services (East and West CHS only)	Low	April 2022 Physio reviewed scans of 2018 - advise pt did not have osteophytes, advised differently in Oct 2022 as radiology report from 2018 Showed the pt has Osteophytes	Not Upheld	We will work with the IPASS team to ensure clinicians are clearly explaining all elements of an umbrella term such as Spondylosis or wear and tear going forwards.	Communication
8930	Reading	Mental Health Services	Moderate	appt with psychiatrist that YP has waited 6 months for was cancelled due to sickness with no back up for support	Partially Upheld	Medication review CBT Therapy resuming as agreed with Hedy and family. The CAMHS medical director has agreed a budget for an external locum medical Psychiatrist. A Psychiatry review will be scheduled for Hedy once a locum psychiatrist has been established in post. CAMHS A&D team to review current processes for managing staff sickness/absence to minimise disruption to clinical care during periods of staff sickness within the team. • Establishing a contact person who will link with families clinically to follow up when staff members are ill, • How quickly this should take place. • Consider clinically whether a young person would benefit from reallocation to another to another therapist or staff member and how quickly the team will	Waiting Times for Treatment

						consider reallocation, particularly if a staff member is absent for long periods.	
8976	Slough	Mental Health Services	Low	complainant extremely unhappy that provision is not in place for pt's unable to speak on the telephone when in a crisis	Partially Upheld	Service to investigate opportunities that may be available to assist this client group	Discrimination, Cultural Issues
8963	West Berks	Estates and Facilities Services	Low	Pt wishes to know why we charge an 'entrance fee' at WBCH	Not Upheld		Other

8937	West Berks	Clinical Services (East and West CHS only)	Moderate	YP struggling to breathe, advised they would be seen in 1 hour, no call for 8 hours	Upheld	Monitoring of the productivity of the Locum GP	Waiting Times for Treatment
8923	Bracknell	Mental Health Services	Minor	Unhappy with the response request we listen to the calls ORIGINAL BELOW Patient complains she has had little or no support from CMHT and has had 'disturbing' conversations with CPN	Not Upheld		Care and Treatment
8980	Bracknell	Mental Health Services	Low	call handler was very unhelpful asked why they did not call in hours and then stated they could not help as the pt was 75 yrs old, complainant concerned what they should do if the service is needed in the future.	Upheld	Clinical Supervision for staff member.	Attitude of Staff
8960	Reading	Mental Health Services	Minor	Pt taken to A&E RBH by SCAS. Pt has questions around their interaction with the psychiatrist seen from PMS	Upheld	RBH colleagues to be advised to inform patient of the purpose of referral to PMS	Care and Treatment
8935	Bracknell	Mental Health Services	Minor	Unhappy with respond, requires more details, vast number of points to answer ORIGINAL COMPLAINT BELOW	Not Upheld	Electronic signatures should not be used by staff for patients in the team unless there are exceptional circumstances which should be recorded on RiO	Communication

				Alleged forgery of the pt's signature to obtain information from outside agencies			
8851	Wokingham	Mental Health Services	Moderate	Additional concerns raised that the Trust seem more interested in the consent from the pt for the complaint than pt care. Family concerned for the YP who they say was refused treatment Dec 2020, since then has been in A&E twice. IN GCSE Year but not attended school, family very concerned	Partially Upheld	We are currently developing programmes aimed at reducing waiting lists and waiting times and are recruiting staff to deliver these services. Apology offered partent.	Waiting Times for Treatment
8931	Bracknell	Mental Health Services	Minor	Complainant/relative unhappy the pt has to be seen in their local area as when the complainant is an ex-employee of BHFT and feels this compromises the family	Partially Upheld	All future emails to be monitored and responded to by admin team to ensure emails like letters are acknowledged.	Access to Services
8948	Reading	Clinical Services (East and West CHS only)	Low	Feels the Dr humiliated them at their appt	Partially Upheld	Discuss/ Share case (anonymised) at WestCall Clinical Meeting to promote better communication	Attitude of Staff

8929	Bracknell	Mental Health Services	Low	complaint regarding the lack of contact, triage, assessment and treatment	Partially Upheld	Family members would need to be informed of triage outcome.	Care and Treatment
8993	Bracknell	Mental Health Services		Following a suicide attempt family unhappy with the inconsistencies of the pt care including lack of care coordinator.	Not Upheld	No consent received	Care and Treatment
8964	Slough	Mental Health Services		No communication from service that cc is off sick despite family and pt requesting help, why has no replacement been put in place	Not Upheld	No consent	Care and Treatment
9016	Bracknell	Corporate Office	Low	Pt unhappy that their email was not acknowledged	Not Upheld		Communication
8974	West Berks	Clinical Services (East and West CHS only)	Low	Pt extremely unhappy as trying to book a blood test, on hold for 45 mins then told line is not staffed after 3.30.	Upheld	Main reception at WBCH have been provided with correct opening hours for Phlebotomy.	Communication

8978	Bracknell	Mental Health Services	Low	inaccuracies within an ADHD diagnosis report with some confidentiality breaches	Upheld	Issue revised report – draft to be sent to parent PRIOR to sending out Once report agreed as final, send to original cc list with covering letter explaining there were inaccuracies in the previous report which have been corrected and request any previous version of the report is deleted and replaced with the updated report Provide brief copy of report for school Reminder to all clinicians about the importance of not copying and pasting recommendations from report to report and a recommendations template to be provided to all clinicians which does not have any name included. This can be used in the report or as an appendix to the report Additional ad hoc admin support/digital dictation for clinicians to be explored (including as part of reasonable adjustments) IO to update the clinician that ECG has now taken place (although no GP letter sent yet) and establish next steps for reviewing medication. Reminders to the team about following process for sending out correspondence and ensuring that records clearly show when letters have been sent out.	Medical Records

8992	Wokingham	Clinical Services (East and West CHS only)	Low	Vaccination given to YP without consent. Complainant wishes to know why she was told the YP had been confused with another with the same name and why the service lead refused to put their conversation in writing	Upheld	When entering any response on Cinnamon from a parent/carer, child's ID must be checked against: Name, DOB, NHS number (if on Cinnamon) address and parent/carer's name. Only once these are correct should a response be added to Cinnamon. The name of the parent/carer should be named on the triage notes. If a parent/carer changes their mind from consent to non consent or vice versa, before a triage note is added on Cinnamon and before the response is amended, child's ID is checked against: name, DOB, NHS number (if on Cinnamon) address and parent/carer's name. Parent/carer name to be added to triage note so that the vaccinating nurse can clearly identify a change in response. It should also be clearly documented on the triage notes that the response has been changed/amended from one decision to the other and the parent/carer changing the decision should be named on the triage notes. Service to explore whether vaccinating nurse's identity can be removed from the automated e-mail sent to parents/carers and replaced with a code- to protect and support staff.	Medication

						Parents/carers can request the name of the nurse as required	
9017	Reading	Mental Health Services	Low	pt broke the rule of SUN confidentiality but send a message to a whatsapp group about an unfortunate incident with a male member of the group. Pt feels facilitators could have done more regarding the incident and feels blamed for everything, states they failed in their duty of care	Not Upheld		Attitude of Staff
8988	Wokingham	Clinical Services (East and West CHS only)	Moderate	Unhappy with the response from the PALS enquiry, wishes to know why initial enquiry dated July 21 took till Jan 22 to respond. Also wish to know when they will be assessed by CAMHS	Partially Upheld	waiting time acknowledge, signposted	Waiting Times for Treatment
8996	Wokingham	Clinical Services (East and West CHS only)	Low	Pt unhappy at the lack of confidentiality on the ward and being accused of discussing pt's with relatives. letter dating back to 26 April addressed to CEO was opened by staff on the ward	Upheld	Discuss in team meeting how the team can reduce the visible information around bed spaces.	Confidentiality

				and not passed on to complaints. pt unhappy that notes of therapies are placed above the bed for all to read			
9013	Wokingham	Clinical Services (East and West CHS only)	Minor	DN not wearing a mask despite being asked due to renal pt condition, did not have any in their car either. Pt feels all nurses should at least have them at their disposal	Upheld	All Community nursing staff to carry and wear face mask when dealing with immunocompromise and vulnerable high risk patient.	Care and Treatment
8969	Reading	Mental Health Services	Low	Mum unhappy with response and says it is full of lies. She wants clinician to be changed. ORIGINAL COMPLAINT Medication review required, appt booked but cancelled by service. New prescription needs to be forwarded to GP. Also advised art therapy would be 14 months, they have been waiting between 17/18 months, when will this happen	Not Upheld	Ensure all future appts are booked as face to face appts and there are 2 members of staff present	Medication

9006	Slough	Clinical Services (East and West CHS only)	Minor	Physio appt being changed from NHS facility to private, cancelled without notification	Upheld	When referring patients manually to an alternative provider we will: 1. Check that a Berkshire Healthcare invite letter has not been sent – rather than assuming based on waiting list 2. Discharge patients from Berkshire Healthcare immediately on transferring the referral to private provider The administrative team have been reminded to send a text message in addition to leaving a voicemail when cancelling appointments, and the importance emphasised.	Communication

Appendix 1

15 Steps; Quarter One 2023/24

During quarter one, there were four visits:

Ascot Ward – Wokingham Community Hospital

Positives observed during the visit:

- One staff member approached us and introduced herself took interest in the purpose and nature of our visit
- The ward smelt fresh, and it felt calm
- We spoke to two patients, and they felt the staff were welcoming and listened to their needs.
- There was contact information presented on the ward door
- The were hand sanitizer dispensers on entry to the ward and in the bays

There were some observations made which were discussed at the time of the visit with the manager:

- Visiting times was presented at the main door however there was a large notice board that had be placed in the view. The service lead said that she would make sure that the visiting times are more visible
- There was not a key to differentiate the different types of uniforms staff worn and what their jobs tiles were. The service lead said they will look into putting the different uniforms on display

Physiotherapy – Wokingham Community Hospital

Positives observed during the visit:

- Feedback board from I want great care was on display
- Access to a room behind main reception for new appointments and regular patients are offered use of this room for privacy
- They have leaflets on display which are well organised
- Equipment was stored away

There were some observations made which were discussed at the time of the visit with the manager:

- The clinic doesn't have a visible mobile phone policy. This was discussed and the team lead indicated that, if the patient is in clinic and the phone is disturbing the session, patients will be asked to turn it off
- A lot of the patient information is only available in English. The Team Lead explained that they can be printed out or emailed in another language upon request. When language needs are identified on referral, these are met at the appointment

The Garden Clinic – Upton Community Hospital

Positives observed during the visit:

- Staff and the reception area were welcoming

- They observed a doctor sanitizing the clinic room in between patients. In clinic rooms all equipment was stored away and no clutter was present

There were some observations made which were discussed at the time of the visit with the manager:

- Some of the data and information on show was out of date, this was removed and will be replaced with up to date information
- The clinic was hard to find after leaving main reception mainly due to confusing signage. The team lead indicated that patients had mentioned the same and the manager would be informed.

Podiatry – Upton Community Hospital

Positives observed during the visit:

- Information was available on how to make a complaint and give feedback
- The was a display in the clinic about the different types of shoes Recommended for patients
- There was no photo board to identify staff and their names. However, there were labels on the door for the clinicians available on day of visit

There were some observations made which were discussed at the time of the visit with the manager:

- Some of the posters were repetitive. Old posters are being removed.
- There wasn't a 'you said, we did' board. The lead said that they will be replacing the 'you said, we did' board which had previously been removed

NHS
Berkshire Healthcare
NHS Foundation Trust

Report to Council of Governors For Quarter 1 2022/23

September 2023

CareQuality Commission Inspected and rated Outstanding

Berkshire Healthcare Charity Reg. charity 1049733

VETERAN AWARE

Stonewall TOP 100 EMPLOYER 2022

Paul Gray

Chief Executive Highlights Update

Berkshire Healthcare NHS Foundation Trust

Local

Lucy Letby - following the trial verdict of Lucy Letby on 18 August 2023 in relation to the appalling murder of seven babies at the Countess of Chester Hospital between June 2015 and June 2016, NHS England wrote to all Provider Trusts, Primary Care Networks, and Integrated Care Boards. The Trust's statement in response to the issues raised in NHS England's letter was presented to the September 2023 Public Trust Board meeting. A copy of the Trust's statement and NHS England's letter is attached as an appendix to this report.

Thames Valley Police – The Government has recently published the National Partnership Agreement limiting the police response to mental health crises which will see the Right Care, Right Person (RCRP) approach being implemented. The September 2023 Public Trust Board meeting included a statement setting details of the Right Care, Right Person approach and the Trust's work with the Thames Valley Police. A copy of the statement is attached as an appendix to the report.

All Star Awards – on Friday 14 July, we celebrated our All Star Awards, highlighting fantastic examples of individuals and teams across our Trust going above and beyond to help others. Staff from Henry Tudor Ward at St Mark's Hospital in Maidenhead received the 'Clinical Team of the Year' award, for their actions when a fire broke out at a nearby private care home. Three fire crews tackled the blaze for several hours and our staff helped 20 residents who were evacuated, bringing them into our hospital, providing food, drink and support. A number of staff who were not on shift also heard about the situation and came in to help out in a real show of teamwork and going the extra mile.

Another award winner was Rebecca Girnary, Children, Young People and Families Lead, who received the 'Non-Clinical Colleague of the Year' award in recognition of her work in project managing the development of a new 'Health Bus'. The Health Bus, which launched in October 2022, serves as a mobile clinic, bringing health services direct to local communities across Berkshire.

Chief Executive Highlights Update

Berkshire Healthcare NHS Foundation Trust

Local Continued

- **Nursing Times' Impact List -** Rebecca Chester, Consultant Nurse at Berkshire Healthcare was included in The Nursing Times' Impact list, in celebration of the NHS's 75th anniversary. The list included 75 nurses and midwives whose work has had a significant impact on the NHS, either through impact on practice, leadership, or services during their career, or those viewed as rising stars. Rebecca is a Consultant Nurse for people with learning disabilities. She provides clinical leadership to the learning disability services as well as holding an advisory role in supporting the needs of people with learning disabilities at the Trust. In addition, she also works for NHS England one day a week as clinical advisor in learning disability and autism.

- **Berkshire Healthcare Worker awarded top NHS award** - Healthcare Worker Jordan Herrington has been awarded the prestigious NHS England Chief Nursing Officer Healthcare Support Worker Award. An extension to the Chief Nursing Officer (CNO) and Chief Midwifery Officer (CMidO) Awards, the award aims to recognise and celebrate the vital contribution made by Healthcare Support Workers who consistently demonstrate NHS values and behaviours when fulfilling their everyday roles to provide excellent patient care.

- Jordan was nominated by a fellow colleague and was commended for continuously going above and beyond in his role to support patients, carers, and other members of staff. His team remarked on how he was positive, enthusiastic, and committed to achieving quality care and quality improvement on the ward, as well as holding an excellent work ethic.

Chief Executive Highlights Update

Berkshire Healthcare NHS Foundation Trust

Local Continued

Early Careers in Healthcare Recruitment Event on 28 June 2023 - in partnership with the Princes Trust, the Trust hosted an Early Careers in Healthcare Recruitment evening on 28 June 2023. Open to 16-30 year olds, the recruitment event allowed attendees to find out more about the following roles:

- NHS Reservist
- Administration roles
- Healthcare support worker roles
- Apprenticeships

During the evening, staff were on hand to help with career advice on how to find a role in the NHS. In addition, the Princes Trust ran an information session on *Interview Tips*.

Chief Executive Highlights Update

Berkshire Healthcare NHS Foundation Trust

Local Continued

- Reading Pride – Reading Pride celebrated its 20th year on 2 September 2023. Over 50 Trust staff volunteers helped with activities including community engagement, health checks and promoting the Trust as a positive employer.

- **New Sensory Garden at Wokingham Community Hospital** – a new sensory garden has built at Wokingham Community Hospital for patients, their families and staff to enjoy. Known as the Ascot Garden, the garden is made up of raised beds planted with flowers and a patio and pergola to be used as a seating area. The space has been created to stimulate and engage the senses and aid relaxation, through sight, sound, smell, and touch. Volunteers from Wokingham In Need, Wokingham Town Council, Dell Technologies, and other community groups all helped make the garden a reality for the local hospital.

Chief Executive Highlights Update

Berkshire Healthcare NHS Foundation Trust

National

New measures to support NHS winter preparation plans – a suite of robust new measures to prepare for winter have been announced by the NHS. The plans include the rollout of specialist centres to help streamline patient discharges, an extra 5,000 hospital beds and more road hours for ambulances.

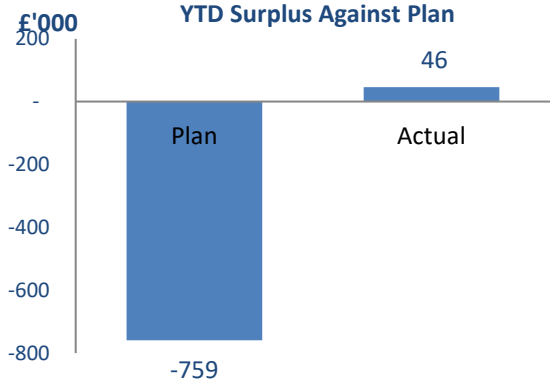
Integrated Care Systems miss financial plans by £340m after two months - according to a report to NHS England's board, health systems missed their combined financial plans by more than £300m after just two months of the year. It follows a planning round that saw most integrated care systems (ICSs) pressured to sign up to spending plans that delivered a breakeven position.

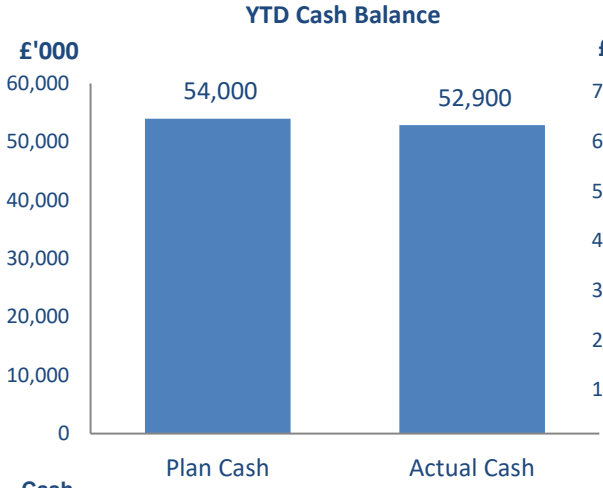
One in 11 workers in England could be NHS staff by 2036-37 - new research by the Institute for Fiscal Studies (IFS) shows one in 11 workers in England will be NHS employees by 2036-37 if the NHS Long Term staffing plan for the health service goes ahead. The IFS estimates planned expansion of the NHS workforce also means that it would employ almost half (49%) of all public sector staff by then. That compares with the 38% who did so in 2021-22.

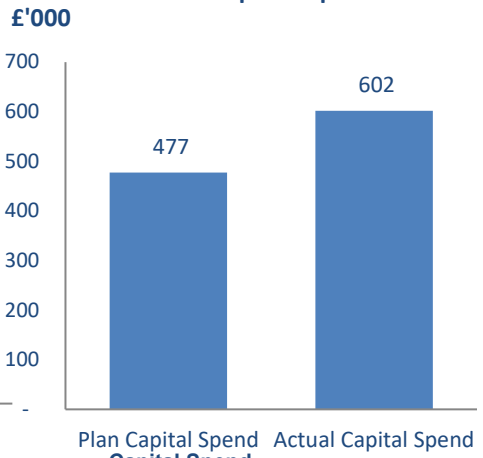
NHS Waiting List – NHS Providers' NHS Activity Tracker data for August 2023 states that 7.57m people are on an NHS waiting list (this is an all- time high) showing that demand continues to outstrip supply month after month. Referrals for people in contact with mental health services continue to increase and remain about one quarter higher than pre-pandemic levels.

Finance – Subject to Audit

Berkshire Healthcare NHS Foundation Trust







Year to Date

The Trust delivered a small surplus (£46k) against a deficit plan (-£759k).

Bank interest in excess of plan, a reduction in utilities charges compared to plan and a small amount of recruitment slippage contribute to this better than plan position.

We were set a cost improvement target of £14.1m for the current financial year, in Q1 we reported £2.7m which is in line with plan.

Cash

Our cash balance at the end of June was £52.9m, £1.1m less than plan.

Capital Spend

The capital programme is broadly in line with plan, IM&T spend is ahead of plan driven by user demand for new and replacement kit.

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True North Driver Metrics and Oversight Performance Metrics Quarter 1 September 2023

True North: Driver Metrics

NHS
Berkshire Healthcare

True North Driver Metrics Continued

Berkshire Healthcare NHS Foundation Trust

Supporting our Staff

Metric	Target1	Jul 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23
Breakthrough Physical Assaults on Staff	44 per month	61	67	72	71	72	64	35	84	109	79	44	53
Staff turnover (excluding fixed term posts)	<=16% per month, 14% by March 2024, 13% by March 2025, 12% by March 26	16.89%	17.02%	16.98%	16.5%	16.32%	16.52%	16.21%	15.69%	15.85%	15.85%	14.87%	14.54%

Efficient Use of Resources

		Jul 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23
YTD variance from control total (£'k)	1.3m	-400	-506	-714	-774	-822	-1092	-1277	-1818	-989	-261	-441	-805
Inappropriate Out of Area Placements	270 Cumulative Total Q2 2023/24	144	329	524	266	484	591	50	112	219	110	144	180

Countermeasure Summary for Driver Metrics

Berkshire Healthcare NHS Foundation Trust

Self- Harm – Analysis by ward has found that a few individual patients are responsible for the majority of incidents (in April -6, May -6 and June 5).

- Incidents have been related to leave from the ward and vaping.
- The majority of self-harm incidents are by head banging, ligatures and cutting.
- A more detailed piece of work identifying the root causes is being carried out. Key themes emerging so far are around the ward environment and involving clients in decision making on areas such as leave.
- A number of patients have been identified as having Neuro-Diversity that is to say either have Autism or Attention Deficit Hyper - Activity Disorder alongside mental health issues. Work has started on considering the ward environment with a view to introducing sensory bags, noise cancelling headphones to try and make environment more sensitive to their needs.

iWantGreatCare – there has been good take up of devices to record patient experience and work is ongoing to ensure that the correct services are aligned to correct divisions following the change in Divisional structure

Clinically Ready for Discharge – This is a **new driver metric from April 2023**. The measure here shows **the lost bed days** between when a client is clinically ready to be discharged and their actual discharge date.

- Over the past few months work has been done to embed the new terminology and to consistently record clinically ready for discharge date and reasons for the lost bed days and that these were discussed in the correct forums with appropriate partner organisations (such as unitary authorities or other specialist provider organisations).
- Analysis of data suggested that a number of very long stay patients who were waiting for specialist pathways such as forensic services and others such as least restrictive pathways have impacted on this number lost days.
- In June the highest number of lost bed days was on Orchid ward where there were 153 lost bed days caused by 8 clients
- Overall bed flow has been improving within the Mental Health Beds at Prospect Park.

Countermeasure Summary for Driver Metrics Continued

Berkshire Healthcare NHS Foundation Trust

Physical Assaults on Staff – some identified trends

- Rose ward was the top contributor with 23 incidents.
- A Rose ward patient is proving challenging with a number of assaults. Joint team working resulted in a safe discharge for them.
- An Inpatient nurse is providing community outreach to support the community team.
- Existing countermeasures remain in place, but under review.
- Staff have joined the Academic Health Science Network to look at Safer Wards

Key Performance Indicators - Oversight Framework Metrics

Berkshire Healthcare NHS Foundation Trust

Metric	Threshold / T..	Jul 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23
Community Health Services: 2 Hour Urgent Community Response %.	80%	90.2%	90.4%	88.2%	92.2%	88.9%	85.8%	88.5%	88.5%	89.3%	83.1%	84.2%	87.8%
E-Coli Number of Cases identified	Tbc	0	1	0	1	1	0	0	0	0	0	1	1
Mental Health 72 Hour Follow Up	80%	94.7%	98.5%	98.5%	96.5%	93.6%	87.2%	94.0%	88.6%	93.0%	96.4%	91.6%	90.7%
Adult Acute LOS over 60 days % of total discharges	TBC						21.8%	26.5%	50%	27.3%	24.1%	25.8%	22.8%
Older Adult Acute LOS over 90 days % of total discharges	TBC						55.5%	57.0%	40.8%	60%	66.7%	66.7%	50%

Metric	Threshold / Target	Jul 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23
C.Diff due to lapse in care (Cumulative YTD)	6	2	2	2	2	2	2	2	2	2	0	0	0
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) infection rate	tbc	0	0	0	0	1	0	0	0	0	0	0	0
Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate per 100,000 bed days	0	0	0	0	0	0	0	0	0	0	0	0	0
Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias (YTD)	0	1	1	2	2	3	3	3	3	3	0	1	1
Count of Never Events (Safe Domain)	0	0	0	0	0	0	0	1	0	0	0	0	0
EIP: People experiencing a first episode of psychosis treated with a NICE approved package of care within 2 weeks of referral: %	60% treated	86	100	100	83.32	92.82	85.70	91.65	87.5	90	88	75	80
A&E: maximum wait of four hours from arrival to admission/transfer /discharge: %	95% seen			99.56	99.26	99.53	99.64	99.26	99.37	99.39	99.26	99.35	99.42
People with common mental health conditions referred to Talking Therapies will be treated within 18 weeks from referral: %	95% treated	100	100	100	100	100	100	100	100	100	100	100	100
People with common mental health conditions referred to Talking Therapies will be treated within 6 weeks from referral: %	75% treated	95	96	94	95	93	94	95	95	95	94	94	93
People with common mental health conditions referred to Talking Therapies completing a course of treatment moving to recovery: %	50% treated	51.80	49	49	47	52	48	45.5	46	46.5	46.5	48	45
Proportion of patients referred for diagnostic tests who have been waiting for less than 6 weeks (DM01 - Audiology): %	95% seen	47.19	55.66	40.96	35	66.49	82.84	72.48	72.42	69.06	61.26	83.45	92.09
Diabetes - RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	100	100	100	100	100	100	100	100	100	100	100	100
CPP- RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	100	99.28	97.89	98.70	100	100	100	100	100	100	100	100
Sickness Rate: %	<3.5%	5.2%	4.3%	4.5%	4.9%	4.5%	5.1%	4.3%	4.3%	4.1%	3.7%	4.0%	3.8%
CYP referred for an assessment or treatment of an ED will access NICE treatment <1 week (Urgents): %	95%	85.7%	50%	66.7%	66.7%	100%	57.1%	100%	66.6%	66.6%	50%	83.3%	66.6%
CYP referred for an assessment or treatment of an ED will access NICE treatment <4 weeks (Routines): %	95%	87.5%	100%	100%	100%	75%	83.3%	100%	88.8%	66.6%	100%	50%	46.1%
Patient Safety Alerts not completed by deadline	0	0	0	0	0	0	0	0	0	0	0	0	0

Key Performance Indicators Oversight Framework: Actions for Areas of Underperformance

NHS
Berkshire Healthcare
NHS Foundation Trust

MSSA This is the number of cases of the infection **Methicillin-sensitive Staphylococcus aureus** identified on our wards as occurring due to lapse in care. One case on Ascot Ward in May 2023 was defined as a lapse in care as an investigation identified that there was no evidence of commencing wound care plan during this admission for management of patient's multiple wounds.

DM01 –Diagnostics: Audiology - Percentage of Clients seen within six weeks. Over last year there were significant vacancies in the team which led to increase in DM01 waits & unable to achieve compliance target. All clinical posts have been recruited into additional support form Locums / NHS Professionals helped to achieve DM01 target. Hearing and Balance service have met the performance target for the past 2 months (**97% July 2023 and 100% August 2023**).

Talking Therapies Recovery rates are still under pressure in Talking Therapies (formerly known as IAPT) , and this is a national picture since the Covid pandemic. Increased complexity and longer waits are partly responsible. In Talking Therapies Berkshire, we have an additional challenge in that we have an 'extended trauma pathway'; we take patients with complicated Post Traumatic Stress Disorder (PTSD) who fall outside the Talking Therapies remit. These patients are more difficult to treat and are pulling our recovery average down. In considering the average recovery it needs to be remembered that this refers to every patient who entered the service rather than those who actually completed treatment with us. The recovery rate of those who **completed treatment is consistently around 69%.**

We are addressing our low recovery rates in a number of ways including the following:

- Addressing our recruitment and retention issues to reduce waitlists
- Introducing unlimited online clinical training by experts in the Talking Therapies model
- Using QMIS quality improvement principles across the service
- Working with Trust level initiatives to explore alternative delivery models for the extended trauma pathway
- Creating senior 8A clinical roles to increase clinical leadership, support, and supervision

Key Performance Indicators Oversight Framework: Actions for Areas of Underperformance

Berkshire Healthcare NHS Foundation Trust

Sickness – Stress and Anxiety is the top contributing Reason for Sickness in June 2023. Berkshire Healthcare has a number of well-being options including Mental Health and Physical Health Support on its intranet. Service managers meet with Human Resources to progress cases where performance management of an individuals sickness is needed.

Children and Young Persons Eating Disorders 1 week urgent & 4 week routine waiting times target - For some time now all breaches have been due either to patient choice, which is rare, or to the referral not containing any indication of an eating disorder or disordered eating, meaning that the need for a referral to our Children and Young Peoples Eating Disorder is not identified until routine triage in the hub is completed.

Berkshire Healthcare Trust starts the clock at the date of original referral, not the date that the possibility of an eating disorder is identified. This was agreed with commissioners for Buckinghamshire Oxfordshire and Berkshire (West) & Frimley ICBs but is different to many other Trusts. Work to reduce breaches is therefore targeted at training on early identification (some of which has been commissioned from **BEAT** – an Eating Disorder Charity) and quality improvement work to reduce waiting times to triage and assessment for all referrals to our Referral Hub.

Board Assurance Framework Risk 2023/24 Summary

Berkshire Healthcare NHS Foundation Trust

Risk Description	Update
Risk 1 Due to national workforce shortage and increasing scarce supply, pressure driven by new funding to meet demand and service development, there is a risk of failure to recruit, retain and develop the right people in the right roles at the right time and at the right cost which could impact on our ability to meet our commitment to providing safe, compassionate, high quality care and a good patient experience for our service users	• The Trust has a three year strategy in both ICSs to support our collective workforce issues. The research work for this has been commissioned. • The two Integrated Care Systems have commissioned the universities of Sheffield Hallam and Huddersfield, supported by PwC to conduct research into the impact of living in a high cost area on the local healthcare labour market. All phases of the research are now completed. The Trust is in discussions with both local Integrated Care Boards about this work would be taken forward at local, system and national level • Following a Rapid Improvement Event on Staff Retention in September 2022, a steering group was established to oversee work around the five strands identified as impacting on staff turnover, this includes excessive workload, management training, flexibility in recruitment, talent and career pathways. The first phase of the competency progression process for band 5 nurses to progress to band 6 is due to be launched in Autumn 2023.

Board Assurance Framework Risk 2023/24 Summary Continued

Berkshire Healthcare NHS Foundation Trust

Risk Description	Update
Risk 2 Failure to achieve system defined target efficiency and cost base benchmarks lead to an impact on funding flows to the Trust, and underlying cost base exceeding funding. Risk is described in the context of system funding allocations (CCG, spec comm budgets etc) being allocated and controlled at ICS level, flowing to providers on a risk share and/or relative efficiency basis.	• The Trust's Financial Plan 2023-24 submitted with agreed control totals and other material efficiencies amount to a 4% efficiency overall. • The Trust was working across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System on implementation of system wide efficiency schemes support and/or adding to existing provider efficiency plans
Risk 3 There is a risk that due to political, operational, workforce and funding pressures across health and care the Integrated Care Systems fail to deliver on their core aims of improving population health outcomes, reducing health inequalities, increasing system efficiency and contributing to wider social and economic development.	• The Trust is taking a lead role in scoping the local systems Mental Health Provider Collaboratives. NHS England has identified the Buckinghamshire, Oxfordshire and Berkshire West Mental Health Collaborative as an accelerator site. • Berkshire West have agreed to establish a Berkshire West Mental Health Partnership Board • Frimley Mental Health Provider Collaborative was included in the Adults Mental Health Business Case considered by the System Resource Group in May 2023. • Frimley Integrated Care Board has established a System Resource Group with the remit to make the investment decisions on all portfolio business cases. The Trust is a member of this Group and is represented by the Director of Strategic Planning
Risks 4 and 5 have been amalgamated into the new Risk 3	

Board Assurance Framework Risk 2023/24 Summary Continued

Berkshire Healthcare NHS Foundation Trust

Risk Description	Update
Risk 6 There is a risk of a rise in demand for community and mental health services and a lack of available capacity may have a significant adverse impact on some services. Services have been impacted by the pandemic which has led to an increase in the number of services with demand challenges and the need for response to unmet and increased activity. The services with the greatest risk are Mental Health Inpatient, Community Nursing, Neurodiversity (ASD & ADHD) and Common Point of Entry currently.	• The Quality Improvement team has been involved in multiple projects across the organisation at front line level, divisional level, trust wide level. The QI team has also been supporting large trust wide projects such as Organisational development, leadership, medication initiation in CYPF, Serious incidents approach plus the trust Breakthrough objectives such as self-harm, physical assaults against staff and falls. • The Trust has a programme to reduce Mental Health bed occupancy and the average length of stay • The Trust has agreed to reduce ward sizes down to 18 beds in line with recommended good practice.
Risk 7 Trust digital and infrastructure and service are at risk of malware attack which could compromise systems leading to unavailability of clinical systems, loss of data, ransom demands for data and mass disruption.	• The Trust has retained its CyberEssentials+ accreditation.

NHS England

To:
- All integrated care boards and NHS trusts:
  - chairs
  - chief executives
  - chief operating officers
  - medical directors
  - chief nurses
  - heads of primary care
  - directors of medical education
- Primary care networks:
  - clinical directors

cc.
- NHS England regions:
  - directors
  - chief nurses
  - medical directors
  - directors of primary care and community services
  - directors of commissioning
  - workforce leads
  - postgraduate deans
  - heads of school
  - regional workforce, training and education directors / regional heads of nursing

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

18 August 2023

Dear Colleagues,

Verdict in the trial of Lucy Letby

We are writing to you today following the outcome of the trial of Lucy Letby.

Lucy Letby committed appalling crimes that were a terrible betrayal of the trust placed in her, and our thoughts are with all the families affected, who have suffered pain and anguish that few of us can imagine.

Colleagues across the health service have been shocked and sickened by her actions, which are beyond belief for staff working so hard across the NHS to save lives and care for patients and their families.

On behalf of the whole NHS, we welcome the independent inquiry announced by the Department of Health and Social Care into the events at the Countess of Chester and will co- operate fully and transparently to help ensure we learn every possible lesson from this awful case.

NHS England is committed to doing everything possible to prevent anything like this happening again, and we are already taking decisive steps towards strengthening patient safety monitoring.

The national roll-out of medical examiners since 2021 has created additional safeguards by ensuring independent scrutiny of all deaths not investigated by a coroner and improving data quality, making it easier to spot potential problems.

This autumn, the new Patient Safety Incident Response Framework will be implemented across the NHS – representing a significant shift in the way we respond to patient safety incidents, with a sharper focus on data and understanding how incidents happen, engaging with families, and taking effective steps to improve and deliver safer care for patients.

We also wanted to take this opportunity to remind you of the importance of NHS leaders listening to the concerns of patients, families and staff, and following whistleblowing procedures, alongside good governance, particularly at trust level.

We want everyone working in the health service to feel safe to speak up – and confident that it will be followed by a prompt response.

Last year we rolled out a strengthened Freedom to Speak Up (FTSU) policy. All organisations providing NHS services are expected to adopt the updated national policy by January 2024 at the latest.

That alone is not enough. Good governance is essential. NHS leaders and Boards must ensure proper implementation and oversight. Specifically, they must urgently ensure:

1. All staff have easy access to information on how to speak up.
2. Relevant departments, such as Human Resources, and Freedom to Speak Up Guardians are aware of the national Speaking Up Support Scheme and actively refer individuals to the scheme.
3. Approaches or mechanisms are put in place to support those members of staff who may have cultural barriers to speaking up or who are in lower paid roles and may be less confident to do so, and also those who work unsociable hours and may not always be aware of or have access to the policy or processes supporting speaking up. Methods for communicating with staff to build healthy and supporting cultures where everyone feels safe to speak up should also be put in place.
4. Boards seek assurance that staff can speak up with confidence and whistleblowers are treated well.
5. Boards are regularly reporting, reviewing and acting upon available data.

While the CQC is primarily responsible for assuring speaking up arrangements, we have also asked integrated care boards to consider how all NHS organisations have accessible and effective speaking up arrangements.

All NHS organisations are reminded of their obligations under the Fit and Proper Person requirements not to appoint any individual as a Board director unless they fully satisfy all FPP requirements – including that they have not been responsible for, been privy to, contributed to, or facilitated any serious misconduct or mismanagement (whether lawful or not). The CQC can take action against any organisation that fails to meet these obligations.

NHS England has recently strengthened the Fit and Proper Person Framework by bringing in additional background checks, including a board member reference template, which also applies to board members taking on a non-board role.

This assessment will be refreshed annually and, for the first time, recorded on Electronic Staff Record so that it is transferable to other NHS

organisations as part of their recruitment processes.

Lucy Letby's appalling crimes have shocked not just the NHS, but the nation. We know that you will share our commitment to doing everything we can to prevent anything like this happening again. The actions set out in this letter, along with our full co-operation with the independent inquiry to ensure every possible lesson is learned, will help us all make the NHS a safer place.

Yours sincerely,

Amanda Pritchard
NHS Chief Executive

Sir David Sloman
Chief Operating Officer
NHS England

Dame Ruth May
Chief Nursing Officer, England

Professor Sir Stephen Powis
National Medical Director
NHS England

Berkshire Healthcare
NHS Foundation Trust

Extract from the Public Trust Board's Executive Report – September 2023

NHS England's Letter Following the Lucy Letby Trial Verdict

Following the trial verdict of Lucy Letby on 18 August 2023 in relation to the appalling murder of seven babies at the Countess of Chester Hospital between June 2015 and June 2016, NHS England wrote to all Provider Trusts, Primary Care Networks, and Integrated Care Boards (letter attached).

The letter details some steps already being taken to strengthen patient safety including:

National Initiatives	Berkshire Healthcare's Work
The introduction of the medical examiner which has created additional safeguards by ensuring independent scrutiny of all deaths not investigated by a coroner and improving data quality, making it easier to spot potential problems	Whilst this is not yet a statutory requirement for non-acute provider organisations across Berkshire this process was commenced for community and mental health wards in December 2021. In addition, any concerns raised by families from the Medical Examiner or requests to complete a Structured Judgement Review (SJR) by the medical examiner have been completed and tracked through our Trust Mortality Review process.
The new patient safety incident response framework, due to be implemented across the NHS from this autumn which represents a significant shift in the way we respond to patient safety incidents, with a sharper focus on data and understanding how incidents happen, engaging with families, and taking effective steps to improve and deliver safer care for patients.	Within Berkshire Healthcare we have detailed plans for the implementation of the new national patient safety strategy with formal sign-off of both the revised policy and Patient Safety Implementation Plan due at the November 2023 Trust Board. The has been wide consultation across the Trust to develop this including appointing Patient Safety Partners. In addition, we have been proactively involved in a programme of work with Making Families Count (a unique training organisation made up of harmed and bereaved family members working in partnership with senior, experienced NHS professionals who aim to improve outcomes for families and staff affected by serious harm and traumatic bereavements in health services) to produce a handbook for staff working with NHS organisations for compassionate engagement with patients and families.

National Initiatives	Berkshire Healthcare's Work
Strengthened National Freedom to Speak Policy template. There is an expectation that this will be adopted by all NHS providers by January 2024	Within Berkshire Healthcare our Freedom to Speak Up Policy is aligned to the national policy with an updated version in final stages of sign-off and expected to receive final approval during September.
Fit and Proper Person Test	All very senior leaders (Executive and Non-Executive Board members and those on Very Senior Manager contracts) are currently subject to a Fit and Proper Person process. Individuals must be of good character, have the necessary qualifications, competence, skills and experience for their role, have the appropriate level of physical and mental fitness, have not been party to any serious misconduct or mismanagement in the course of carrying out a regulated activity, and not be deemed unfit under the FPPT Regulation provisions. Providers must also ensure that certain information regarding the individuals is available to the CQC. NHS England has now developed a new Fit and Proper Person Test (FPPT) Framework in response to recommendations made by Tom Kark KC in his 2019 review of the FPPT. The new FPPT framework was published on 2 August 2023. The framework is designed to assess the appropriateness of an individual to discharge their duties effectively in their capacity as a board member.

The letter acknowledges that the actions above are not sufficient, and that good governance is also necessary and asks that Boards specifically urgently ensure that:

NHS England's Good Governance Requirements	Berkshire Healthcare's Assurance
All staff have easy access to information on how to speak up.	Within the Trust, speaking up is part of our corporate induction and it is included within training such as our Prevention and Management of Violence and Aggression. There are dedicated pages on our intranet, posters across our sites and we have an active Champions network which supports promotion of Freedom to Speak Up. Our Freedom to Speak Up Guardian attends staff network events, away days and undertakes regular service and site visits. Our national staff survey results (below) are monitored to understand the staff view of speaking up, with actions put in place to continually progress and improve.

<table>
<tr><th>NHS England's Good Governance Requirements</th><th>Berkshire Healthcare's Assurance</th></tr>
<tr><td></td><td>
<table>
<tr><th></th><th>2018 score</th><th>2022 score</th><th>Movement</th><th>Distance from average scoring 2022</th></tr>
<tr><td colspan="5">We each have a voice that counts</td></tr>
<tr><td>I would feel secure raising concerns about unsafe clinical practice</td><td>76.1%</td><td>80.2%</td><td>+4.1%</td><td>+3.5%</td></tr>
<tr><td>I am confident that my organisation would address my concern</td><td>67.9%</td><td>73%</td><td>+5.1%</td><td>+11.5%</td></tr>
<tr><td>I feel safe to speak up about anything that concerns me in this organisation</td><td>74.8% (2020 first time asked)</td><td>74.9%</td><td>+0.1%</td><td>+7.9%</td></tr>
<tr><td>If I spoke up about something that concerned me I am confident my organisation would address my concern</td><td>65.8% (2020 first time asked)</td><td>65.7%</td><td>-0.1%</td><td>+10.7%</td></tr>
</table>
We recognise that whilst our scores in relation to confidence in acting on clinical concerns has continued to improve, as have scores in terms of confidence to raise any concerns including clinical concerns, the scores for confidence in addressing of any concerns raised has reduced by 0.1; we have a focus on demonstrating positive and decisive action in terms of bullying, harassment and racism experienced by our staff to support further improvement.
</td></tr>
<tr><td>Relevant departments, such as Human Resources, and Freedom to Speak Up Guardians (FTSUG) are aware of the national Speaking Up Support Scheme and actively refer individuals to the scheme.</td><td>Our Freedom to Speak Up Guardian and Deputy Director of People have confirmed that they are aware of the scheme</td></tr>
<tr><td>Approaches or mechanisms are put in place to support those members of staff who may have cultural barriers to speaking up or who are in lower paid roles and may be less confident to do so, and also those who work unsociable hours and may not always be aware of or have access</td><td>The Freedom to Speak Up Guardian attends staff network and other events as well as visiting sites and services to promote all staff feeling safe to speak up; we have developed a Champion network which includes staff from a diversity of backgrounds, roles and bands across the organisation to support those who may be less confident to speak up. Initatives such as work undertaken in relation to bullying and harrassment and anti-racism support our continual improvement journey</td></tr>
</table>

NHS England's Good Governance Requirements	Berkshire Healthcare's Assurance
to the policy or processes supporting speaking up. Methods for communicating with staff to build healthy and supporting cultures where everyone feels safe to speak up should also be put in place.	Freedom to Speak Up is part of the Trust Safety Culture improvements and initatives Service visits including out of hours/ weekend visits are undertaken by board and senior leaders Our Freedom to Speak Up Guardian is the chair of the South East Freedom to Speka Up network which enables sharing of good practice and learning.
Boards seek assurance that staff can speak up with confidence and whistleblowers are treated well.	Our Freedom to Speak Up Guardian attends Board 6 monthly and provides a report which includes staff experiences around speaking up. A self-assessment using the NHS England's review tool is undertaken 2 yearly by the Board, this was last received at public Board in July 2023. The Trust Freedom to Speak Up Strategy has been refreshed and received at the Public Board in July 2023 Service visits are undertaken by Executive and Non-Executive Directors, and this includes out of hours visits. There is a Non-Executive Director responsible for Freedom to Speak Up who meets regularly with the Freedom to Speak Up Guardian.
Boards are regularly reporting, reviewing, and acting upon available data.	The Board reviews learning from deaths report quarterly and Freedom to Speak Up report 6 monthly. The Board sees data on whistleblowing and case management.

In addition to the expectations and actions detailed within the letter from NHS England, we recognise the importance of proactively supporting quality improvement, developing leadership with a focus on safety, compassion and kindness as well as tackling the challenges our staff from diverse backgrounds face. Alongside this, supporting the wellbeing and feeling of belonging for our staff and good governance at every level are vital to both the fostering and sustaining of a safety culture and therefore this continues to be our focus and drive for ongoing improvement.

Our 2022 national staff survey results are strong in comparison to many other NHS providers demonstrating a positive speak up culture (as detailed above). As well as this we have above average scores across all themes within the staff survey, including that we are

compassionate and inclusive (7.7 sector average 7.5), and we are safe and healthy (6.4 sector average 6.2). We are also best in sector for both staff engagement (7.4 sector average 7) and the ‘we are always learning’ themes (6.1 sector average 5.7). All of these factors are vital for supporting our vision for a culture where staff feel able to suggest improvements, share learning and raise concerns as part of their day to day working practice, confident that they will be heard and importantly that the concerns will be followed up.

Although lots of work has been undertaken to continue to improve the culture across the organisation there is no room for complacency, there is always more that can be done to ensure that our improvement journey continues. We continue to find ways of promoting how staff can speak up as well as ways of supporting managers and leaders to listen and follow up in an appropriate manner.

We know that the positive experience of working in the trust experienced by the majority of our staff is not the experience of everyone, that is especially true of our staff who are from diverse backgrounds, staff whose first language is not English and also those who work in more junior roles and/or work out of hours and we continue to seek ways to address this.

The drive to promote an anti-racist culture across the organisation that we have commenced alongside the ongoing work to further promote a culture of safety for all will also support our ongoing improvement journey.

Alongside this, as a next step in terms of Freedom to Speak Up, we will revisit the self-assessment document using the new version of the Reflection and Planning Tool and develop a revised improvement plan from this which will be shared with the Board. The Trust will also be implementing the new FPPT framework.

Executive Lead: Debbie Fulton Director of Nursing and Therapies

Right Care, Right Person

The Government has recently published the National Partnership Agreement limiting the police response to mental health crises which will see the Right Care, Right Person (RCRP) approach being implemented.

The intention is help ensure that people with health and/or social care needs are responded to by the right person to best meet their needs. It particularly focuses on the interface between policing and mental health services.

The way this has been described in the media has caused some concern particularly when it was reported in May 2023 that the Metropolitan Police will no longer attend 999 calls linked to mental health incidents from September 2023. Due to stakeholder concern, the date of implementation across London has now been delayed by two months to allow for greater engagement with partners and patient groups.

Against this backdrop, I thought it would be helpful to set out the current position with Thames Valley Police as well as the context in which this initiative has developed.

In terms of background history, the following chronology summarises the origins of Right Care Right Person:

- In November 2018, Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS) produced the report 'Policing and Mental Health: Picking Up the Pieces' (justiceinspectorates.gov.uk).
- The report highlighted the need for greater joined up working and for the police to be a last resort rather than a first option when responding to people with mental health difficulties.
- This was to achieve a better patient experience and to ensure effective use of all resources to make sure that people experiencing mental health crisis would receive the right help, at the right time, and by the most appropriate service.
- The Right Care Right Person initiative was commenced by Humberside Police in 2019 and is a phased programme of partnership working and withdrawal of the police from certain types of demand, aiming to achieve that vulnerable people are given the right care and support when they are in crisis.
- Meaning that where there is immediate risk to life or a risk of serious harm, police will still attend. However, when agencies call the police about issues which do not meet the threshold for police intervention, they will signpost them to the most appropriate service.

Thames Valley Police are now in the process of rolling out Right Care Right Person . So far Right Care Right Person principles on directing care to the most appropriate agency are now applied to the below categories in the Thames Valley:

- Concern for safety (welfare checks)
- Absent without Leave from psychiatric hospitals
- Walk-outs from other healthcare settings (predominately acute care)

Thames Valley Police call handlers have been trained and provided with a toolkit to support their decision making in relation to whether a call for service is appropriate for a police response. The toolkit is very much in line with the national toolkit that is being developed and will be adopted and rolled out in due course across England and Wales.

Thames Valley Police are refining the toolkit based on partnership feedback and will continue to do so. Thames Valley Police are very clear they will continue to provide a response where there is a clear policing purpose, an immediate threat to life and or an immediate threat of serious injury. Encouragingly Thames Valley Police have just invested in ten full time mental health Police Constables. They will be based in their local policing areas and are committed full time to working directly with mental health partners. At this stage they have not adopted the following categories of Right Care Right Person:

- Mental Health Act Section 136 (S136 provides a power for police to remove a person believed to be suffering from a mental disorder and to be in need of immediate care and control to a Place of Safety)
- Voluntary mental health patients
- Transportation/conveyance

Their intention is to work with partners on these categories before implementation (there is no date set for this yet).

Thames Valley Police have produced the following helpful summary on their approach to implementation:

Concern for Safety Unless there is a real and immediate risk to life or of serious harm, it is unlikely that police will attend	**Expectations** Partner agency should • Exhaust all of their own reasonable enquiries • Be clear about the level or risk / harm • Be available to attend with police support
AWOL from psychiatric hospital Police will not routinely look for AWOL patients. There is an expectation that the hospital will plan S17 leave according to risk and be able to manage their own patient. Hospital staff will be expected to use their powers under S18 where possible.	**Expectations** Hospitals should • Report AWOL patients that fall into the special category • Exhaust all of their own reasonable enquiries • Be clear about the level of risk / harm • Provide information about medication and impact of not taking it / time scales for impact • Be available to attend with police support (e.g., S135(2) warrant
Walk out from Health care facility If a patient has capacity to make a decision, it is unlikely to meet the threshold for a police response. If a patient lacks capacity, there is an expectation that the facility will put measures in place to keep the patient safe.	**Expectations** If a person has left, but there is real and immediate risk to life or of serious harm the facility should • Exhaust all of their own reasonable enquiries • Be clear about what measures were put in place, and how the patient managed to walk out despite these • Be clear about the level of risk / harm • Provide information about any medication and the impact of not taking it / timescales for impact • Be able to explain the plan in place for when the patient is returned.

We enjoy a good relationship with the Thames Valley Police and engage with them at many levels. This will be key to successfully implementing Right Care Right Person N in the way it is intended. However, some stakeholders have raised concern about the quality of engagement they have had with Thames Valley Police, and they are currently attending to this as a matter of priority.

We share the view with Thames Valley Police that because of their complexity and ambiguity many situations that arise are not so easy for those working on the ground to assess quickly and accurately. This was certainly found to be the case in Humberside where initial issues/challenges included:

- specific incidents where a police response had been deemed necessary due to the patient risk in line with Articles 2/3 (saving life or preventing serious harm), but where the police had refused to attend, or Force Control Room have stated it is not a police matter.
- Additional training and relationship building was required to ensure that a joint response was given where indicated – police as first response vs not responding at all.
- As police response to mental health calls decreased, there was an increase in ambulance mental health calls.

It is encouraging to note that Humberside have made progress on all the above issues. There have also been some significant cost implications in Humberside attributed in the main to the impact of additional staffing required for achieving the police being able to leave those detained under Section 136 of the Mental Health Act and voluntary attenders, at a Health Based Place of Safety (HBPoS) within one hour or arrival.

The total annual additional funding required is currently c£850k from Mental Health budgets across Humberside. The population covered by the Humberside Police Force is 920,000 – similar to the population of Berkshire. An issue we will now need to commence discussions with our two Integrated Care Boards.

Executive Lead: Julian Emms, Chief Executive