

COUNCIL OF GOVERNORS

The next meeting will be held on Wednesday, 10 March 2021
starting at 10.30 am

(Conducted via MS Teams because of COVID-19 social distancing requirements)

There will be a governor pre-meeting at 9.45am which is open to all governors

AGENDA

ITEM	DESCRIPTION	PRESENTER	TIME
1.	Welcome & introductions	Chair	2
2.	Apologies for Absence	Company Secretary	1
3.	Declarations of Interest 1. Annual Declarations of Interest (Enclosure) 2. Agenda items	All All	2
4.1	Minutes of Last Formal Meeting of the Council of Governors – 2 December 2020 And Minutes of the private session held on 2 December 2020* <i>*the minutes of the private session do not contain any confidential information)</i>	Chair	2
4.2.	Matters Arising	Chair	2
5.	Quality Accounts 2020-21	Amanda Mollett, Head of Clinical Effectiveness and Audit	15
6.	Committee/Steering Groups Reports: a) Living Life to the Full (Enclosure) b) Membership & Public Engagement (Enclosure) c) Quality Assurance meeting (Enclosure)	Committee Group Chairs and Members	10
7.	People Strategy (Enclosure)	Jane Nicholson, Director of People	15
8.	The Freedom to Speak Up Guardian Role Presentation (Information Leaflet enclosed)	Mike Craissati, Freedom to Speak Up Guardian	30
9.	Executive Reports from the Trust 1. Patient Experience Quarter 3 Report (Enclosure)	Heidi Ilsley, Deputy Director of Nursing	15

	2. Performance Report (<i>Enclosure</i>)	Julian Emms, Chief Executive	
10.	Governor Feedback Session <i>This is an opportunity for governors to feedback relevant information from any (virtual) external meetings/events they have attended</i>	Martin Earwicker, Chair	
11.	Any Other Business	Chair	2
12.	Dates of Next Meetings <ul style="list-style-type: none"> • 5 May 2021 – Joint Trust Board and Council of Governors meeting • 16 June 2021 – Full Council meeting 	Martin Earwicker, Chair	1
13.	CONFIDENTIAL ISSUE: To consider a resolution to exclude press and public from the remainder of the meeting, as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.	Martin Earwicker, Chair	1
14.	Appointment of External Auditors (<i>Enclosure</i>)	Paul Myerscough, Lead Governor	5



Berkshire Healthcare
NHS Foundation Trust

COUNCIL OF GOVERNORS

10 March 2021

Governor Declarations of Interest

Governors are requested to review their individual entries on the Register of Interests and inform the Company Secretary of any amendments.

Author: Julie Hill, Company Secretary

GOVERNOR DECLARATIONS as at 03 March 2021



Berkshire Healthcare
NHS Foundation Trust

NAME	CONSTITUENCY	INTERESTS DECLARED
ALI-NOOR Ruffat	Public Slough	Independent legal advisor and advocate, High Court
ANSTELL, Arlene	University of Reading	None
BANSE Amrik	Public - Slough	None
BARRETT John	Public - WAM	Shares in Astra Zeneca
BERTHOLLIER, Natasha	Staff Governor	None
BRIDGMAN, Graham	Appointed Governor – West Berkshire Council	<ul style="list-style-type: none"> • Director– Quintet Events Limited • Director – Red Sky Festival Limited • Director – Summer Nights Limited • Governor – Royal Berkshire NHS Foundation Trust • Elected Member - West Berkshire District Council (“WBC”) • Deputy Leader, WBC • Executive Member for Adult Social Care, WBC • Elected Member – Stratfield Mortimer Parish Council • Member, Law Society • Member, Conservative Party
CARMICHAEL June	Staff Governor	None
CARVALHO, Susana	Public – West Berkshire	None
CHENG, Jenny	Appointed Governor - Wokingham	<ul style="list-style-type: none"> • Trustee of Poor’s Land Charity • Town Centre Management Initiative Woodley
DAKIN, Guy	Staff Governor	<ul style="list-style-type: none"> • Member of South-Central Ambulance NHS Foundation Trust • Member of Royal Berkshire NHS Foundation Trust
EDWARDS, Deborah	LA Appointed – Reading	None
FOX, Raymond	Public – West Berkshire	None
HORNE Andrew	Public - Wokingham	None
LAKE Tom	Public – Reading	Director of inter-Glossa (non-NHS) software; Member of the Labour Party. Information Officer for South Reading Patient Voice Wife, Jill Lake, Trustee of Reading Home-Start
MATTICK Isabel	LA Appointed – Bracknell	BFBC: Overview & Scrutiny; Health Overview & Scrutiny Care Portfolio. Personal: Chairman, patient group; patient assembly; Founder member Triple A; Frimley Park Dementia Group; President/Chairman Red Diamond Sports Club for the disabled PLACE Inspector Frimley Park Hospital

NAME	CONSTITUENCY	INTERESTS DECLARED
		Federation of Burial and Cremation Authority
MOHAMMED, Gillian	Public - WAM	None
MOLES, Joan Rosalind	Public - Wokingham	None
MURRICANE Verity	Public West Berks	<ul style="list-style-type: none"> • Member, Thames Valley Police and Crime Commissioner's Complaints, integrity and ethics panel • Trustee Eight bells for Mental Health • Member SSE power networks PLC stakeholder panel • Owner - The Rat's Whiskers
MYERSCOUGH Paul	Public - Reading	None
O'KANE Tom	Public – WAM	Shares in GlaxosmithKline Member Berkshire NHS Research Ethics Committee
OLIVER Nigel	Public - Slough	None
PRINCE Julia	Staff Governor	None
ROSE Suzanna	Berkshire Red Cross	Patron of Berkshire Branch, British Red Cross
SANHU, Atiq	Appointed – Slough Borough Council	None
SHARPE, Julian	Appointed – RB Windsor and Maidenhead Council	None
WELLUM, Jon	Public – Reading	None

Minutes of the Council of Governors Meeting held on

Wednesday, 2 December 2020 at 10.30 am

(Conducted via MS Teams because of COVID-19 social distancing requirements)

Present:	Martin Earwicker, Chair
Public Governors:	Verity Murrice John Barrett Paul Myerscough Tom Lake Tom O'Kane Joan Moles Raymond Fox Susana Carvalho Andrew Horne Jon Wellum Gillian Mohamed
Staff Governors:	June Carmichael Guy Dakin
Appointed Governors:	Suzanna Rose Cllr Deborah Edwards Cllr Isabel Mattick
In attendance:	Julian Emms, Chief Executive Liz Gibling, Executive Assistant Julie Hill, Company Secretary Liz Chapman, Head of Patient Experience Aileen Feeney, Non-Executive Director Mark Day, Non-Executive Director Naomi Coxwell, Non-Executive Director Chris Fisher, Non-Executive Director Mehmuda Mian, Non-Executive Director
Guests:	Nathalie Zacharias, Director of Equalities Amanda Mollett, Head of Clinical Effectiveness and Audit
Apologies:	Cllr Graham Bridgman Cllr Jenny Cheng Nigel Oliver Natasha Berthollier Julia Prince Arlene Ansell

1.	Welcome and Introductions
	Martin Earwicker, Chair welcomed everyone to the meeting.
2.	Apologies for absence
	Listed above
3.	Declarations of Interest
	<p>a) Declarations of Interest None declared</p> <p>b) Annual Declarations of Interest None declared</p>
4.1	Minutes of Last Formal Meeting of the Council of Governors – 23 September 2020
	The minutes the meetings held on 23 September 2020 were approved as current record of the meeting.
4.2.	Matters Arising
	The matters arising log had been circulated. All actions had been completed.
5.	Equalities, Diversity, and Inclusion Strategy
	<p>The Chair welcomed Nathalie Zacharias, Director of Equalities.</p> <p>Nathalie Zacharias gave an overview of the draft Equality, Diversity, and Inclusion (ED&I) Strategy.</p> <p>Nathalie explained that the ED&I Strategy was embedded in the Trust's People Strategy and used intersectionality (when someone fits more than one category, e.g. female and gay), as part of its terminology, with the intention to treat everyone as individuals.</p> <p>Nathalie advised that the <i>Making It Right Programme</i> had been expanded beyond the BAME workforce, looking at different themes, and that the Staff Networks had been opened up for allies, such as employees, patients, and stakeholders. The aim was to reduce the gap between the positive experience of white staff and the BAME workforce and to ensure consistency.</p> <p>Nathalie confirmed that the Strategy would be going to Diversity Steering Group and then the final report would go to Trust Board meeting in February 2021 for approval.</p> <p>The Chair thanked Nathalie Zacharias for attending and presenting the outline of the Strategy to the Governors.</p> <p>Nathalie Zacharias left the meeting.</p>
6.	Quality Accounts Indicator (Enclosure)
	<p>Amanda Mollett, Head of Clinical Effectiveness and Audit explained that the Quality Account indicator process had changed and rather than providing a full list of Indicators, a shortlist of 3 needed to be agreed and a final recommendation provided to Deloitte's for auditing.</p> <p>Amanda confirmed that she had already met with Paul Myerscough and the Chair, Martin Earwicker, during a virtual coffee morning to draw up the shortlist of potential indicators.</p>

	<p>The Chair presented the options to the meeting and invited Governors to vote by a show of virtual hands for their preferred indicators.</p> <p>The results of the voting were as follows;</p> <ol style="list-style-type: none"> 1. Serious Incident Reporting – 2 x votes 2. Freedom to Speak Up Guardian – 9 x votes 3. Safe Staffing – 0 x votes 4. Staff Sickness – 2 x votes <p>The formal decision of the Council of Governors was Freedom to Speak Up Guardian and Amanda Mollett confirmed she would advise Deloitte's accordingly.</p> <p>The Chair thanked Amanda Mollett for her attendance, and she left the meeting.</p>
7.	Annual Audit Committee Report (Enclosure)
	<p>Chris Fisher, Chair of the Audit Committee provided a summary overview of the Trust's achievements in the Audit Committee's Annual Report 2019-20.</p> <p>Mr Fisher said that fortunately the Covid-19 pandemic had had little or no impact on the effectiveness of the Audit Committee, and that they had been reviewing systems, processes and preparedness to deal with any downsides. However, Mr Fisher reported that the April Audit Committee meeting had been stood down, and that the May meeting had been expanded to accommodate this, and that the remaining items were picked up at the next meeting.</p> <p>Mr Fisher advised the Council had requested a slightly expanded report and that they had revised the Terms of Reference. He said he had received good support from the Non-Executive Director members of the Audit Committee (Naomi Coxwell and Mehmuda Mian, with Mark Day deputising for individual members who were unable to attend). Mr Fisher said that the Audit Committee was also well supported by the Executive Directors (Deputy Chief Executive and Chief Financial Officer, Medical Director and Director of Nursing and Therapies) and by the Director of Finance and the Company Secretary.</p> <p>Mr Fisher confirmed that Deloitte's were responsible for the external audit, RSM for the internal audit and TIAA for Counter Fraud service.</p> <p>Mr Fisher reported that prior to the COVID-19 pandemic, the Committee had started to hold personal development sessions before the main meeting facilitated by the Internal and External Auditors.</p> <p>Mr Fisher reported that during the year, the Committee had discussed the Trust's use of the Apprenticeship Levy, Business Continuity and Disaster Recovery and Cyber Security.</p> <p>The Annual Internal Audit Programme report was attached to the Audit Committee's Annual Report. Mr Fisher said that the Head of Internal Audit had awarded the Trust the highest internal audit rating.</p> <p>Mr Fisher concluded his update by confirming that this was his last year as Chair and Martin Earwicker confirmed that he hoped to appoint a successor in spring 2021, to allow a handover and thanked Mr Fisher for his valuable contribution.</p>
8.	Committee/Steering Groups
	<p>Reports:</p> <p>a) Living Life to the Full (Enclosure)</p> <p>John Barrett reported a productive meeting with Katie Warner, Head of Research and Development. He also found the presentation by the Interim Director of People, Jane Nicholson informative and said that he especially appreciated her</p>

	<p>answering Governor's questions, and for Jenni Knowles for allowing the meeting to overrun as a result. He added that the Trust had made a good choice in their recruitment, since Jane had now been appointed to the substantive post.</p> <p>b) Quality Assurance (Enclosure) Susana Carvalho highlighted that the group was inviting members of services to join their virtual meetings, to provide brief presentations, which linked to their goal of understanding the services better and also links to complaints, which they also analyse. Ms Carvalho felt that Governors could add value with their different skills and life experience and use these to benefit the Trust in representing members of the Trust and the public, who use the services. She thanked Heidi Ilsley and Nathalie Zacharias for their attendance at their meeting and for answering questions and comments. Ms Carvalho extended an invitation to all Governors to join their Group, or to provide suggestions as to which services they would like to see present at their meetings.</p> <p>c) Membership and Engagement (Enclosure) Tom Lake reported that they were slightly over their target of 12,000 members, however they still had an imbalance by locality. He advised they were working on a membership magazine and invited Governor's to send articles for inclusion. He added that he had held a discussion on diversity with Martin Earwicker, Chair. Mr Lake advised that a survey of Elected Governors had been carried out to understand why they had decided to stand and shared the results in a brief presentation. He was particularly surprised by the results that many Governors felt that they could add value to the Trust with their expertise. Mr Lake invited any questions.</p> <p>Paul Myerscough wanted to know what the cost of recruiting new members was, as members were key to the role of Governors and to the scrutiny of the Trust. He said that approximately 40% of members are in fact existing members of staff. To be covered at next meeting.</p>
9.	<p>Executive Reports from the Trust</p> <p>1. Patient Experience Quarter 2 Report (Enclosure)</p> <p>Liz Chapman, Head of Service Engagement and Experience provided an overview of the report and highlighted the following points:</p> <ul style="list-style-type: none"> • During the Quarter 2, the Trust had achieved a 0.05% complaint response rate, based on the number of contacts across the organization, and inpatient discharges • Consistently low complaints regarding Common Point of Entry (front door to Mental Health) services (1 x complaint per quarter) • There was a significant increase in complaints for the Health Visiting service, however 8 of these were from the same person • There was 1 breach in the response rate to complainants, due to human error, and extra checks and balances were now in place to ensure this did not happen again • MP enquiries were sustained at between 5-10 per quarter, so there were no concerns • PALS (information and signposting service) was continuing to increase, however the complaints were not to do with the Trust, however required response and redirecting which was staff intensive, but they were doing work with the MarComms Team on the website to try to address this • Friends and Family Test – this was paused nationally in response to the pandemic. The Trust had done a soft launch test in September and continue to collect feedback. However, there was a concern about infection control, for example, using feedback cards and handheld devices, used by staff, patients etc, and the Team were working closely with Infection Control to give reassurance, clear guidance and advice so that people felt safe when giving feedback • The 'Message to loved one' service, whereby friends and family can phone or send an email to a patient, which then gets printed and delivered to them on the ward, had received some very positive feedback

Liz Chapman added that the report was a work in progress and clarified that it was in the public domain. She then invited any questions or comments.

Guy Deakin asked if we needed to be concerned about the complaints for Slough CMHT in areas of care and treatment, and medication. Liz responded that they worked very closely with all the CMHT Service Managers and Governance Leads, and there were no specific areas of concern.

June Carmichael requested a small table adjustment to the format of the report. She wanted to see the service, the activity, and the complaint ratio. Liz responded that they would do this going forward.

John Barrett said he was really pleased to see that compliments had risen dramatically and added that his wife had received three home visits from St Marks Hospital during the pandemic.

Paul Myerscough complimented Liz on the new colour coding on formal complaints part of the report which he found much easier to read.

2. Performance Report (Enclosure)

The report by Julian Emms, Chief Executive was taken as read and he invited any questions.

Tom Lake asked whether weekly tests for Covid 19 were available to patient facing staff?

Julian said that the Trust had distributed all the lateral flow tests they had been given to the staff in Covid wards, however there were not enough for everyone yet, and that they were expecting more which they were hoping to get out to staff to test themselves twice per week before Christmas.

Tom Lake asked about the Out of Area Placement figures and asked whether the Trust was discussing bed numbers and increasing capacity with the Commissioners

Julian confirmed that we were discussing this matter with our ICS's, and nationally during the past 6-7 months, Community Hospitals and Acute Physical Health Trust's bed occupancy was relatively low at 70%, whereas in Mental Health Acute Care it was above 90%. He reported that in Mental Health in the last 6 months they had seen first presentations of people previously unknown to Mental Health Services, becoming very unwell, which had put pressure on the services.

He confirmed that numbers of Out of Area placements had increased recently and that this was reflected the national position. It was difficult to know whether increase was a COVID-19 related spike or an ongoing trend.

Tom Lake asked whether the Trust were aware of the new Medical School at the University of Reading?

Julian replied that he was aware of the new Medical School, which the Trust were supportive of, and was proposed to be located at Royal Berkshire Hospital, however this was dependent on funding and the availability of space.

Tom O'Kane asked about plans to vaccinate high-priority staff and patients with the Pfizer vaccine, which was licensed on the day of the meeting?

Julian responded that the NHS would be among the first to receive the Covid-19 vaccine, and that the Oxford University Hospital and Epsom St Helier would receive the first drop. Julian confirmed that since the Pfizer vaccine was difficult to transport, people would have to

	come to a central site to be vaccinated.
	Governor Feedback Session
	<p>John Barrett requested that the names of Appointed Council Governors and the areas they represent was added to the minutes for ease of reference.</p> <p style="text-align: right;">Action: Company Secretary</p> <p>Attached at Appendix A to the minutes.</p>
11.	Any Other Business
	<p>a) Freedom to Speak Up Guardian</p> <p>Paul Myerscough asked about the Freedom 2 Speak Up Guardian and asked whether the Governors could have a presentation on the role of the Freedom to Speak Up Guardian.</p> <p>The Chair asked the Company Secretary to invite the Freedom to Speak Up Guardian to attend a future Council meeting to give a presentation on the work of the Guardian.</p> <p style="text-align: right;">Action: Company Secretary</p> <p>b) No Deal Brexit</p> <p>Guy Dakin asked how would a no deal Brexit decision impact the Trust and has the Trust put plans in place to mitigate any risks?</p> <p>Response</p> <p>The Chair requested that the Company Secretary circulate a written response from the relevant Executive Director after the meeting.</p> <p>The Deputy Chief Executive and Chief Financial Officer provided the written response below is below:</p> <p>EU transition onto World Trade Organisation terms (if no trade deal agreed) was not expected to impact the Trust directly. As for 2019 preparations for EU exit, the Trust had been reviewing operational readiness under EU Exit Senior Responsible Officer, Alex Gild.</p> <p>With the time elapsed during transition negotiations, the Government had secured additional shipping and freight capacity alongside the short straits and had worked with the top 80% of suppliers to the NHS to make ready. The Department of Health and Social Care was providing assurance to the NHS on national supply chain for clinical consumables, medical equipment, and pharmaceutical supplies (including vaccines).</p> <p>We have locally assessed one EU supply risk to our wheelchair service, where supplier assurances on avoiding delayed parts supply were not adequate. This had been escalated for national review and we were working with the supplier to mitigate the risk. We were awaiting guiding on final EU reciprocal arrangements to determine which members states would require charging of healthcare for their people using NHS planned care services (emergency care was provided with payment considerations initially).</p> <p>c) EU Staff Settled Status</p> <p>Susana Carvalho asked whether the Trust had supported EU staff to gain settled status.</p> <p>Response</p> <p>The Chair requested that the Company Secretary circulate a written response from the relevant Executive Director after the meeting.</p>

	<p>The Deputy Chief Executive and Chief Financial Officer provided the written response below is below:</p> <p>Response</p> <p>The Trust had previously communicated support and signposting to the EU settled status application process for our then (2019) around 250 EU staff. We will be communicating again to staff next week. EU qualifications acceptance in the UK will remain in place. We did not identify workforce to be a significant risk from EU transition in the short term.</p> <p>The Chair thanked everyone for their attendance and the meeting was closed at 12.02pm.</p>
12.	Date of Next Meetings
	<ul style="list-style-type: none"> • 3 February 2021 – Joint Non-Executive Directors and Council of Governors Meeting • 10 March 2021 – Council of Governors meeting

Council of Governors Appointed Governors

Name	Appointed by:
Suzanna Rose	Red Cross
Vacancy	Alzheimer's Society
University of Reading	Arlene Astell
Bracknell Forest Council	Cllr Isobel Mattick
Reading Council	Cllr Deborah Edwards
Slough Borough Council	Cllr Atiq Sandhu
West Berkshire Council	Cllr Graham Bridgman
Windsor and Maidenhead Royal Borough	Cllr Julian Sharpe
Wokingham Borough Council	Cllr Jenny Cheng

Minutes of the Council of Governors private meeting* on

Wednesday, 2 December 2020 at 12.00 pm

(Conducted via MS Teams because of COVID-19 social distancing requirements)

*The meeting took place in private but the minutes do not contain confidential information)

Present:	Martin Earwicker, Chair
Public Governors:	Verity Murricane John Barrett Paul Myerscough Tom Lake Tom O’Kane Joan Moles Raymond Fox Susana Carvalho Andrew Horne Jon Wellum Gillian Mohamed
Staff Governors:	June Carmichael Guy Dakin
Appointed Governors:	Suzanna Rose Cllr Deborah Edwards Cllr Isabel Mattick
In attendance:	Julian Emms, Chief Executive Liz Gibling, Executive Assistant Julie Hill, Company Secretary Liz Chapman, Head of Patient Experience Aileen Feeney, Non-Executive Director Mark Day, Non-Executive Director Naomi Coxwell, Non-Executive Director Chris Fisher, Non-Executive Director Mehmuda Mian, Non-Executive Director
Guests:	Nathalie Zacharias, Director of Equalities Amanda Mollett, Head of Clinical Effectiveness and Audit
Apologies:	Cllr Graham Bridgman Cllr Jenny Cheng Nigel Oliver Natasha Berthollier Julia Prince Arlene Ansell

1.	Apologies for absence
	As above
2.	Declarations of Interest
	<p>a) Declarations of Interest</p> <p>None declared</p> <p>b) Annual Declarations of Interest</p> <p>None declared</p>
3.	Council of Governors' Appointments and Remuneration Committee Report – Non-Executive Director related issues
	<p>a) Re-appointment of Naomi Coxwell, Non-Executive Director</p> <p>The Council of Governors agreed the re-appointment of Naomi Coxwell, Non-Executive Director for her 2nd term for a period of 3 years.</p> <p>b) Extension of the Term of Office of Dr David Buckle and Mehmuda Mian, Non-Executive Directors</p> <p>The Council of Governors agreed to extend the term of office of David Buckle, Non-Executive Director for a further one year due to the COVID-19 pandemic.</p> <p>The Council of Governors agreed to extend the term of office Mehmuda Mian, Non-Executive Director for a further two years due to the COVID-19 pandemic. Ms Mian's term of office will be reviewed after one year.</p> <p>c) Recruitment process for Chris Fisher, Non-Executive Director</p> <p>The Council of Governors agreed that a new Non-Executive Director is recruited to replace Chris Fisher.</p> <p>d) Annual Review of Non- Executive Directors' Remuneration</p> <p>This was agreed by the Committee at £15,000 per annum – no change.</p>
4.	Council of Governors' Appointments and Remuneration Committee Report – Chair related issue
	<p>Annual Review of the Chair's Remuneration</p> <p>This was agreed by the Committee at £45,000 per annum – no change.</p>

Council of Governors

Meeting Date	10th March 2021
Title	Quality Account 2020/21- Quarter 3 Report- For Consultation
Purpose	NHS Foundation Trusts must publish a quality account each year. A requirement of this is to share this with our Council of Governors to allow them to review the Quality Account and give feedback.
Business Area	Trust Wide
Executive Lead	Medical Director
Authors	Head of Clinical Effectiveness and Quality Account and NICE Lead.
Relevant Strategic Objectives	True North Goal 1- Harm Free Care, True North Goal 2- Supporting Our Staff, True North Goal 3- Good Patient Experience
CQC Registration/ Patient Care Impacts	Does not negatively impact registration or patient care.
Resource Impacts	None
Legal Implications	The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. The NHS Improvement annual reporting guidance for the quality report incorporates the requirements set out in the Department of Health's Quality Accounts Regulations and additional reporting requirements set by NHS Improvement.
Equality and Diversity Implications	None
SUMMARY	<p>This is the Quarter 3 report of the Trust's Quality Account for 2020/21 for consultation with the Council of Governors. As in previous years, we invite the Governors to submit any feedback they have on the Quality Account to the lead Governor and for the Lead Governor to submit this response back to us by 16th April 2021. Where possible we will address any points of clarification or accuracy in the final version of the document.</p> <p>Recently published national guidance states that there is now no requirement for the Trust to commission external assurance on its quality report this year, and therefore the external audit of the quality account and its indicators will not be undertaken.</p> <p>The report consists of three main sections in line with Department of Health and NHS Improvement requirements. There are some areas where data is not available within the Q3 timeframes. Leads are aware of this and data will be available for Q4.</p> <p>The priorities that are both detailed within this report, and also detailed on the Trust's 2020/21 true north plan on a page document, are summarised below. Those areas which are currently below trajectory also detail the actions which are being taken to improve.</p> <p>Please note that, due to the outbreak of COVID-19, data collection has been suspended nationally for a number of priorities in this report, including the Friends and Family Test. Where this is the case, it is mentioned in the report.</p>

	<p>Many of the priorities are currently being met, these are:</p> <p>Patient Experience (Section 2.1.1 of the main report)</p> <p>Our community health inpatient wards have successfully managed the flow of patients through the service and maintained their bed occupancy rates and average length of stay for patients to below target thresholds.</p> <p>Adult mental health inpatient wards have kept their percentage of delayed transfers of care to below the 7% target threshold in eight of the nine months up to the end of Q3.</p> <p>Our Patient Advice and Liaison Service (PALS) has continued providing a signposting and information service throughout the COVID-19 pandemic</p> <p>Patient Safety (Section 2.1.2)</p> <p>Infection Prevention and Control measures, based upon national guidance, have been implemented to protect both patients and staff from COVID-19. Examples of this include appropriate Personal Protective Equipment (PPE), undertaking care remotely and implementing the staff vaccination programme.</p> <p>Older people's mental health wards have maintained their rate of patient falls to below the target threshold of 8 falls per 1000 bed days (rate to end of Q3: 5.9 falls per 1000 bed days)</p> <p>The trust is on target to stay below the target threshold of ≤ 18 grade 3 or 4 pressure ulcers during the year due to a lapse in care by trust staff (result to end of Q3: 3 pressure ulcers).</p> <p>Clinical Effectiveness (Section 2.1.3)</p> <p>NICE Guidance compliance remains above 80%</p> <p>The Trust is participating in all mandated national clinical audits and confidential enquiries that are relevant to the organisation.</p> <p>The Trust continues to progress a number of initiatives to support research activities within the Trust and with local and regional partners.</p> <p>The Trust continues to report on and learn from deaths of patients.</p> <p>Supporting our staff (Section 2.1.4)</p> <p>The staff wellbeing and support offer has been enhanced, with a staff support service in place to help provide additional support for teams and individuals during the COVID-19 pandemic.</p> <p>The staff turnover rate has remained below the 16% target threshold in all nine months up to the end of quarter 3.</p> <p>The target threshold of no more than 44 patient on staff assaults per month was met in October 2020 (34 assaults) and November 2020 (44 assaults) but was breached in December 2020 (59 assaults). Sorrel Ward at Prospect Park Hospital continues to have this metric as their quality improvement driver and are looking to use Safewards interventions as a way to address this as have noticed that most assaults happen during restraint situations.</p> <p>Areas where trust targets are not currently being met are as follows:</p> <p>Patient Experience (Section 2.1.1)</p> <p>Adult Mental Health Inpatient services have not met the 30-day average length of stay target in any of the months during this year, and this service also breached the bed occupancy target in eight of the nine months. During this time the services have continued looking after several patients that have been on their wards for a long time, and the COVID-19 pandemic has made placements and assessment for placements even more challenging and created more delays. Work to improve length of stay on adult inpatient mental health wards is included as part of the</p>
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	<p>recovery plan and a new alignment meeting is being piloted for patients that are thought to be at risk of long stays.</p> <p>Patient Safety (Section 2.1.2)</p> <p>Patient falls on adult community inpatient wards remain above their target threshold of 4 falls per 1000 bed days (rate to end of Q3: 5.76 falls per 1000 bed days), although this rate has reduced each quarter during this year. These wards have managed a number of complex patients since the outbreak of the COVID-19 pandemic.</p> <p>The number of self-harm incidents on mental health inpatient wards was above the target threshold of 42, with 46 such incidents reported in December 2020. Many of these incidents can be attributed to a small group of patients that repeatedly self-harm and is often linked to a long length of stay in hospital. There is a great deal of work being undertaken to address this including safety huddles and the use of a sensory room.</p> <p>Supporting our staff (Section 2.1.4)</p> <p>The overall staff sickness rate has risen above the 3.5% threshold in Quarter 3 (4.1% in December 2020) having previously been below this threshold in all three months of quarter 2. This links with the COVID-19 second wave.</p> <p>The Trust will continue working to the 30th June 2021 deadline for publication of the Quality Account and the final Q4 version will need to be ratified by the Trust Board at its meeting on 11th May 2021. The Council will receive the final version of the Quality Account in June 2021.</p>
ACTION REQUIRED	<p>Governors to submit any feedback they have on the Quality Account to the lead Governor and for the Lead Governor to submit this response back to us by 16th April 2021.</p>



Berkshire Healthcare
NHS Foundation Trust

Quality Account 2020/21

Quarter 3 Report



"Our vision is to be recognised as the leading community and mental health service provider by our staff, patients and partners"

What is a Quality Account?

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

About the Trust

We are a Mental Health and Community Trust, providing a wide range of services to people of all ages living in Berkshire. We employ around 4,500 staff who operate from our many sites as well as out in people's homes and in various community settings.

We are rated overall as 'Outstanding' by the Care Quality Commission.

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

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

We have a major focus on the contribution we can make to the local population by working in collaboration with our commissioners and partner providers to identify new ways of working to benefit patients.

As a Foundation Trust we are accountable to the community we support. NHS Improvement regulates our financial stability and has placed us in segment 1, which reflects the highest level of performance for finance and use of resources

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Quality Account Positive Highlights and Overall Summary 2020/21

Highlights to the end of Quarter 3

Patient Experience Priorities

- Our services have continued supporting patients throughout the COVID-19 pandemic. This has been achieved through a variety of methods, including running appointments remotely to maintain service provision
- Our Patient Advice and Liaison Service (PALS) has continued providing a signposting and information service throughout the COVID-19 pandemic.
- Our community health inpatient wards have successfully managed the flow of patients through the service and kept bed occupancy rates and average lengths of stay for patients to below target thresholds.
- The Patient Friends and Family Test (FFT) was suspended nationally between Q1 and Q3, and it is anticipated this will restart in Q4.

Supporting our Staff Priorities

1. We have supported the wellbeing of our staff during the COVID-19 pandemic by providing a psychological Staff Support Service.
2. We are on track to reduce our staff turnover rate to below our target of 16%- current result- 13.1%.
3. We continue promoting a compassionate culture with zero tolerance of aggression, bullying and exclusion.

Clinical Effectiveness Priorities

- We have participated in all applicable national clinical audits, ensuring that we take appropriate actions that lead to improvements.
- We continue to operate a robust system for reviewing NICE guidance to ensure that care is delivered in line with national best practice standards.
- We continue reviewing, reporting, and learning from deaths in line with national guidance.

Patient Safety Priorities

1. We have endeavoured to protect patients and staff from COVID-19 by following national Infection Prevention and Control Guidance. This has included using appropriate Personal Protective Equipment (PPE) where face-to-face care was necessary. We have engaged with our services throughout the year to bring them back into operation following the first wave. We are also vaccinating NHS and Social Care staff to protect them from COVID-19.
2. We are on track to meet the following annual targets:
 - ≤8 falls per 1000 bed days on Older People's Mental Health Wards. Current result- 5.9
 - ≤18 grade 3 or 4 pressure ulcers due to a lapse in care by trust staff. Current result- 3

2021/22 Trust Priorities

Patient Experience Priorities

Our services will aim to produce good outcomes for treatment and care for our patients. Specific metrics to measure this will be provided in the Quarter 4 report

Patient Safety Priorities

We will provide safe services by eliminating avoidable harm. Specific metrics to measure this will be provided in the Quarter 4 report

Clinical Effectiveness Priorities

- We will demonstrate our delivery of evidence-based services by reporting on the implementation of NICE guidance related to Trust priorities.
- We will continue to review, report, and learn from deaths in line with new national guidance.

Supporting our Staff Priorities

We will strengthen our highly skilled and engaged workforce. Specific metrics to measure this will be provided in the Quarter 4 report.

Care Quality Commission (CQC) Rating

We are rated as "Outstanding" overall by the CQC and all of our services are individually rated as either "Outstanding" or "Good".

Figure 1- Summary of Trust achievement for the 2020/21 Quality Account

Indicator (Click on links to access the related main sections of the report)		2020/21 Target	Results		Comment
			19/20	20/21 (to Q3 end)	
Patient Experience					
Patient Friends and Family Test- response rate		≥15%	10.6%	Data collection suspended nationally due to COVID- 19	
Patient Friends and Family Test (FFT) - % of patients stating they are likely or extremely likely to recommend the service to a friend or family member	Community services (Mental health and physical health combined)	≥95%	92%		
	Mental health inpatients	≥95%	71%		
	Community hospital inpatients	≥95%	96%		
	Minor Injuries Unit	≥95%	97%		
Carer Friends and Family Test (FFT) - % of carers likely or extremely likely to recommend the service to a friend or family member		No target set	95%		
Managing patient flow- Bed occupancy rate on adult inpatient wards	Adult mental health acute inpatient wards	≤85%	N/A	91.8%	Off target
	Adult mental health non-acute inpatient wards	≤85%	N/A	66.2%	On target
	East adult community inpatient wards	≤85%	N/A	65.7%	On target
	West adult community inpatient wards	≤85%	N/A	83.1%	On target
Managing patient flow- Average length of stay on adult inpatient wards	Adult mental health acute inpatient wards	≤30 days	N/A	46 days	Off target
	East adult community inpatient wards	≤24 days	N/A	9 days	On target
	West adult community inpatient wards	≤24 days	N/A	21 days	On target
Managing patient flow- adult mental health delayed transfers of care		≤7.5%	6.8%	3.6%	On target
Patient Safety					
Rate of inpatient falls on wards for older people	Older people’s mental health wards	≤8 falls per 1000 bed days	10.6	5.9	On target
	Community health wards	≤4 falls per 1000 bed days	5.3	5.8	TBC Q4
Pressure ulcers (PUs) due to lapse in care by Trust staff	Number of category 2 PUs due to lapse in care by Trust staff	≤19 per year	30	16	TBC Q4
	Number of category 3&4 PUs due to lapse in care by Trust staff	≤18 per year	14	3	On target
Self-harm incidents by mental health inpatients		≤42 per month	25	46	Off target
Clinical Effectiveness					
Compliance with recommendations contained in NICE Clinical Guidelines	COVID-19- Managing symptoms in the community, including end of life	≥80%	N/A	89%	Target Met
	COVID-19- Community based care of patients with Chronic Obstructive Pulmonary Disease (COPD)	≥80%	N/A	100%	Target Met
Supporting our Staff					
Staff engagement score (National NHS Staff Survey)		≥8 out of 10	7.4	TBC Q4	TBC Q4
Staff sickness level		<3.5%	4.1%	4.1%	TBC Q4
Staff report they can influence how we work and make decisions (National NHS Staff Survey)		Increase	TBC	TBC Q4	TBC Q4
Staff agree or strongly agree they would recommend the Trust as a place to receive treatment (National NHS Staff Survey)		≥85%	74.4%	TBC Q4	TBC Q4
Staff vacancy level		<10%	5.9%	Data reporting suspended due to COVID-19	
Staff turnover rate		<16%	14.7%	13.1%	On target
Assaults on staff on mental health inpatient wards		≤44 per month	57	59	Off target

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

This year has seen all of us face a challenge like no other in the face of the COVID-19 pandemic. The outbreak of the pandemic has seen us rapidly develop the way we deliver effective services whilst maintaining the safety of our patients, staff, and partners.

Patient safety has been of paramount importance this year and best practice guidance has been implemented to minimise the risk posed by the pandemic. Many of our teams have rapidly adapted their services to manage patients remotely using digital means where clinically appropriate. Where face-to-face contact is required enhanced infection control practices are being used by staff to maintain safety, including the appropriate use of Personal Protective Equipment (PPE).

We are supporting research studies which will help us understand the differential risks of COVID-19 infection during the pandemic and inform future strategies for reducing these risks. This includes helping to find early treatments for COVID-19 which may help people in the community to recover more quickly and hopefully keep them out of hospital. Our vaccination programme is progressing well and, since December 2020, the team at Wokingham have delivered over 15,000 vaccines to health and social care staff.

Our Trust Board has continued to monitor all areas of patient safety through scrutiny of a variety of patient safety metrics, several of which are shared in this report. Robust governance, patient safety, incident and mortality reporting systems are maintained throughout the Trust, with these processes used to highlight areas for improvement in a timely manner allowing for learning.

It is essential that patients have a positive experience of our services and we continue to utilise Trust-wide systems to measure and learn from this experience. We prioritise learning from patient experience surveys, complaints and compliments and

aim to continuously improve on and learn from this important feedback.

Our clinical effectiveness systems ensure that we are providing the right care to the right patient at the right time and in the right place. Our NICE and clinical audit programme allow us to measure our care against current best practice leading to improvement.

Our programme of learning from deaths allows us to systematically review the care we have provided. It is important that opportunities for learning from deaths are not missed, together with learning from the review of the care provided and the experience in the period prior to the person's death. This work continues to be scrutinised by our Board and reported publicly.

We take great pride in continuing to be rated as Outstanding by the Care Quality Commission, and all of our services are individually rated as either outstanding or good. I would like to thank our staff for the tremendous efforts they have gone to in continuing to provide services in the face of the pandemic. They have acted admirably under challenging circumstances; whether caring for patients using PPE, running services in a different way to maintain safety, being redeployed to a different team, or working from home to help stop the spread of the virus. Each and every one of them has played their part.

Lastly, I would like to thank the general public for all your messages of support and thanks this year. You have overwhelmed us with your generous donations and have continually given us your compassion in these difficult times. We have really appreciated it.

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

Julian Emms CEO

Put in date after approval at Q4 Trust Board meeting

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

2.1. Achievement of Priorities for Improvement for 2020/21

i This section details the Trust's achievements against its quality account priorities for 2020/21. These priorities were identified, agreed, and published as part of the Trust's 2019/20 quality account.

These quality account priorities support the goals detailed in the Trust's 2020/21 True North Annual Plan (see Appendix A). The Trust's Quality Strategy also supports this through the following six elements:

- Patient experience and involvement – for patients to have a positive experience of our services and receive respectful, responsive personal care
- Harm-Free Care – to avoid harm from care that is intended to help
- Clinical Effectiveness – providing services based on best practice
- Organisation culture – patients to be satisfied and staff to be motivated
- Efficiency – to provide care at the right time, way, and place
- Equity – to provide equal care regardless of personal characteristics, gender, ethnicity, location, and socio-economic status.

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

2.1.1. Patient Experience and Involvement

i One of the Trust's priorities is ensuring that patients have a positive experience of our services and receive respectful, responsive personal care. This sub-section details our performance against our 2020/21 Patient Experience Priorities:

Our 2020/21 Patient Experience Priorities:

To provide good outcomes from treatment and care:

1. We will use patient and carer feedback to drive improvements in our services, with specific engagement on proposed new ways of working
2. We will manage patient flow effectively, with minimum delays and make sure that patients stay within our services for no longer than is clinically appropriate
3. We will engage and communicate with patients and the public to make sure that they understand how to access the right help at the right time
4. Our services will support patients to manage any direct or indirect adverse impact of COVID-19

Trust performance in relation to complaints, compliments and the 2019 National Community Mental Health Survey is also detailed in this section.

Using patient and carer feedback to drive improvements

One of the Trust's priorities is to use patient and carer feedback to drive improvements in our services, with specific engagement on new ways of working. We use a number of methods to achieve this, including the Friends and Family Test, learning from complaints and the national community mental health survey. The sections below detail how we have performed during the year in this area

Patient Friends and Family Test (FFT)

i The Friends and Family Test (FFT) is used by most NHS funded services in England. It supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The FFT asks people if they would recommend the services they have used, and can be completed by text messaging after discharge, by card or on the internal Trust patient survey.

Data collection for the Friends and Family Test has been paused nationally during the response to COVID-19. It is anticipated that this will commence again nationally in Q4 2020/21, and therefore this section will be updated in the Q4 report.

Learning from Complaints and Compliments

The Trust has continued to respond to and learn from complaints and compliments during the year. Figures 2 and 3 below show the monthly number of complaints and compliments received by the Trust.

During Quarter 3 2020-21, there were 51 complaints received (including re-opened complaints). This is a decrease compared to 2019-20 where there were 68 for the same period. The total number of complaints received in Q1, Q2 and Q3 2020-21 is 9% lower than the total received in Q1, Q2 and Q3 2019-20.

21 (41%) of the 51 complaints received in Q3 2020/21 related to adult mental health service provision. Of these complaints:

- 5 related to Community Mental Health Teams (CMHT), compared with 11 in Q2
- 3 related to the Common Point of Entry Team (CPE), compared with 2 in Q2.
- 3 related to Crisis Resolution and Home Treatment Teams (CRHTT), compared with 2 in Q2
- 2 related to mental health inpatient wards, compared with 4 in Q2

The remaining mental health complaints were spread across other services.

16 (31%) of the 51 complaints related to adult community health services. Of these complaints:

- 5 related to district nursing
 - 3 related to community hospital inpatients
 - 3 related to the Westcall GP out-of-hours service
- The remaining complaints were spread across other services.

3 (6%) of the 51 complaints were about Child and Adolescent Mental Health Services (CAMHS).

Of the remaining complaints, 5 related to Health Visiting, with the rest from across a range of Trust services.

Each service takes complaints seriously, with staff directly involved being asked to reflect on the issues raised and consider how they will change practice.

100% of complaints were acknowledged within three working days during Q3 of 2020/21, with 100% resolved within the timescale agreed with the complainant. Please also note that the number of complaints, together with response and resolution times is included within section 3 of this report as they are indicators of quality.

Figure 2- Complaints received (excluding re-opened complaints)

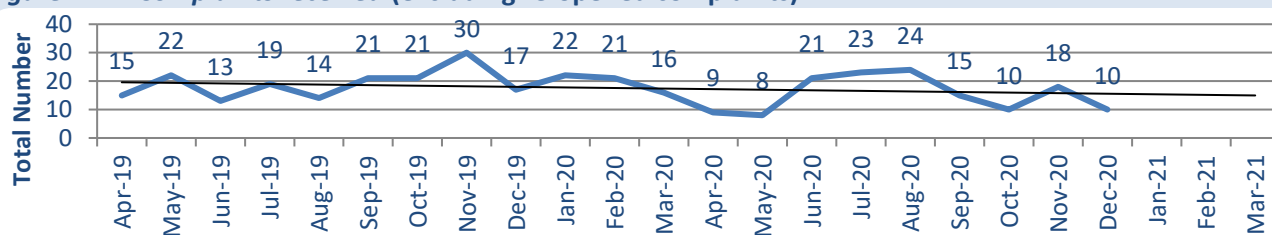
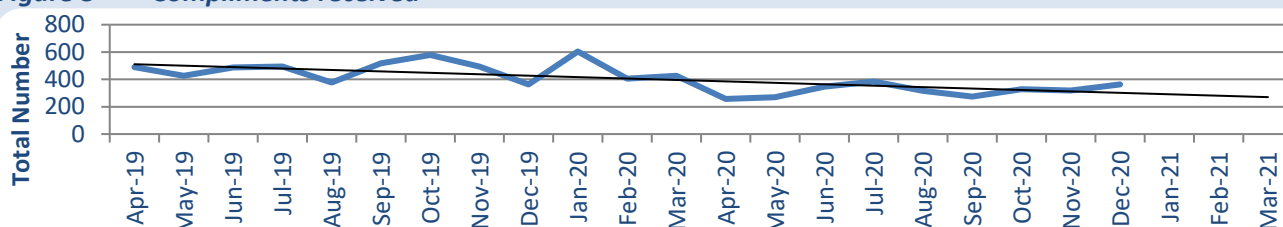


Figure 3- Compliments received



Sources: Trust Complaints and Compliments Reports- this is based on compliments being submitted voluntarily by service

National NHS Community Mental Health Survey 2020

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

The peak of the first wave of the COVID-19 pandemic in England and the national lockdown occurred approximately midway through the fieldwork period for the survey. Whilst the Community Mental Health survey primarily asked people to reflect on their experience of care over the previous 12 months, and therefore prior to the pandemic, national analysis has shown that the national lockdown likely impacted the way service users responded to the survey. This means that, nationally, the 2020 Community Mental Health survey is classed as not directly comparable with the results of previous years, because people's experiences of care may have been affected by lockdown. Trusts were advised to consider this when reflecting on their results.

The survey sample. People were eligible to receive the survey if they were aged 18+, were receiving specialist care or treatment for a mental health condition and had been seen by the Trust between 1 Sept and 30 Nov

2019. Responses were received from 334 (27%) respondents, compared to a national response rate of 26%. This is an increase in the Trust's response rate from 24% in 2019 although this is still a decrease from 33% in 2018.

About the survey and how it is scored. The survey contained several questions organised across 11 sections. Responses to each question and section were converted into scores from 0 to 10 (10 representing the best response). Each score was then benchmarked against 55 other English providers of NHS mental health services, resulting in a Trust rating of 'better', 'about the same' or 'worse' being given. One new question was asked in 2020: Q29. Overall, how did you feel about the length of time you waited before receiving NHS therapies?

Summary of Trust results. In the 2020 survey, the Trust scored within the expected range across all 11 sections of the survey, with no Trust section scores being either better than expected or worse than expected when compared with other similar Trusts. In addition, the Trust scored neither the highest nor lowest score in any area when compared with other similar Trusts.

When the Trust scores for each question in 2020 were compared against those for the Trust in the 2019 survey, an improvement was seen for 8 questions, a

decline was seen for 16 questions and the result was the same for 4 questions.

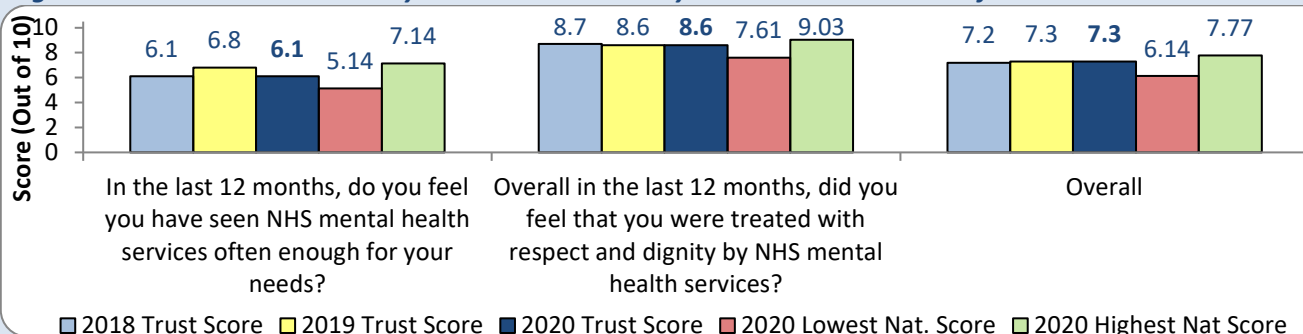
Respondents' overall view of care and experience

Figure 4 gives an overview of Trust scores for overall experience. The 2020 Trust scores (shown by the dark blue bar in the middle of the chart) are compared with the highest and lowest scores achieved by all Trusts impact.

(the red and green bars to the right), and with the Trust scores in 2018 and 2019 (the light blue and yellow bars to the left).

Clinical leads have shared these survey results with teams to identify any further actions that would have a positive

Figure 4- National Community Mental Health Survey Results - Overall view of care and services



Managing Patient Flow in Adult Inpatient Services

It is important to manage patient flow through our inpatient wards effectively to ensure that patients stay on our wards no longer than clinically appropriate with minimal delays.

Work undertaken to improve flow in adult inpatient services include the following:

In West Community Health Services:

- A system-wide Urgent and Emergency Care Board has been set up to improve the flow of patients and to speed up transfers to our wards.
- As part of the Hospital Discharge Service (HDS) requirements for COVID-19, a team has been placed in the acute hospital to facilitate the timely discharge of patients to the range of community options. These options include discharging a patient home with an intermediate care package in place, discharging to a community bed, or discharging to a care home placement. The Discharge Service Team operate with a live list of patients ready to leave the acute setting and facilitate twice daily sitrep calls with all services involved to ensure plans are in place to transfer patients on the day they become fit for discharge. A collaborative review of the processes put in place during the initial COVID-19 period is now underway with systems partners to

ensure opportunities for continuous service improvements are identified.

- Admission and Discharge coordinators on our in-patient units manage the flow of patients into and out of our beds with support from the medical and nursing team. Our wards operate daily board rounds to ensure that we do not miss an opportunity to plan for and progress a discharge. As part of an enhanced service to manage COVID-19 we have been able to offer 7-day coordinators on our in-patient units to support the HDS team in transferring patients to the wards. A 7-day therapy offer is also in place to support this. The community wards are now working to mirror the discharge pathway approach implemented in the acute hospital. Additional dedicated transport arrangements have been put in place for the winter period to support the timely discharge of patients from community wards to their onward destination

In East Community Health Services:

- In-reach support is in place in Wexham Park Hospital/ Frimley Park Hospital, working with discharge teams and frailty teams. Patients are also signposted to the right services within Berkshire Healthcare and our system partners.
- Twice daily Consultant-led board rounds are undertaken using a Multidisciplinary Team (MDT) approach with representation from pharmacy, therapists, nursing, management, and social workers with virtual access available

- Clear escalation points to senior leads are in place to support with any potential delays
- Length of stay and delays remains below 10 days for both wards during the pandemic
- Medical input and Advance Nurse Practitioners are available from 8am- 8pm 7 days per week with senior reviews of each admission- all clerked and assessed by the ward team. Expected discharge dates are agreed and medical treatment plans are in place and discussed at all board rounds. There is less reliance on Out of Hours GP services and reduced referrals back to Wexham Park Hospital due to deterioration.
- Consultants review every patient on a daily basis including at weekends.
- Therapy cover is in place 7 days per week with rehab goals and discharge planning starting immediately on admission. Home assessments can be completed and home visits/checks on discharge if required.
- Community referral pathways to our inpatient units are now in place to help acute admission avoidance.
- A GP hotline is now available for GPs and South Central Ambulance Service partners to have direct access to community Geriatricians

Achievement against this priority is measured with reference to three indicators:

- Adult inpatient bed occupancy. Target- no more than 85% bed occupancy
- Average patient length of stay on adult inpatient wards. Targets: No more than 30 days on Adult Mental Health inpatient wards. No more than 24

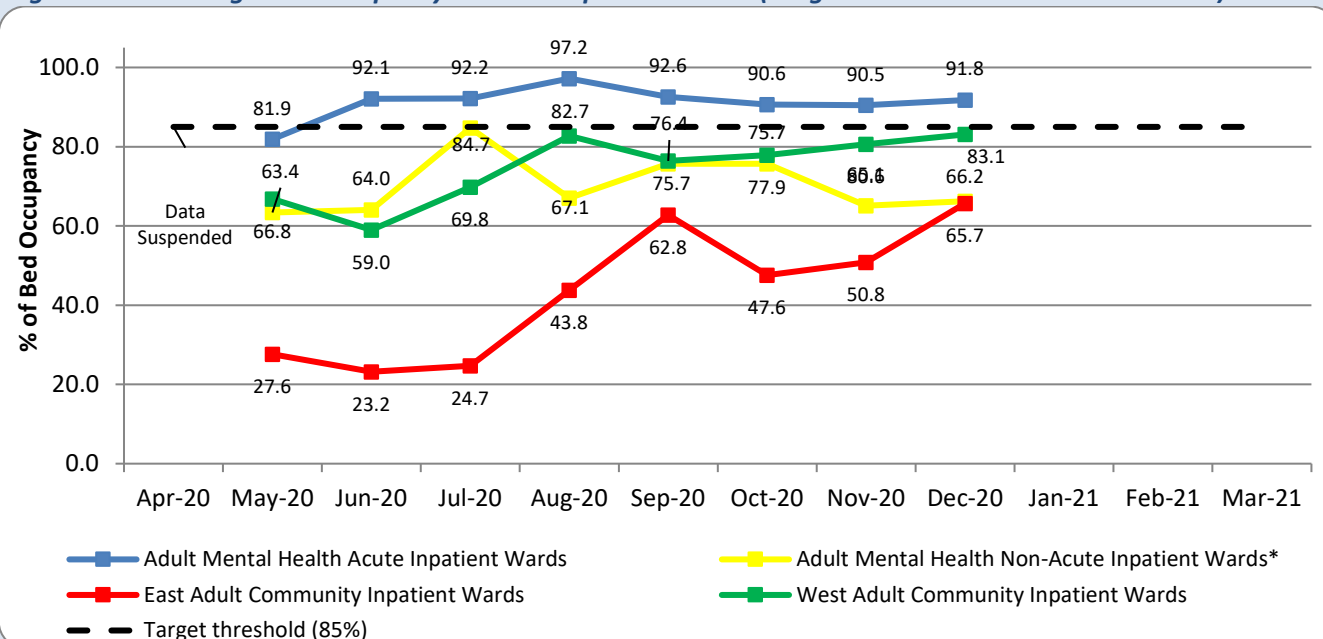
days on adult community health inpatient wards. Please also note that West Berkshire Community Hospital has eight neuro-rehabilitation beds with a target length of stay of 42 days, and so this will impact on this figure.

- Delayed transfers of care for mental health inpatient wards- this occurs when a patient is ready for discharge and is still occupying a bed. Target- no more than 7.5%

Figures 5 to 7 below detail achievement against these targets and show that adult Mental Health Inpatient wards have met the Delayed transfers of care targets in eight of the nine months to the end of Q3. The 30-day average length of stay target was not met by Mental Health Inpatients in any of the months from Q1 to Q3, and this service also breached the occupancy target from May to December 2020. At this time, Mental Health Inpatients continued to look after several patients that have been on these wards for a long time. The outbreak of COVID-19 has made placements and assessment for placements even more challenging and created more delays. Work to improve length of stay is included on their recovery plan. A new alignment meeting is also being piloted for patients that are thought to be at risk of long stays.

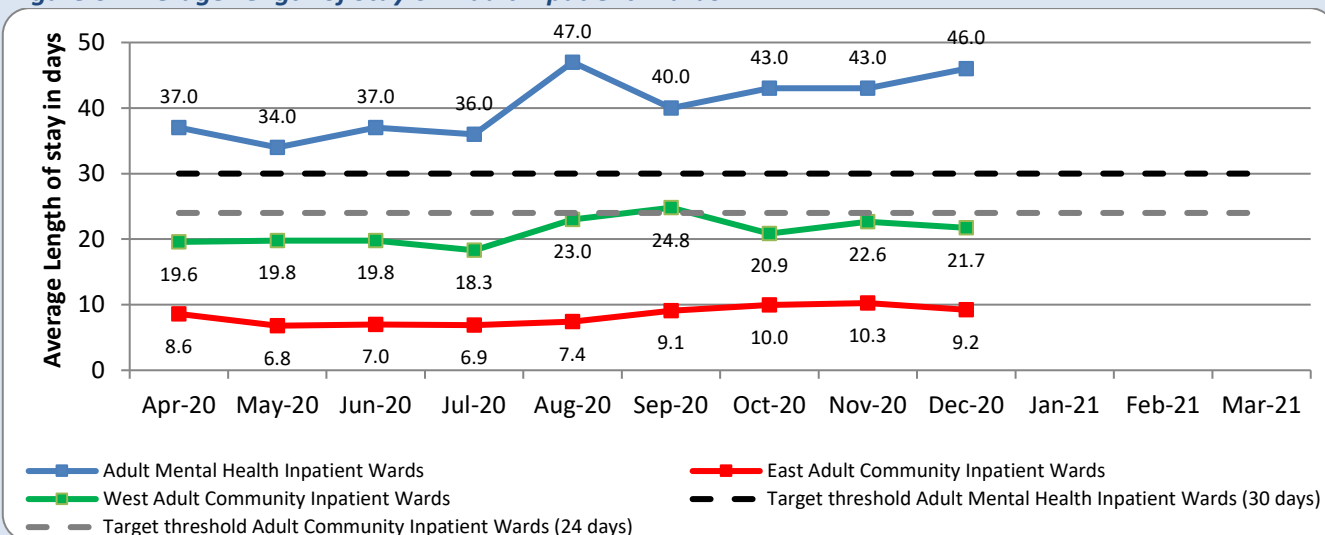
Community Inpatient services in both the east and west of the county have met bed occupancy targets in all months from Q1 to Q3, with length of stay targets met by both east and west services in eight of the nine months.

Figure 5- Percentage bed occupancy on adult inpatient wards (Target Threshold- No more than 85%)



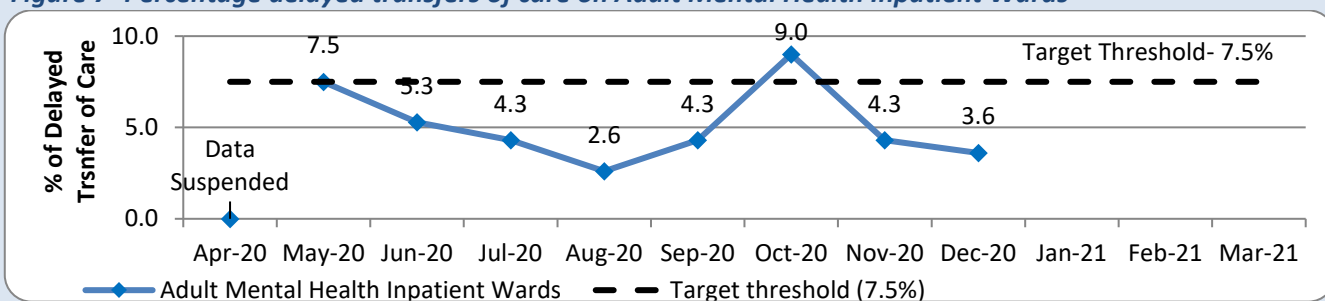
* Non-acute mental health inpatient wards include Older Adult Mental Health Wards

Figure 6- Average Length of Stay on Adult Inpatient Wards



*Please note that West Berkshire Community Hospital has eight beds for Neuro-rehabilitation patients with a target length of stay of 42 days which will have an impact on the West Adult community Inpatient ward figure above

Figure 7- Percentage delayed transfers of care on Adult Mental Health Inpatient Wards



* Please note that Community Health Inpatient wards are no longer required to report nationally on delayed transfers of care

Sources for Data- Trust performance reports on Tableau

Engaging and communicating with patients and the public to make sure that they understand how to access the right help at the right time

① It is important that our patients are able to access the right help from our services at the right time. Services such as our Patient Advice and Liaison Service (PALS) as well as our engagement with local Healthwatch organisations help to facilitate this

The Trust has previously engaged in monthly meetings with local Healthwatch organisations and there continue to be open and regular channels of communication between the Trust's Patient Experience Team and the Healthwatch organisations across Berkshire during this time.

The Trust Patient Advice and Liaison Service (PALS) has continued to provide a signposting and information service throughout the COVID-19 pandemic response.

PALS continue to offer a remote signposting and information service, as well as facilitating the Message to Loved One service that is available across all inpatient areas. They have also held monthly meetings with patient advocates who would ordinarily be based at Prospect Park Hospital and ensured that updated information on advocacy support was circulated to the wards.

There has been an increase in the number of non-Trust contacts (267 in Quarter three) that PALS receive (these collectively take up a considerable amount of time, and as they are coming to the wrong Trust, means that enquiries are not responded to efficiently). This has been escalated as a driver within the Patient Experience Team Quality Improvement programme

Supporting patients to manage any direct or indirect adverse impact of COVID-19

i The outbreak of the COVID-19 pandemic has required the Trust to adapt at pace to manage patients safely and effectively whilst mitigating any direct or indirect adverse impact from the disease.

The COVID-19 Pandemic has resulted in many services seeing patients through remote appointments by

telephone or video call, with face to face appointments only being undertaken where necessary.

A number of services have moved to using the online platform, called 'One Consultation', to see their patients. Services who are part of Global Digital Exemplar (GDE) programme are collecting feedback at the end of these client sessions. Services continue to collect feedback following virtual appointments

2.1.2. Harm-Free Care

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

Our 2020/21 Harm-Free Care Priorities:

To provide safe services by eliminating avoidable harm:

1. We will protect our patients and staff from getting COVID-19 by using appropriate infection control measures
2. We will make sure that we have safe levels of staffing to meet service demands
3. We will engage with all services over the next six months and agree a plan to safely bring all services back to full operation
4. We will continue to reduce falls, pressure ulcers, self-harm in in-patient services and suicide across all of our services
5. We will recognise and respond promptly to physical health deterioration on our in-patient wards
6. We will strengthen our safety culture to empower staff and patients to raise safety concerns without fear, and to facilitate learning from incidents

The Trust's aim throughout the year has been to foster an environment where staff members can be confident to raise concerns about patient safety. In support of this, a 'Freedom to Speak Up' policy has been implemented, and this is described further in Section 2.1.4- Supporting our staff.

The Trust is signed up to the 'Sign up to Safety' pledges and through this has committed to put safety first, continually learn, be honest and transparent, collaborate in learning, and support staff to help them understand and improve on when things go wrong. Learning occurs across the organisation with respect to errors, incidents, near misses and complaints. The Trust has continued to engage with and contribute to cross organisational initiatives such as the regional patient safety collaborative.

Protecting patients and staff from COVID-19

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

Examples of additional infection control resources and guidelines that have been put in place to protect patients and staff from COVID-19 include the following:

- A Standard Operating Procedure is in place for placement of COVID-19 Inpatients. This includes advice on management of isolation, cohorting and stepdown of isolation. Guidance on screening in line with national guidance is in place.
- Resources for staff are available on the trust COVID intranet page and are disseminated to clinical teams via newsletters. Information links are available on
 - Self-isolation
 - Staff testing
 - Staying safe at work
- Review and overview of stock levels and supply of Personal Protective Equipment (PPE) is undertaken by the Deputy Director of Nursing and by the Estates and Facilities Management team.
- Infection Prevention and Control (IPC) Team training videos and resources have been produced for mandatory training, induction and for redeployed staff. Development of an IPC resource pack has been disseminated to staff and available on the Trust intranet.
- All-staff briefings commenced weekly from 25th March 2020, reducing to occurring on alternate weeks from the end of May 2020. This is a live broadcast which is also published on Teams and includes a live question and answer aspect to support practical application of guidance.
- Service visits are carried out by the IPC team, Director of Nursing, clinical directors, and divisional managers to support implementation of guidance
- PPE videos for donning and doffing have been disseminated to teams and are available on intranet
- Visiting guidelines have been updated
- The Trust webpage contains relevant updated information
- A process is in place for all staff for when they are contacted by test and trace.
- Supporting guidelines are available for managers

- COVID- 19 risk assessments have been undertaken for all staff
- Guidance on the use of face masks are available for all staff in non-clinical areas and face coverings for visitors / outpatients
- Wellbeing programme of support in place
- Messaging around social distancing is reinforced in teams live events, newsletters, and other communication channels.
- Alternative space is provided to non-clinical staff who need to be in work to support social distancing

The Trust is monitoring these measures in a number of ways:

Trust Wide assessment. At an organisational level, the Trust has reviewed and completed a Trust-wide Infection Prevention and Control Board Assurance Framework (BAF). This framework has been produced nationally by NHS England to support all healthcare providers to effectively self-assess their compliance with Public Health England (PHE) and other COVID-19-related infection prevention and control guidance and to identify risks leading to improvement in this area. The BAF has been updated following the national IPC Remobilisation guidelines. It is a live document and is reviewed by a number of forums within the Trust. Monitoring of compliance with admission screening is undertaken by the Infection Prevention and Control Team and reviewed at the Trust COVID-19 steering group. A COVID-19 clinical reference group continues to meet bi-weekly.

Service-level assessment. To help individual services meet the required guidelines, the Trust have developed Infection Prevention and Control COVID-19 compliance tools. These tools are completed monthly on every ward and service, with the frequency of completion increased during outbreaks and in areas of high incidence. The tools cover the areas of:

- Hand Hygiene
- Environmental Decontamination
- Patient equipment
- Personal Protective Equipment (PPE)
- Care of patients with confirmed or suspected COVID-19

Action plans are completed and implemented as a result of these assessments which are reviewed by service leads and clinical directors. Learning is shared from incidents and services use handovers and team meetings to update on changes.

Individual Staff PPE Competence Tools are completed for every member of staff that is required to wear PPE. The results of these are held at service level and ensure that all staff are able to wear PPE correctly to reduce the risk of infection. Infection prevention and control team meetings are provided for staff to support the use of the PPE competency tool and a recorded version disseminated for future use. Staff are undertaking individual sign-off within services

Hand Hygiene audits are completed by all inpatient services on a monthly basis and all community services on a quarterly basis. This audit is designed to ascertain whether, over a designated period of time, healthcare

workers who touch patients have adequately decontaminated their hands in a timely way. The audit is undertaken opportunistically without the staff members knowing that the observation is being undertaken. Specific observations are made; before patient contact, before aseptic task/ clean task, after body fluid exposure risk, after patient contact, after contact with the patient's surroundings and ensuring staff are bare below the elbow. Where scores are below 80% staff are required to ensure action is taken within their areas to improve compliance prior to the next report. Figure 8 below details the findings from this audit during the year.

Figure 8- Hand Hygiene Audit Results

Area	April	May	June	July	August	September	October	November	December	January	February	March
Jubilee		100%	100%	100%	100%	100%	100%	100%	100%			
ARC Upton		100%	100%	100%	100%	100%	100%	100%	100%			
Henry Tudor			87%	97%	100%	100%	100%	96%	100%			
ARC St Marks			100%	100%	100%		100%	100%				
Willow House			88%	94%	88%	100%	62%		100%			
Manor Green	Closed	Closed	Closed	100%	88%	100%	100%	100%	100%			
Ascot		100%	100%	100%	100%	95%	100%	100%				
Windsor		100%	100%	96%	97%	97%	100%		100%			
Donnington	100%	100%	100%	100%	100%	100%	100%	100%				
Highclere	100%	100%	100%	94%	100%	100%	100%	100%	100%			
MIU				Quarterly report								
Oakwood	100%	100%	100%	100%	100%	100%	83%	96%	100%			
Camplon	100%	97%	100%	100%	100%	100%	100%	100%	100%			
ECT	Closed	Closed	100%	100%	100%	100%	100%	100%				
Bluebell				89%	100%		93%		100%			
Daisy		100%	100%	100%	100%	100%	100%	100%				
Orchid			100%	100%	100%		100%	100%				
Rose	100%	100%	100%	100%	100%			100%				
Rowan	100%	100%	100%		100%		100%	100%	100%			
Sorrel	100%	100%	100%	100%	100%	100%	100%	100%	100%			
Snowdrop	100%			100%	100%	100%	100%	100%	100%			

Source- Infection Prevention and Control Monthly Reports

Ensuring safe levels of staffing to meet service demand

① Maintaining safe staffing levels on inpatient wards is vital in the delivery of safe and effective care to our patients. Staffing must be matched to patients' needs and relates to both numbers of staff and their skill mix.

The Trust are required to provide assurance to the Board of its compliance with safe staffing levels in line with expectations of the National Quality Board (2016) and the NHS Improvement Developing Workforce Safeguards Guidance (2018). The Director of Nursing and Therapies and the Medical Director are also required to make a declaration to the Trust Board that safe staffing is in place across the organisation.

Update for the Period April- September 2020. All community health wards except for Oakwood Ward at Prospect Park Hospital (due to it being single rooms) had reduced bed capacity during this reporting period. This is to ensure that 2 metre bed spacing is achieved in line with infection control guidance during the pandemic.

The ability to maintain the required two registered staff per shift for every ward using substantive staff remains a significant challenge; many registered nursing shifts continue to be filled through NHS Professionals (NHSP) although these are often Trust staff doing additional hours over and above their contract.

Shifts with fewer than two registered nurses are monitored each month, and the number of shifts reported with less than two registered nurses has increased, with 463 shifts during this reporting period, compared with 268 shifts in the reporting period October 2019- March 2020. This increase is almost entirely seen on the community wards. Due to the impact of the COVID-19 pandemic there has been very low bed occupancy for a number of months across the community wards and, as a result, a significant number of the shifts were intentionally not backfilled where there was absence/ vacancy. The total number of shifts with less than 2 registered nurses equates to 4.5% across the Trust.

At Prospect Park Hospital (PPH), 5% of shifts had fewer than two registered nurses and this is unchanged from the previous six months. The recruitment of newly registered nurses toward the end of 2019 has

supported staffing numbers and continuity of care on the wards. Registered nurse vacancies on the wards have remained fairly static following recruitment of these preceptees and further recruitment of newly registered nurses during October 2020 is expected to have a positive impact on the next reporting period. However, with the large number of newly registered nurses comes the extra pressure on senior staff as they support these new staff through their preceptorship.

The number of shifts on Willow House with only 1 registered nurse continued to decrease to 3.55% compared to 4.4% in the last reporting period.

Across the community wards, West Community Health Services had 7.4% of shifts with less than two registered nurses, and East Community wards reported 6.55%.

Engaging with services and agreeing a plan to safely bring them back to full operation

i The outbreak of COVID-19 has resulted in our services having to quickly adapt to manage the impact of the virus and keep our patients and staff safe. Our recovery programme is engaged in bringing our services back to full operation and using what we've learned from the pandemic to help shape our 'new normal' as we move into the post COVID world.

The Trust is currently responding to the pressures of Wave 2 of the COVID-19 pandemic. Trust services have been categorized as Tier 1 (Critical), Tier 2 (High Priority), Tier 3 (Medium) or Tier 4 (Low). Some routine services in Tiers 3 and 4 have been paused to divert staff and capacity into our Tier 1 and 2 services to help ensure flow, avoid hospital admissions, and maintain capacity.

All urgent and crisis services continue to operate, and routine appointments are being undertaken remotely where this is suitable and possible. Some services have seen an increase to their waiting list, whilst others have been able to continue to work through their referrals and are reducing their waiting lists. The picture varies across all services.

It is anticipated that the Recovery and Restoration process may start again in March 2021.

Adult Community Health services

In line with national directives and guidance published for community health services, some aspects of non-urgent community service provision were ceased during Wave 1 of the pandemic. Services affected included: Continence, Podiatry, Dental, Hearing & Balance, Diabetes, Dietetics Community, Adult Speech and Language Therapy, Mobility Service, Musculoskeletal (MSK), Sexual Health, Community and Specialist Nursing, Assessment and Rehabilitation Centre (ARC), Tissue Viability Nursing (TVN), Lower Limb, Heart Function, and Adult Integrated Respiratory Team (AIRS). All services moved to remote consultations with face to face appointments only for those that were urgent and where it was appropriate. Referrals were stopped for routine appointments in the majority of the services listed above. Urgent referrals were still accepted and triaged.

Many of the services models that were put in place during Wave 1 of the pandemic continued through the recovery phase at the end Wave 1, and into the 2nd Wave. This included increasing in-reach on the frailty pathway, wrap around community services and support to the Intensive Community Rehabilitation (ICR) team. Capacity in Musculoskeletal (MSK) services was diverted into inpatients and community flow pathways during waves 1 and 2. In East Berkshire, Trust staff have staffed the discharge lounges and reframed the work of the Assessment and Rehabilitation Centre (ARC) to assist with system pressures. In West

Berkshire staff continue to support the Hospital Discharge Service which is now operating 7 days a week and later into the evenings.

The Trust have taken on a small number of additional staff to continue with the pathways that commenced in Wave 1. Services in Tiers 3 (medium) and 4 (low) of our priority matrix are currently paused, and these staff are being diverted into our Tier 1 (critical) and 2 (high priority) services. These steps will be iterative as demand/flow dictate. The Trust are also modelling the capacity needed to provide the COVID Vaccination for those who are housebound. Virtual and face-to-face consultations continue based on presentation and need. Corporate services staff have been redeployed into in patient areas and are assisting with discharge and liaison with families, freeing up ward staff to carry out patient care.

Children's Community Health Services, including Children's and Young Persons' Mental Health

In line with national directives and guidance, the Trust suspended some elements of the following services during wave 1 of the pandemic:

School Nursing; CYPIT (Children and Young People Integrate Therapies); Autism (including Autism Berkshire and The Autism Group); Attention Deficit Hyperactivity Disorder (ADHD); CAMHS; Health Visiting; Young People in Care; Children's Community Nursing Team; Kooth; Number 22; Youthline; Parenting Special Children. All face-to-face elements were suspended and patients were contacted and notified that their appointments had changed to either a telephone or an online consultation. For some patients the most appropriate option was to be given self-care management advice. In relation to autism, the third sector continued to run a restricted and/or modified service and the use of the SHaRON online support platform was increased. The Health Visiting service was reduced to new birth visits and postnatal checks at 6 weeks only, and these visits were only carried out face-to-face for the most vulnerable. The Children's Community Nursing Team paused delivery of respite care at Manor Green due to the difficulties of complying with Infection Prevention and Control guidelines. Safeguarding duties and functions remained in place.

During Wave 2 of the pandemic, Children's respite at Manor Green was stepped down. The vaccination team were redeployed into COVID vaccination until the end of February 2021, with gaps in this team covered with temporary staffing. Otherwise services remain largely

unchanged, offering a virtual and face-to-face offer as defined by Wave 1. Most services are prioritised as critical or high priority (tier 1 and 2) and therefore the service on offer is not being limited at this stage. Review of the Tier 2 (high) priorities is underway to ensure mobilisation and the release of staff should the need arise.

Adult Mental Health Services

The majority of services continued as "business as usual" during Wave 1 of the pandemic, with Community Mental Health Teams (CMHT) and Older People's Mental Health Teams moving to virtual appointments where it was deemed to be appropriate. Face-to-face appointments were for urgent patients only. All of the service changes were in line with national guidance.

The service offer remains largely unchanged during Wave 2 of the pandemic. Some corporate staff have redeployed into Prospect Park Hospital ward areas to support discharge facilitation and provide support to the ward functions. Common Point of Entry (CPE) and Psychological Medicine Services (PMS) have been enhanced to support mental health and acute hospital flow. Winter pressures mental health funding is also being utilised to increase capacity in the local system.

Reducing Falls on Older People's Inpatient Wards

i The Trust considers prevention of falls a high priority. The Royal College of Physicians reports that falls are the most commonly reported type of patient safety incident in healthcare. Although most people falling in hospital experience no or low physical harm (such as minor cuts and bruises), others suffer severe consequences, such as hip fracture, head injury or, on rarer occasions, a fall will be fatal (falls are the commonest cause of death from injury in the over 65s). The personal consequences of a fall for the individual can be significant and even 'minor' falls can be very debilitating.

The Trust has set a priority to reduce falls on its older people's inpatient wards to no more than 8 falls per 1000 bed days on older adult mental health wards and

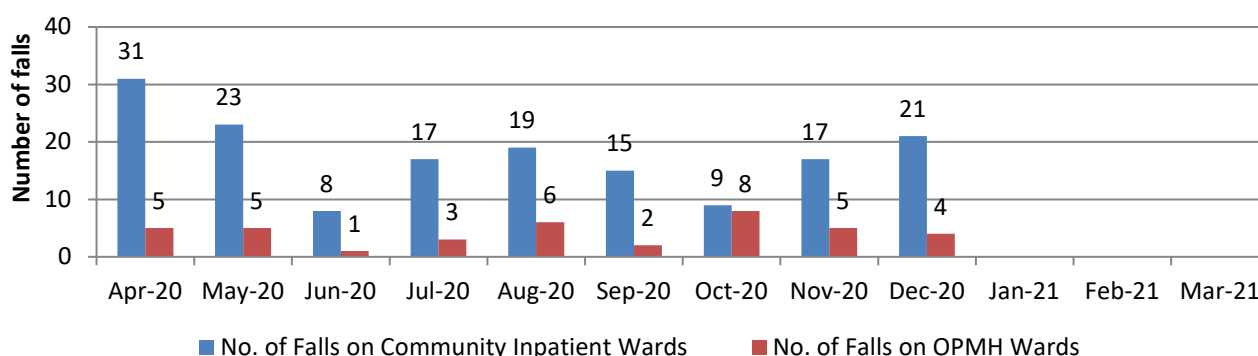
no more than 4 falls per 1000 bed days on community health inpatient wards during 2020/21.

The main focus of falls prevention work for this year has been on embedding the use of the multifactorial risk assessment in the RIO patient record and reviewing and updating the falls e-learning.

Figures 9 and 10 below detail the monthly number of falls on older people's inpatient wards and the rate of falls per 1000 bed days against the target rates. The figures show that the target of less than 8 falls per 1000 bed days was met for older adult mental health inpatient wards from Q1 to Q3. The target of no more than 4 falls per 1000 bed days was not met by community health inpatient wards from Q1 to Q3, although this rate has decreased in each quarter.

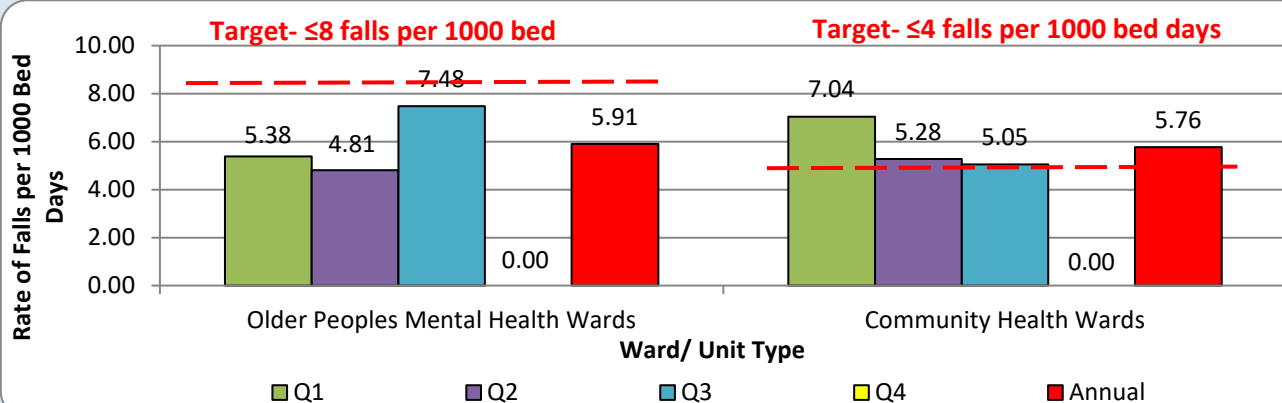
During the first and second peak of the COVID-19 outbreak there were a number of very complex patients on these community health wards, as well as a number of redeployed staff that were new to the falls risk documentation, and this may explain the breach.

Figure 9- Monthly Number of falls on Older People's Inpatient Wards



Please note that patients may fall more than once, and this figure represents the total number of falls and not the total number of individual patients that have fallen.

Figure 10- Rate of falls per 1000 bed days- Split by Ward Type



Source for both figures: Trust Tableau Dashboards

Preventing Pressure Ulcers

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

The Trust has set three targets to prevent pressure ulcers in 2020/21:

1. To have no more than 19 grade 2 pressure ulcers due to a lapse in care by Trust staff
2. To have no more than 18 grade 3 or 4 pressure ulcers due to a lapse in care by Trust staff

In pursuance of this target, the Trust has continued to ensure that all clinical staff have had relevant training

in pressure ulcer prevention and management. All developed pressure ulcers of category 3 and 4 that are potentially due to a lapse in care are discussed at a learning event following a desktop review that investigates whether there is anything that could have been done differently to help prevent the skin damage, or to identify where improvements in the care we provide can be made. Services will be supported through a three-month period or more with embedding actions into practice at a strategic level ensuring training remains relevant. All category 2 pressure damage are reviewed by the handler and finalised by the patient safety team. Thematic reviews are held on a quarterly basis to enable learning opportunities.

Figures 11 and 12 below detail progress against these targets.

Figure 11- Developed Category 2 Pressure Ulcers due to a Lapse in Care

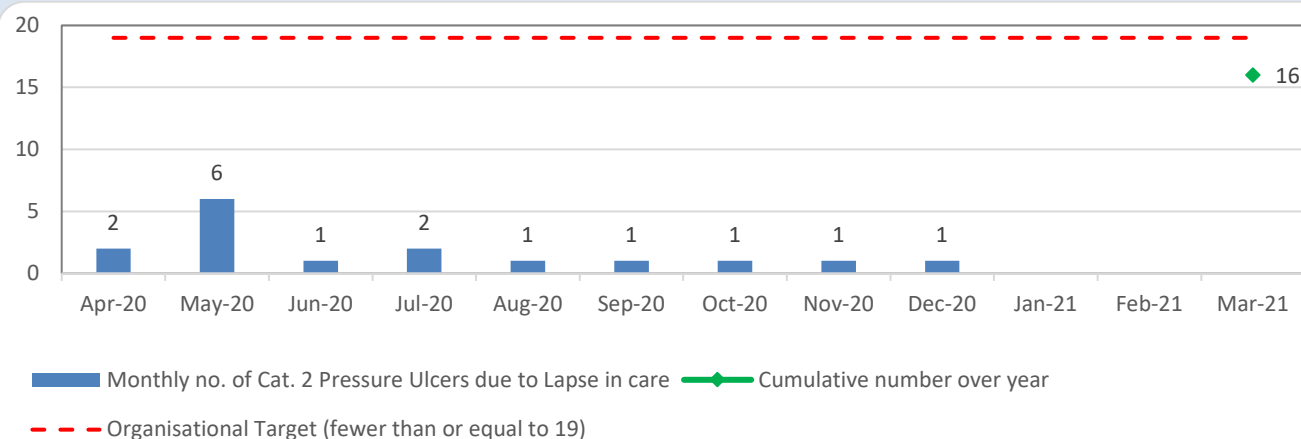
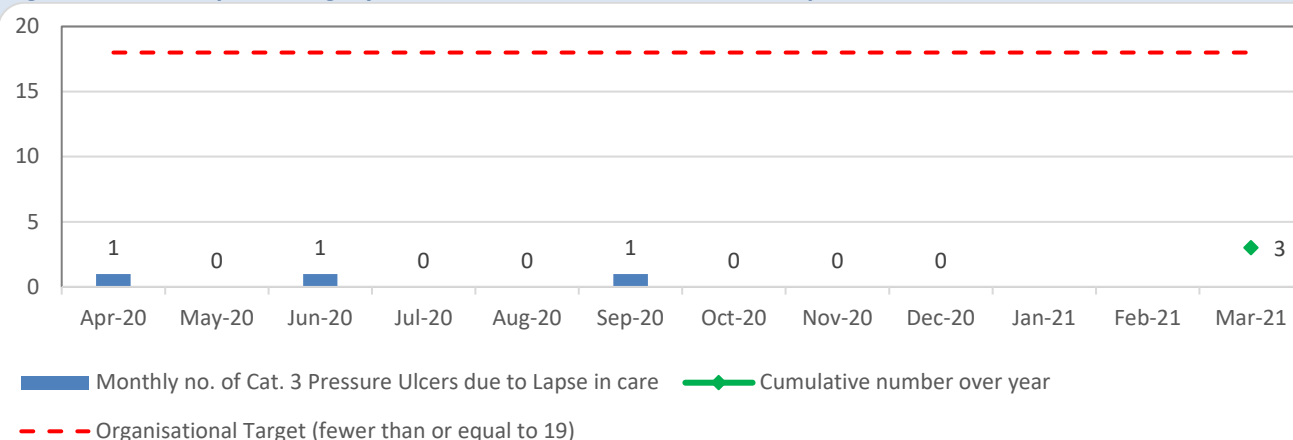


Figure 12- Developed Category 3 and 4 Pressure Ulcers due to a Lapse in Care



Sources: Trust Quarterly Pressure Ulcer Report

Reducing Self-Harm Incidents on Trust Mental Health Inpatient Wards

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

The Trust has set a priority to reduce self-harm incidents reported on mental health inpatient wards to <42 such incidents each month (excluding Learning Disability patients).

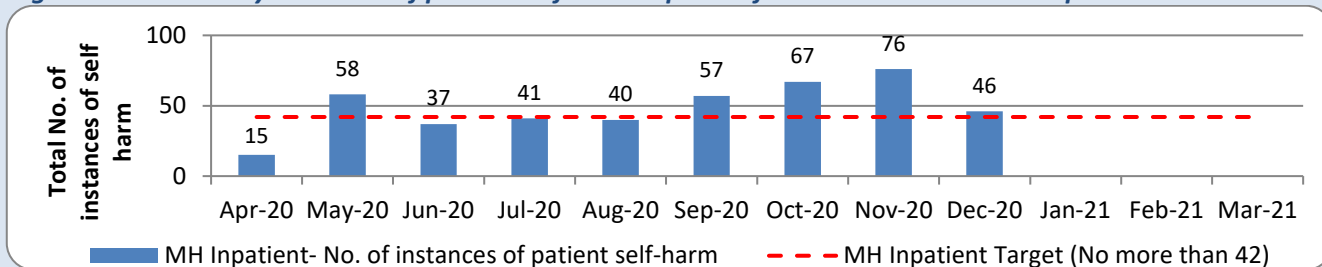
Two of the adult mental health wards are using Quality Improvement methodology to reduce self harm incidents on their wards. One of these wards has been testing the use of activity co-ordinators during the early evening, which is when the data showed a higher incidence as well as having more self-directed activities available at these times.

The numbers of self harm incidents can fluctuate significantly based on the acuity and needs of the patient group at any one time.

Figure 13 below shows monthly Trust performance during 2020/21 and shows that the target was not met in any of the months in Q3. Adult mental health inpatient wards recorded 57 incidents of self harm in November 2020, and 41 in December 2020. Many of these incidents can be attributed to a small group of patients that repeatedly self harm and is often linked to a long length of stay in hospital, which we know can cause self harm and severity of self harm to increase. The highest contributor during Quarter 3 was Bluebell Ward at Prospect Park Hospital. There is a great deal of work being undertaken on this ward to address this, including safety huddles, use of a sensory room, use of Tea-R-N (a cup of tea, 1-1 with nurse, distraction techniques) instead of using PRN medication and nurse care planning meetings. They are working to utilise less restrictive methods to address this problem which may cause an increase of incidents in the short term.

Willow House adolescent Unit are also undertaking work to address this area, including running Sundown meetings to address the finding that most incidents occur between 4pm and 9pm.

Figure 13- Monthly instances of patient self harm reported for Trust mental health inpatients



Source- Trust Tableau Dashboard

Suicide Prevention- Zero Suicide

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

A Trust Suicide Prevention Strategy Group meets bi-monthly to build on the work of the Trust in previous years. A new plan has been agreed for 2020/21 that reflects agreed priorities and is based on feedback gathered in 2019 from serious incident investigations, staff, and carers. The National Suicide Prevention

Strategy was used as the anchor to the new plan, as well as intelligence gathered from the Thames Valley Suicide Prevention Intervention Network (SPIN) Partnership.

A task and finish group met in September 2020 to review ligature audits. Work is underway to embed new documentation and a system wide policy. A conference took place in October 2020 to inform the inpatient workstream on managing non suspended ligatures, which are the highest contributor of death on inpatient wards.

A surveillance alert has triggered a concern about a perceived rise in female suicides in Berkshire. There have been 22 suspected suicides by females in Berkshire from January 2020 to the end of December 2020 recorded in the Thames Valley Real Time Surveillance (TVRTS). By comparison, there were 16 such records for the whole of 2019, 16 for 2018 and 13 for 2017. This potential increase in female deaths has led to a deep dive into those cases known to the Trust. Of the 22 women whose deaths were included in this review, 14 were under the care of or had recently been discharged from Berkshire Healthcare Foundation Trust services, and therefore met the criteria for serious incident review investigations. Analysis of these cases has found no connections between these women, and that two consistently prevalent issues appear in all cases- previous self harm and the denial of suicidal intent. A history of trauma was also prevalent.

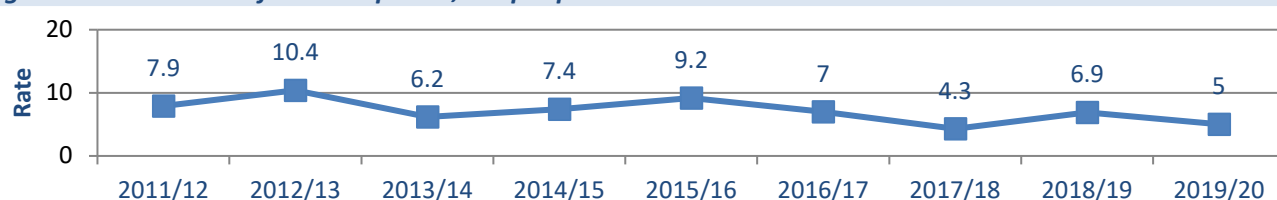
A further concern was raised nationally in relation to a suspected rise in suicide in young people. This has resulted in NHS England commissioning an analysis of available data on suicide of people aged 25 and under. As part of this, Berkshire data was analysed over a 5-year period for all young people who had died under the age of 25 with a report due to be published. The Trust has contributed to this report and has found no increase in observed suspected suicide deaths in this age group during lockdown. However, impacts of the pandemic may be seen in coming years. There was an equal gender split (this differs from the National picture which is male prevalent) and work is required

and underway to improve recording around gender identity. All of the young people who had identified as female in this group had trauma history. Sexual orientation was not well recorded in the RiO patient record and, whilst being Lesbian, Gay, Bisexual or Transgender (LGBT) is not itself a risk factor for suicide, we need to remember that for many LGBT individuals there are higher and additional risk indicators for suicide and self-harm.

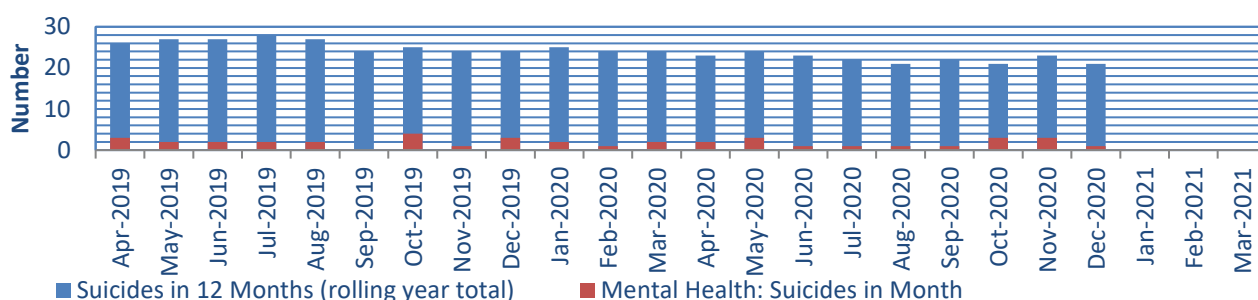
The Suicide Prevention Group has identified the following themes through the deep dives, which are no different to those that they were already concerned about and are acting on:

- Identification of women with trauma history—especially those not able to access trauma pathways in secondary care
- Unpredictability of suicide in the context of withheld intent strategies to help staff uncover this via empathetic communications training in our services
- Previous self harm as a risk factor for suicide identification
- Identification of Autism Spectrum Disorder - adapting safety plans,
- Focus on COVID-19 impacts in our training
- Focus on ensuring all teams are complying with risk documentation and safety planning
- New Serious Incident process and accreditation with Royal College of Psychiatrists
- Ligation management, national workshops now completed and data analysis underway
- Suicide surveillance

Figure 14- Number of suicides per 10,000 people under Berkshire Healthcare Trust Mental Healthcare



**Figure 15- Suicides of patients under Berkshire Healthcare Trust mental healthcare
Number per month and rolling year total per month**



Source- Trust Tableau Dashboard

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

i Wards are required to recognise and respond promptly to physical health deterioration by following the National Early Warning Score (NEWS) Trust policy. All inpatient deaths, and deaths within seven days of transfer from our wards to an acute hospital are reviewed in line with the Trust Learning from Deaths policy to ensure that there are no deaths as a result of failure to spot a deteriorating patient and act in a timely manner.

Figure 16 below shows the number of unexpected inpatient deaths and deaths within 7 days of transfer from one of our inpatient wards to an acute hospital.

The figure shows that there was one lapse in care agreed during quarter 1 of 2020/21 for a death that occurred in quarter 1 of 2019/20. Learning points identified from a review of this death include:

- Improving the quality of local Induction for agency and NHS Professionals (NHSP) staff.
- Updating staff on skills and competence to monitor and escalate the deterioration of patients in accordance with trust Policy.
- Patient handover needs to reflect the ongoing nursing care and monitoring requirements.
- Care Plans, observation charts and patient records need to be consistent in recording when there is a deviation from the normal NEWS baseline.
- Staff not to rely solely on the RiO patient record entry to communicate required actions for patients.

Figure 16- Unexpected inpatient deaths and deaths within 7 days of transfer to an acute hospital

Quarter	Q1	Q2	Q3	Q4	Annual Total
Total unexpected inpatient deaths and deaths within 7 days of transfer to an acute hospital reported during quarter	16	10	9		35
Total lapses in care agreed (will relate to deaths in previous quarters)	1	0	0		1

Source- Trust Learning from Deaths Report

Strengthening our safety culture to empower staff and patients to raise safety concerns without fear, and to facilitate learning from incidents

Strengthening our Safety Culture

Following eight months of preparation and work to improve the Trust's incident review process, the Patient Safety Team have achieved accreditation from the Royal College of Psychiatrists Serious Incident Review Accreditation Network (SIRAN). Berkshire Healthcare are one of only two trusts in the country to have achieved this.

This involved an external peer review process, that resulted in the Trust meeting all 60 standards set by SIRAN to gain this accreditation. This ensures that our serious incident reviews are carried out to a high standard. The standards cover, the organisation's process around serious incidents, the incident review process, the serious incident report, involvement of staff in the process and involvement of patients and families in the serious incident process.

In July 2019 NHS England/ Improvement published the NHS Patient Safety Strategy, safer culture, safer systems, and safer patients. The strategy recognises that in order to reduce patient harm, national and

organisational culture as well as systems need to be improved and it therefore details actions expected in regard to both culture and systems.

Within Berkshire Healthcare, whilst we have a good foundation on which to improve, having achieved a Safety Culture score of 7.2 from the 2019 staff survey, we recognise that more is required to improve further and have therefore agreed 4 priorities for further development:

- Review of HR policies and processes to reduce variation in processes and decision making
- Review of Serious Incident (SI) investigation processes to ensure that we optimise learning and focus on what rather than who within the process
- Enhanced staff understanding of impact of civility and kindness on psychological safety and ability to learn / improve safety
- Support for staff.

We continue with our just and learning culture work to improve our incident review processes. The findings from serious incidents are being utilised in innovative

ways using online forums to ensure we maximise learning during the pandemic.

The Trust just and learning culture charter has been finalised and work is progressing and monitored through the strategy group.

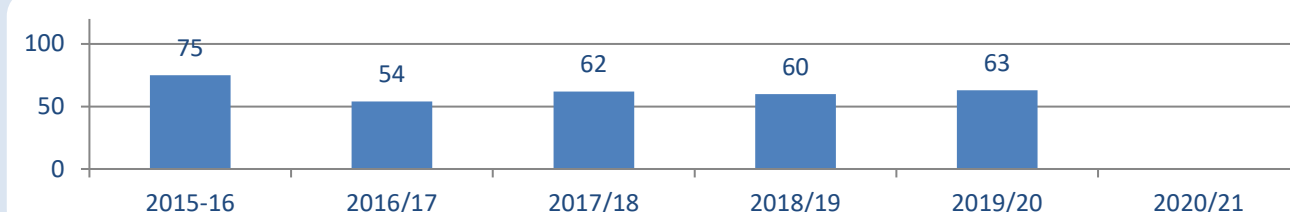
Never Events

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

Serious Incidents (SIs) Figure 17 below shows the annual number of serious incidents reported by the Trust in comparison with the previous financial years.

The Trust has reported 0 never events in 2019/20

Figure 17- Number of SIs reported by the Trust- Year on Year Comparison (excluding pressure ulcers)



Source: Trust Serious Incident Report

Summary of findings from Serious Incident (SI) reports

During Quarter 3 there were a total of 17 serious incidents originally reported; this is 5 fewer than were originally reported in the previous quarter and 4 fewer than Q3 last year.

15 of the 17 serious incidents were reported by Mental Health Services. 5 of these were reported by Community Mental Health West, 6 by Community Mental Health East, 3 by Mental Health Inpatients and 1 by Children's Young Peoples and Families Services.

The remaining 2 serious incidents were reported by Community Physical Health services.

The serious incidents reported during Q3 related to the following:

- Suspected Suicide: 8 cases reported, double the number from Q2.
- Attempted Suicide: 1 case reported
- Unexpected deaths: 1 case reported compared with 5 in Q1.
- Attempted homicide: 1 case reported which is currently categorized as "stop the clock" whilst the police investigate
- Self harm: 1 case reported
- COVID-19 related serious incidents- 2 cases reported relating to outbreaks at Prospect Park Hospital

- Falls: 1 case reported as a serious incident.
- Other: 1 case classified as "Other" relating to a detained patient
- Pressure Ulcers: 1 case of a pressure ulcer which developed under the care of Trust services where the identified lapse in care met the threshold for reporting as a serious incident.

25 inquests were heard in Q3, with 13 of these having been declared as Serious Incidents by the Trust. 1 inquest was adjourned because of COVID-19 restrictions. There were no criticisms of the Trust.

There has been significant patient safety activity across the Trust this quarter in response to learning identified from serious incident investigations. This has included:

- working with mental health front line clinicians to review the process for transferring patients between Community Mental Health Teams
- Identifying learning from falls with harm reported across inpatient units
- Updating the Care Programme Approach (CPA) documentation and process.
- Launching the Staff Support Service.

Quality Concerns

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

Acute adult mental health inpatient bed occupancy continues to be consistently above 90% at Prospect Park Hospital. This means that patients might not receive a good experience all the time. Delayed discharges have stabilised, and the new bed management system is working well. There are programmes of work in place to support reduction in occupancy and out-of-area placements, but the pressure remains on local beds.

Shortage of permanent nursing and therapy staff. Mental and physical health inpatient services and West Berkshire community services are now affected by shortages of permanent nursing and therapy staff. This

has a potential impact on the quality of patient care and experience and increases our costs. Community nursing services are experiencing significant staff shortages alongside increased demand for care. Our new workforce strategy will focus on how to retain and grow staff to meet our demand. A new workforce forecasting model has been developed to support understanding of gaps so that appropriate, cost-effective interventions can be agreed.

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

Physical healthcare for mental health patients. Evidence shows that patients with serious mental health conditions die earlier than the general population from physical health illnesses. Quality Improvement methodology is being used to support improvement in physical health monitoring in Mental health services.

Duty of Candour (DOC)

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

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

Patient Safety Team monitors incidents to ensure that formal Duty of Candour that this is undertaken.

The Trust process for formal Duty of Candour include meeting with patients and families, apologising for their experience, explaining the investigation process, inviting them to be involved in the investigation and then sharing the report and findings when the investigation is complete. We also ensure that support is offered to patients, family, and carers as appropriate. The Duty of Candour supports the Trust learning from deaths programme detailed in Section 2.3.6.

Figure 18 below details the total number of incidents requiring formal duty of candour during the year. The Trust considers that the Duty of Candour was met in all cases.

Figure 18- Incidents requiring formal Duty of Candour (DOC)

Month (2020/21)	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Incidents with formal DOC	41	37	30	47	31	28	44	32	40			

2.1.3. Clinical Effectiveness

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

Our 2020/21 Clinical Effectiveness Priorities are as follows:

1. We will demonstrate our delivery of evidence-based services by reporting on the implementation of NICE guidance related to Trust priorities identified in this Quality Account
2. We will continue to review, report, and learn from deaths in line with national guidance. Please note that this priority is detailed in section 2.3 of this report as it is also a required statement of assurance from the Board

In addition, this section also includes a statement on rota gaps for NHS Doctors in Training, and the plan for improvement to reduce such gaps.

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

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

In light of the ongoing management of COVID-19, the Trust has reviewed compliance with two NICE COVID-19 guidelines that are relevant to the Trust.

COVID-19- Managing Symptoms in the Community.

An assessment of compliance against NICE COVID-19 Rapid Guideline NG163- Managing symptoms (including at the end of life) in the community- has been completed with input from: Community Nursing, Community Inpatient Wards, Community Mental Health Teams, Older Peoples Mental Health Teams (OPMH), Mental Health Inpatients, Learning Disability Service and Westcall GP Out of Hours Service. The assessment included a review of 28 NICE recommendations that were deemed to be applicable to the Trust. These covered the areas of: Communicating with patients and minimising risk, treatment and care planning, general advice for managing COVID-19 symptoms, managing cough, managing fever, managing breathlessness, managing anxiety, delirium and agitation, managing medicines, prescribing anticipatory medicines and healthcare

workers. The assessment found that the Trust was meeting 25 (89%) of the 28 recommendations.

Areas not meeting recommendations include:

- The Public Health England Triage Tool for COVID-19, used by Trust clinicians, does not include some symptoms recommended by NICE, such as fatigue, headache, muscle aches and sore throat. To address this, teams have been made aware of these additional symptoms, so that they can consider these when managing patients.
- Not all prescribing in the Trust can be undertaken electronically. Prescriptions written by Non-Medical Prescribers (in both community physical and mental health) are on paper. There has been a move towards electronic authorisations in this area. There is also currently no access to electronic prescribing in Older People's Mental Health (OPMH) Services, although direct prescribing is limited to urgent and dementia medications. For urgent medications, teams have arranged to email prescriptions to the community pharmacy and then send the paper copy by post, although not all pharmacies agree to this approach.
- The Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) for emergency escalation is being used in Berkshire West Community Services. Frimley ICS (East) are looking to roll out this out across East Berkshire.

COVID-19- Community Based Care of Patients with Chronic Obstructive Pulmonary Disease (COPD). An assessment of compliance against NICE COVID-19 rapid guideline NG168: community-based care of patients with COPD- has been undertaken with input from the Cardiac and Respiratory Rehabilitation Service (CARRS) team in Berkshire West, the Adult Integrated Respiratory Team (AIRS) in East Berkshire, community nursing teams and community matrons. The assessment included a review of 44 NICE recommendations relating to minimising the risk of COVID-19 that were deemed to be applicable to the Trust. These covered the areas of: Communicating with patients and minimising risk, treatment and care planning, equipment, modifications to usual care and delivery of service and healthcare workers.

The assessment found that the Trust has the procedures in place to meet all 44 (100%) of the recommendations.

Recommended communication with patients with COPD is in place and face to face contact is minimised as much as possible for these patients. If patients must be seen face-to-face, then risk mitigation factors are in place, including a triage tool, social distancing at the appointment and adherence to government guidelines on management and use of Personal Protective Equipment (PPE). Education videos have also been created to send to the patients. Standard management has been continued wherever possible (e.g. continuation of recommended drug and oxygen treatments), with alterations being made in line with infection control protocols.

NHS Doctors in Training- Rota Gaps and Plans for Improvement

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

The Trust has appointed two Consultant Psychiatrists who are jointly our 'Guardians of Safe Working' and have a duty to advocate for safe working hours for junior doctors and to hold the Board to account for ensuring this. As part of this duty, the Guardians of Safe

Working report quarterly to the Board on activity relating to Junior Doctor working hours and rota gaps.

Figure 19 below details the Psychiatry rota gaps for NHS Doctors in training in the Trust during 2020/21. Gaps are mostly as a result of the ongoing COVID-19 pandemic, with some normal sickness and gaps from the rotation in August 2020. At present our system of cover continues to work as normal and gaps are covered quickly. The one gap that was not filled was a result of normal sickness that coincided with the weekend before junior doctors' changeover when many were on leave.

Figure 19- Rota Gaps for NHS Doctors in Training – Psychiatry – 1st April 2020- 31st December 2020

Rota Gaps	Number of shifts requested	Number of shifts worked	Number of shifts worked by:			Number of hours requested	Number of hours worked	Number of hours worked by:		
			Bank	Trainee	Agency			Bank	Trainee	Agency
	229	228	88	140	0	2129.5	2117	658	1459	0

Source- Trust Medical Staffing Team

2.1.4. Supporting our Staff

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

Our 2020/21 Supporting our Staff Priorities are as follows:

1. We will sustain and improve staff engagement across all of our services
2. We will make sure all staff have the appropriate skills, training, and support for their roles
3. We will support staff to embed working remotely and to operate safely and effectively
4. We will protect and sustain the health and wellbeing of our staff, reducing sickness absence
5. We will increase numbers of staff feeling they can influence how we work and make decisions
6. We will increase numbers of staff recommending the care and treatment of our services
7. We will improve staff recruitment, retention, and satisfaction
8. We will have a zero tolerance to bullying and harassment
9. We will reduce violence and aggression towards our staff

Details on Freedom to Speak Up and findings from the National Staff Survey are also included in this section.

Sustaining and improving staff engagement

i Staff engagement is a key element needed to help the Trust meet its priorities and service demands. A high level of staff engagement will not only help the Trust meet its challenges, but will also improve staff morale, especially during periods of difficulty and change.

One of the Trust's priorities for 2020/21 is to improve staff engagement across the Trust.

The Trust measures its progress in relation to staff engagement with reference to its staff engagement score in the National NHS Staff Survey. The Trust score for staff engagement in 2019/20 was 7.4/10 and the 2020/21 results will be released nationally in Quarter 4

Ensuring staff have the appropriate skills, training and support for their roles

i It is important that all staff have the appropriate skills required for their role. Training and support play a vital role in ensuring these skills are maintained to ensure patient and staff satisfaction, safety, and effectiveness.

The Trust ensures that all of its staff have the appropriate skills, training, and support for their roles through its recruitment and training programmes and

has just launched a new online learning platform to support this.

Our appraisal process, which takes place in April and May each year for all staff, is one of the tools used to identify training needs for everyone. Additionally, clinical supervision sessions and probationary reviews for new starters also can identify developmental needs.

The COVID-19 pandemic has required the Trust to respond quickly to minimise the impact on patients and

staff. This has resulted in the redeployment of many staff to meet the emerging needs of the situation. As a result, the Trust has ensured that all redeployed staff had the skills and support required to manage their new roles. In Q3 we have had a programme of redeployment of a small number of our corporate services staff, who have worked alongside teams in our critical clinical areas in a variety of roles. Feedback from both those redeployed and managers in our clinical areas has been very positive, and the redeployment programme has freed up time for clinical staff to care for patients.

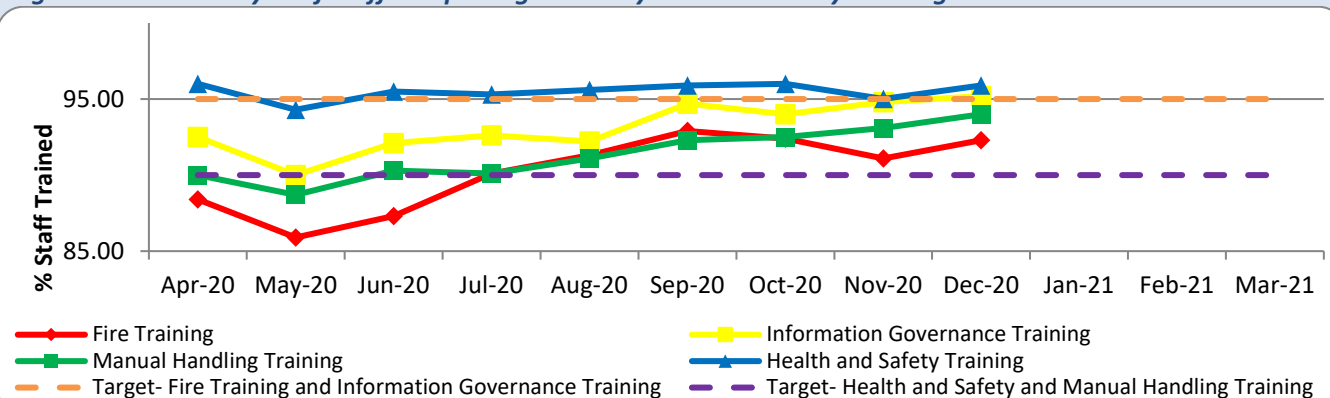
All redeployed staff, particularly in clinical areas, were offered training necessary for them to be able to

undertake their interim roles effectively and confidently. Some of this training was in situ in the new ward/dept, and other training was undertaken virtually.

Statutory and Mandatory Training

Figure 20 below details the percentage of Trust staff that have completed statutory and mandatory training within the appropriate timeframes (Fire, Health and Safety, Manual Handling, and Information Governance Training). The Trust have extended the compliance period for statutory and mandatory training by six months due to the second COVID surge.

Figure 20- Monthly % of staff completing statutory and mandatory training



Source- Trust Tableau Dashboard

Supporting staff to embed working remotely and to operate safely and effectively

i The COVID-19 pandemic has required staff to work in different ways to maintain safety whilst minimising the spread of the virus. A large proportion of staff have been working from home as a result, and it is important to the Trust that these staff are able to operate safely and effectively.

During the last year we have launched a remote working survey to gauge the needs of staff that were required to work from home. To date, over 1700 people have responded to the survey which found the following:

- 96% of respondents said they can access all the systems they needed to work from home
- 81% of respondents said that working from home is 'great' or 'good' and can see how it could continue to work in the future

- 76% of clinician respondents are 'satisfied' or 'very satisfied' with using online consultations to see patients

It was also evident from the comments made in the survey, that there were things that the Trust could do to make working from home easier, such as providing equipment like a keyboard or a mouse. As a result, all staff were asked to complete an individual self-assessment form and have a conversation with their line manager about solutions that can be provided in the short-term to make life as comfortable as possible for the next six months or so. Many people have used this facility and have either taken equipment from the office or have purchased smaller equipment.

In Q3 we have agreed a home working policy which sets out the way we will implement remote working for a large number of staff, post COVID-19. Engagement with a wide number of staff has assisted with this work, and the policy will be implemented and embedded during Q4 and early into 2021/22.

Protecting and sustaining the health and wellbeing of our staff, reducing sickness absence

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

The staff wellbeing offer has been enhanced as a result of work to manage the impact of COVID-19. The recent emphasis has been mainly on providing mental health support for healthcare staff to minimise burn out, trauma reactions, moral injury, and disillusionment and cynicism in the workforce. This support was maintained through the first recovery phase in Q2 and enhanced again to respond to the surge in Q3. The service initially aimed to provide preventative interventions with the opportunity to signpost where needed. This includes self-help apps and materials, bite-sized training for managers and clinicians, a wellbeing listening line, and facilitated Support Hubs for Teams and vulnerable groups to build connection and resilience, all delivered by Trust colleagues. Trust funding covers the leadership, oversight and administration of the service – the leads started in October 2020 and are now focused on supporting staff to sign up to help deliver the service (including a post-incident support service that was the initial objective for the funding).

Q3 has seen the Staff Support Service fully functional and staffed, whilst also providing additional support for teams and individuals during the second wave. Work with Integrated Care System (ICS) and regional partners has produced bids for national funding to enhance the staff health and wellbeing offers across the systems in Q4. National funding was confirmed to consolidate the offer and develop mental health outreach and assessment for staff in Q4.

Other work has focused on delivering actions from the People Plan that was published in July 2020. This

includes recruiting a wellbeing guardian, enhancing our Health & Wellbeing induction for new starters, and introducing annual health and wellbeing conversations for all staff. As part of our new People Strategy we have agreed on the following Key Performance Indicator: Increase the percentage of people reporting that the organisation takes positive action on health and wellbeing in the Staff Survey from 33% in 2019 to at least 55% by 2022 and to be the best in class for the health and wellbeing theme in the Staff Survey within the next 3 years.

Reducing staff sickness

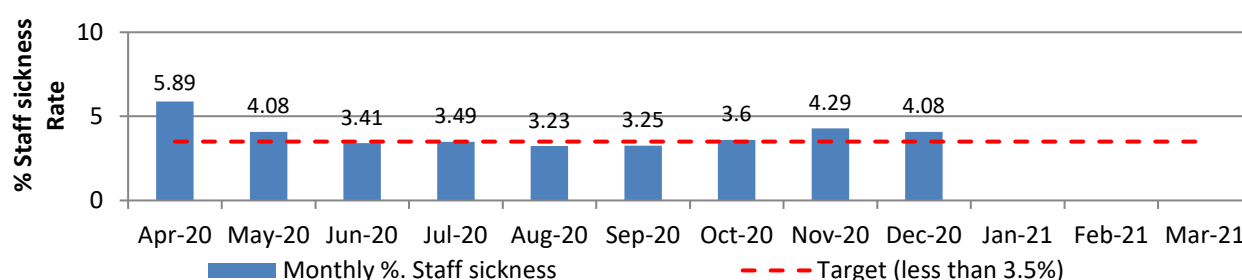
Quarter 1 saw an increase in our levels of sickness absence, due to COVID-19 related illness. This reduced to below the target threshold in each month of Q2 and has increased slightly in Q3. During the latter part of March and during April, the levels of COVID-19 related absence were at their highest. This was partly because the testing systems were not fully functional at this stage and therefore anyone who was symptomatic was absent for at least 7 days (depending on their symptoms) and if someone in their household was symptomatic, they needed to self-isolate for 14 days. Our COVID-19 absence peaked over the 2020 Easter period, when almost 10% of our workforce was absent and 57% of our total absence was COVID-19 related.

From June to September 2020 the rate was below the trust target. As we have moved back into business as normal, we have focused on long term sickness cases and staff with high frequent absence across the Trust, this has led to a decrease in all Divisions. There is further evidence that Divisions with a high proportion of staff working from home have significantly less absence than inpatient areas.

Staff sickness has increased again in Quarter 3, and this links with the COVID-19 second wave.

Figure 21 below details the current monthly % of staff sickness absence.

Figure 21- Monthly % Overall Staff Sickness Rate



Source- Trust Tableau Dashboard

Staff feeling they can influence how we work and make decisions

❶ One of the Trust targets is that at least 70% of staff responding to the National NHS staff survey answer 'yes' to Question 4d, 'I am able to make improvements happen in my area of work'.

In 2019/20, 65.7% of respondents answered 'yes' to this question. The findings for 2020/21 will be released in Q4.

Staff recommending the Trust as a place to receive treatment

❶ One of the Trust targets for 2020/21 is to increase the number of staff recommending the care and treatment of our services.

In the 2019/20 staff survey, 74.5% of Trust respondents answered 'yes' to Question 18d of the survey, 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation'. The 2020/21 results will be released nationally in Quarter 4

Improving staff recruitment, retention, and satisfaction

❶ Ensuring the Trust recruits the appropriate number and mix of clinical professionals is vital to the delivery of quality care and in keeping patients safe from avoidable harm. It is also important that both new and existing staff are supported and encouraged to remain with the Trust.

Staff Vacancies

Data collection for the staff vacancy metric was suspended between Q1 and Q3 of 2020/21 due to the COVID-19 pandemic. The Trust will be moving to a zero-based budgeting approach in 2021/22 that provide a more accurate reflection of staff vacancies.

Staff Turnover

Focused work has begun, as part of an A3 improvement project, on the service areas with the highest turnover rates. In addition, in order to reduce the turnover of people who leave us with less than two years of service, we are working with line managers to improve

the onboarding of our new starters, and using the check-ins and reviews as part of the probationary policy as the focus of this. This work forms the core of our new People Strategy.

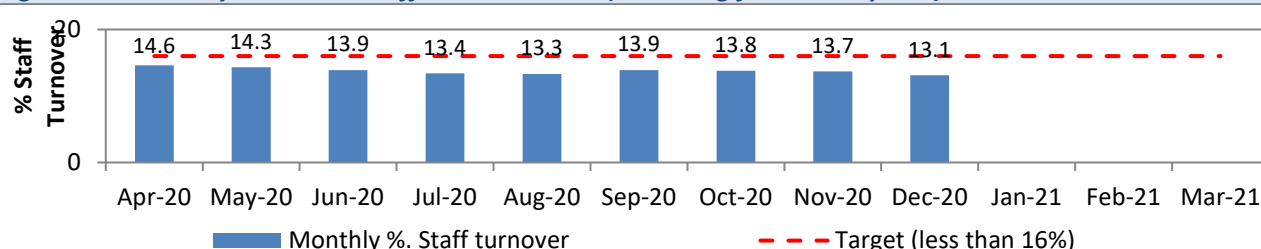
Figure 22 below details the monthly staff turnover rate and shows that this target has been achieved in Quarters 1 to 3.

Staff Satisfaction- Pulse Survey results

The results from the recent staff Pulse survey results were overwhelmingly positive with an increase of between 4% and 21% on every question (average 10% increase). Initial analysis indicates day-to-day issues and frustrations (question 4) and leadership and management (questions 3, 7 and 11) being key areas where further gains can be made, particularly learning from the COVID-19 period. The results of the survey will be discussed as part of the Engagement Group and recommended actions will come to the Strategic People Group subsequently.

This section will also be updated and following publication of National Staff Survey results in Q4.

Figure 22- Monthly % Overall Staff Turnover Rate (excluding fixed term posts)



Source- Trust Tableau Dashboard

Zero Tolerance of Bullying and Harassment

① The Trust is committed to promoting and sustaining a working environment in which all members of staff feel valued and respected. Any kind of bullying, discrimination, harassment, or acts of indignity at work are deemed as unacceptable and will be fully investigated in accordance with the Trust's Performance Management and Disciplinary Policy.

The Trust has a zero-tolerance policy for aggression, bullying and exclusion. Members of staff have the right to be treated with dignity and respect and any member of staff that raises a concern because they are subjected to behaviour or treatment that does not promote dignity and respect will be fully supported. We will promote an inclusive and compassionate culture with zero tolerance of bullying and harassment and will achieve an increase in informal reporting and

resolution of difficulties at the earliest opportunity. The number of formal disciplinary and grievance processes will be reduced, with no difference between the experience of BAME and white staff. We will increase the number of allies of people with protected characteristics, provide training and foster a 'just culture' where everyone is supported.

As well as encouraging people to speak up, we will also build our ability to 'listen up'. Further information on 'Freedom to Speak Up' is detailed later in this report.

We have set up some specific working groups to look at bullying, harassment and micro-aggressions experienced by BAME staff and to look at specific incidents of bullying and harassment on our inpatient units.

In the 2019/20 National NHS Staff Survey, the Trust achieved a score of 8.3/10 in the theme "Safe Environment- Bullying and Harassment". The 2020/21 staff survey result will be released in Q4.

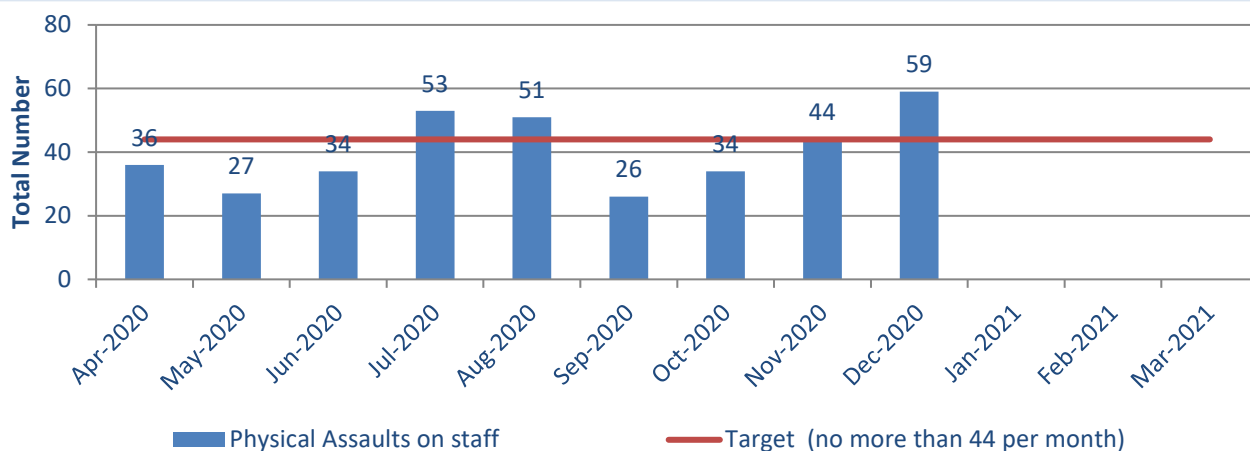
Reducing mental health patient assaults on our staff

The Trust has set a target of reducing mental health patient assaults on staff to below 44 per month.

Figure 23 below details the number of mental health patient-to-staff assaults. There has been an increase in staff assaults over the last 3 months, possibly linked to the high level of acuity of patients. Four adult mental health wards are working on this as a driver for their

Quality Improvement work and are testing out countermeasures such as, safety huddles, Safe wards, developing a culture of yes first, post incident reviews and debriefs for patients. Campion ward is the highest contributor to this metric with Sorrel ward second. On Sorrel ward over half of the assaults happen during a restrictive practice and we have a programme of work to reduce such practice.

Figure 23- Monthly number of patient to staff assaults



Source- Trust Tableau Dashboard

Freedom to Speak Up

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

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

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

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

How can staff speak up?

Staff are encouraged to raise concerns in several ways:

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

2. If the member of staff does not feel they can raise the issue with their line manager, or they feel the line manager has not addressed their concerns, then it can be raised with any of the following; their Locality Divisional, Clinical or Corporate Services Director, The Trust Freedom to Speak up Guardian, The Trust Executive Director with Responsibility for Whistleblowing (Currently the Director of Nursing and Therapies); through a dedicated confidential external telephone line or e-mail service, or through the local Counter Fraud Specialist.
3. If the above channels have been followed, and the member of staff still has concerns, then the Trust Chief Executive or nominated Non-Executive Director can be contacted via e-mail or by letter about the concern.
4. Alternatively, concerns can be raised formally with external bodies such as National Guardian's Office, relevant Registration bodies or Trade Unions, Health & Safety Executive, NHS Improvement, the Care Quality Commission and NHS England

How is feedback given to staff raising a concern?

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

The role of the Freedom to Speak Up Guardian

The Trust Freedom to Speak Up Guardian helps to protect patient safety and the quality of care, improve the experience of workers, and promote learning and improvement. This is achieved by ensuring that: workers are supported in speaking up, barriers to speaking up are addressed, a positive culture of speaking up is fostered and issues raised are used as opportunities for learning and improvement. This role is now fully embedded in the Trust and awareness of this facility is very well publicised Trust-wide. Between 1st April 2020 and 31st December 2020, 38 cases were brought to the Trust's Freedom to Speak up Guardian.

National NHS Staff Survey 2020

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

National staff survey results will be released in Q4 and will include the findings for the Workforce Race Equality Standard.

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

The WRES is a requirement for all NHS Trusts and part of the NHS standard contract. WRES results are an important driver of our equality and inclusion activity in relation to our Black, Asian, and Minority Ethnic (BAME) staff. It is a mirror that allows NHS Trusts to visualise workplace inequalities between BAME and White staff through nine key indicators and then devise countermeasures for ameliorating the gaps. Four of the nine WRES indicators focus on workforce composition and people management, four are based on data from the National NHS Staff Survey questions, and one indicator focuses on BAME representation at Board level.

The WDES became a requirement as of 1st April 2019 to enable NHS organisations to capture and compare the experiences of disabled staff with those of non-disabled staff. The WDES is part of the NHS standard contract and facilitates a better understanding of the experiences of disabled staff, thus supporting positive change and the creation of a more inclusive working environment for disabled people. It has a similar ethos to the WRES and is underpinned by 10 metrics that cover the workforce profile, recruitment and capability processes, experiences of disabled staff, board make up, and the opportunity that disabled staff have to voice and air their concerns and to be heard.

The Trust has made progress on the WRES and WDES and wants to be an outstanding place to work for

everyone. Consequently, a new three-year Equality, Diversity and Inclusion Strategy has been launched with a commitment to ensuring that all staff feel welcome, included, and have a sense of belonging.

From a WRES perspective, the three-year plan aims to:

- Reduce the percentage of BAME staff experiencing harassment, bullying or abuse from patients.
- Reduce the percentage of BAME staff experiencing harassment, bullying or abuse from colleagues
- Eliminate the gap in experience between our BAME and white staff.
- Achieve consistency in the data for the above WRES indicators for at least three years.

From a WDES perspective, the three-year plan aims to:

- Reduce the number of disabled staff who experience harassment bullying or abuse from patients
- Reduce the number of disabled staff harassed, bullied, or abused by colleagues
- Eliminate the differential between disabled and non-disabled staff
- Reduce the number of disabled staff experiencing harassment, bullying or abuse from managers
- Eliminate the differential between disabled and non-disabled staff and achieve consistency for at least three years.

To achieve the WRES and WDES inspired ambitions above:

- There will be a review of leadership training and development to ensure that managers and leaders are equipped to support teams with inclusive behaviours.
- A new module on Allyship will be introduced in 2021 as part of an inclusive “Ready for Change” programme that replaces the BAME focused “Making it Right” programme.
- A new “BAME Transformational Programme” has been introduced.
- The role of the Freedom to Speak Up Guardian has been promoted significantly.
- There has been a review of support that is given to staff post-incident resulting in the creation of a new post of Safety Manager.

2.1.5. Other Service Improvement Highlights in 2020/21

i In addition to improvements resulting from the priorities detailed above, services have undertaken additional initiatives to improve the quality, safety and experience of care provided to patients. Details of some of these improvements are detailed below in section 2.1.6 to 2.1.11 relating to areas of improvement.

2.1.6. Improvements in Community Physical Health Services for Adults

The East Berkshire Musculoskeletal Physiotherapy Service have made several changes this year as a result of the COVID-19 pandemic, with many service staff redeployed during the first wave to support the wards and other community services. Appointments, classes, and management of student placements have shifted from face-to-face to virtual. Supervision is mainly being held virtually and in-service training has become more accessible through recorded sessions. Ten whole-time-equivalent, newly qualified physiotherapists have also been inducted into the workforce whilst abiding to the COVID restrictions.

The Hearing and Balance Service have undergone significant sustained structural and contractual changes over the last few years following the exit from their Any Qualified Provider (AQP) Contract. The team successfully responded to the COVID-19 pandemic, with services being paused and 80% of the team redeployed across the county to support staff swabbing. The lockdown also provided the service with an opportunity make several improvements, including implementing streamlined referral triaging processes and improving self-management resources. Remote consultation, telemedicine support and monitoring for hearing aid patients were also implemented.

The Diabetes service has adapted its service delivery during the pandemic, with Consultant and Diabetes Specialist Nursing Services delivering virtual outpatient appointments. Carbohydrate (CHO) and Insulin Calculation Education (CHOICE) for people with Type 1 Diabetes has been adapted to be provided virtually with excellent feedback from participants. Structured group patient education for people with Type 2 diabetes has also moved to a virtual offering. The service is still undertaking one-to-one consultations for people who do not have the means to access education virtually. The Service achieved accreditation for their diabetes education provision from the Quality Institute for Self Education and Training (QISMET) in January 2021. In December 2020, one of the services educators was awarded the X-PERT Educator of the Year award.

Insulin pump renewals and Flash Glucose monitoring education and training have continued virtually throughout the year. A more efficient Nurse Led Triage clinic was commenced in December 2020 resulting in a reduction in the time that Consultants require to review new referrals. An Integrated Diabetes Specialist Nursing Service commenced in East Berkshire to support upskilling of Primary Care staff, reduce variation, and achieve improved patient outcomes. Finally, the service has moved from a diabetes specific clinical record database to RiO.

The Community Dietitians have produced a number of 10-15-minute-long nutrition training videos to support care home staff during COVID-19 and beyond. These videos focus on identifying and treating malnutrition which can impact morbidity and mortality. The Dietitians have also worked with the clinical transformation team to implement the Malnutrition Universal Screening Tool (MUST) on the RiO patient record, and this has been commended by the British Association for Parenteral and Enteral Nutrition (BAPEN) as part of their COVID-19 Service Improvement and Innovation Awards.

The Sexual Health Service at the Garden Clinic have introduced a number of measures to improve the safety and welfare of its vulnerable patients. Custom designed Proformas have been introduced onto the Electronic Patient Record (EPR) and flow charts have been developed to help manage patients. In addition, 'Ghost profiles' have been created on the EPR to flag vulnerable patients, thus allowing them to be triaged effectively by an appropriate member of the team. Bespoke training sessions and monthly safeguarding meetings are also in place. A Virtual Safeguarding Learning Session was delivered in June 2020 to share learning with neighbouring sexual health services, local authority commissioners and Public Health England (PHE). Commissioners have submitted this work to PHE as a best practice example, and the write-up is available in the PHE National Library. Another Quality Improvement (QMIS) project is looking at capacity and

demand in the HIV service. This includes improving the consultation documentation, training on the Electronic Patient Record (EPR) and restructuring the layout of clinics to improve efficiency.

East Berkshire Specialist Wheelchair Service has successfully managed their waiting list by introducing virtual assessments and additional welfare calls to shielding patients. The service has adapted their building and ways of working to meet the new COVID guidelines and reopened to patients as soon as it was possible to do so after redeployments. The service has also reached the finals of HSJ Patient Safety Awards for their work on “Achieving Gold Standard in Patient Safety through QI and ISO13485”

Berkshire Community Dental Service and Specialist in Special Care Dentistry have set up an Urgent Dental Care Hub for patients that are shielding, high risk and vulnerable during COVID pandemic. They have also gained assistance from an Oral Surgeon to reduce the need for people to access Oral Surgery in hospitals. Emergency dental care has continued to be provided for the general public who cannot access a dentist. Dentists and dental nurses from the team were also redeployed to help swabbing and work on the wards.

The Cardiac and Respiratory Specialist Services (CARRS) in Berkshire West have utilised telephone and video calls to continue managing patients. Although both Pulmonary and Cardiac rehabilitation was cancelled in March 2020 due to COVID-19, both have since been recommenced safely by offering patients a face to face assessment, discharge assessment and an online programme of exercise via the British Lung Foundation website/ British Heart Foundation. Follow-up telephone calls are made during the programme to help patients further. In the future, this programme will allow for the provision of a remote arm of the programme alongside the usual day classes. Online pre-recorded education videos have also been developed to assist in patient education (which could save a home visit) and for training purposes for new staff or other services in the Trust. The Respiratory Service have also developed a paper-free RiO assessment form for the Home Oxygen Service and have also moved to a more user-friendly software database for all the patients requiring an oxygen prescription.

The West Berkshire Adult Speech and Language Therapy Service (ASLT) have transformed their service delivery to offering remote/telephone/video

appointment as a result of the pandemic. Home visits using PPE and COVID safe clinic environments have also continued for urgent care to avoid hospital admission. Clear screens were installed in clinics to enable staff to offer therapy without wearing a mask. This is essential for patients that need visual clues and to be able to see the clinicians face. Remote consultation has also allowed the team to run groups and offer therapy successfully to patients requiring Lee Silverman Voice Treatment and those with Parkinson's Disease. Remote training has also been provided to ward staff and redeployed staff to ensure they are aware of patients with feeding /swallowing problems and dysphagia diet descriptors.

Berkshire West Community Nursing have continued providing a full range of services during the pandemic, including a two-hour response to those in need. Face-to-face contact with colleagues has reduced and the team have adapted to new ways of communicating by further embracing new technology and supporting one another in different ways. The Intravenous (IV) HiTech service has been redesigned to improve patient access to care and enhance practice development opportunities for community nursing teams. Peripheral Inserted Central Catheter (PICC) clinics were established at three sites in the Berkshire West area and patient support embedded into the existing community nursing service. The transition from clinic-based care to care in the home, when needed for the patients, is now seamless because the service is still being delivered by the community nursing team.

The Reading Community Nursing service have also used Quality Improvement (QI) methodology to review their process for triaging patient referrals into the service. As a result, three clinical nurse advisors have been put in place to support reviewing referrals and completing urgent visits. This allows patients to be seen quicker. A referral processor has also been employed to help manage the high proportion of blood tests.

East Berkshire Community Nursing are working with East Berkshire Clinical Commissioning Group (CCG) to implement a Care Home Support Team pilot. This team will enhance the care of residents of care homes and prevent inappropriate non-elective admissions to hospital. The team will consist of senior nurses that will support care homes by providing clinical advice, training, and education to care staff, thus upskilling, and empowering them to deliver an even greater

standard of care for their residents. The team is also involved in the care homes multidisciplinary teams' meetings (MDTs) to implement clinical decisions that lead to a better outcome for the resident.

The East Berkshire Lower Limb clinics have relocated to a purpose-built clinic area at St Marks's Hospital. This has resulted in more clinic sessions being offered, with more space for equipment and supplies. Furthermore, as the adaptations took place during the pandemic, the building fulfilled COVID-19 guidelines from the outset.

The East Berkshire Assessment and Rehabilitation Centre (ARC) has undergone substantial improvement in recent times. The service has flexed to better support elderly frail patients since the onset of the pandemic and they now assess their patients by conducting home visits. The geriatricians in the ARC are then able to follow up with a virtual consultation, having a clear picture of the patient's medical history and recent diagnosis, along with the diagnostics. Community Matrons have been brought into the ARC to support admission avoidance. They engage with the geriatricians and follow up patients that need further interventions. The ARC service also carries out welfare checks for all patients discharged from the community hospital wards to try to prevent unnecessary readmission. Board rounds also take place on both East inpatient wards and, during the COVID pandemic, representatives from the medical team, therapy team and social workers join a twice-daily virtual ward round that allows all teams to have an early overview of the patients discharge pathway, ready for when the patient is medically optimised for discharge.

The In-Reach team have extended their hours during the COVID-19 pandemic and are working 7 days a week liaising with the acute hospitals to manage the safe discharge of patients into either the community inpatient beds or support discharges back into the community. The team also facilitate admission avoidance referrals. Recently the team have based themselves on the inpatient wards.

Community Health Inpatient Services

Berkshire West Community Health Inpatient Services are implementing FLOW, a Bed Management Dashboard containing real-time bed occupancy data about patients on community wards. The technology alerts staff to breaches of individual discharge dates, exceeded length of stay and delayed discharges. A Bed Request Portal will also allow the service to maintain the waiting list for community inpatient beds and prioritise them for admission.

Falls technology is also being implemented in Berkshire West to provide early warning of a possible patient movement from a bed or chair which could lead to a fall or injury.

Point of Care Testing (POCT) allows diagnostic tests to be administered outside of a central laboratory at or near the location of the patient. Rapid access to pathology test results is critical to high quality and efficient modern healthcare. POCT will allow the service to reduce emergency bed days and patient safety risks associated with transporting and processing delays.

The NHS Professionals (NHSP) Pool of Staff has been developed to create a specific group of staff who are willing to work across all community inpatient units at short notice. This helps to ensure that all wards are monitored and supported.

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

The WestCall GP Out-Of-Hours Service are using Electronic Prescribing (EPS) to reduce the number of unnecessary face to face interactions between clinicians and patients. This also allows clinicians to send controlled drugs prescriptions directly to dispensing chemists without need for a wet signature. Wastage of paper is also reduced, as well as the need to safely provide, store and distribute paper prescriptions (FP10s) securely to printers. Remote consultation using trust issued laptops and good IT

systems has also created flexibility in allowing clinicians to log in from home at times of increased service demand for triaging patients. This enables safe clinical triage and diagnosis of conditions as patients can be visually seen. It has also improved the resilience of the service in coping with periods of increased activity.

The HealthHub/ WestCall Operations Team have ceased all referrals being sent via Fax, with referrals now received by email and urgent referrals only by

phone. A COVID management administration role has also been created to help manage COVID swabbing. The process for referrals for West Berkshire District Nurses has been streamlined and the team are also engaged in a pathways project to enable a swift interaction with the Royal Berkshire Hospital to support patients' discharge.

The Urgent Treatment Centre have enhanced x-ray opening hours to align with the Centre's opening hours. Screens have been installed at reception with

screening questions introduced for all patients when booking in (either via phone or in person). A 'Hot room' has been introduced. The service has also implemented a booked appointments system for patients presenting with minor injury and minor illness. This allows for better social distancing and reduced waiting times in the waiting room. A pager system has also been introduced to allow patients to wait in their own vehicles. Mobile X-ray facilities are also available for COVID positive patients so that they do not need to attend Accident and Emergency

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

The Children, Young People and Families (CYPF) division have worked with the Trust Human Resources team to develop a new approach to recruitment advertising. Quality Improvement (QMIS) training has been given to 50% of services and in November 2021 the division held a live online training event to showcase good practice and support teams that have not had such training. Huge changes were made to the way that services have been delivered due to the to the pandemic. With schools and children's centres being shut, services moved quickly and seamlessly to telephone and then online delivery of appointments to minimise the impact of COVID-19. They have continued to use all available clinical capacity throughout the pandemic. Teams have also continued to offer direct face to face contact using PPE, for children/young people and/or families with significant and specific needs. Staff have also been working more flexible hours meaning that families can have more choice in their appointments. 80 CYPF staff were redeployed during the first wave of the pandemic to support colleagues in adult services.

All CYPF services have been involved in the provision of services to children with Special Education Needs and Disability (SEND), and a quality assurance checking process for this is being established across teams. Services continue to contribute to partnership quality audits with a new audit cycle currently being developed. Bracknell Forest services have implemented a standardised Education Health and Care Plan (EHCP) audit tool. A centralised e-mail in-box and new EHCP coordinator administration role has been also been established to facilitate the receipt of requests for our teams to contribute to an EHCP assessment.

The School-aged Immunisation Service achieved their target of 90% of school leaver's boosters before lockdown was announced in March 2020. Following government guidance, the school-aged immunisation service face-to-face delivery was suspended, and a large number of the team were redeployed to other areas including inpatient units, COVID testing and supporting the respiratory team. Those staff that remained in the service received a large number of calls from parents, and a new 0300 number was set up to separate out booking and general queries from advice and support requests. The immunisation service resumed in June 2020, and the team were quick to re-engage with the schools and initiate their catch-up programmes. The autumn term has seen the team deliver a Flu programme like never before, with a 10% rise in target to 75% of the school-aged population to be immunised and an additional year group of Year 7 added to the cohort already including years Reception to 6. This resulted in a cohort size of approximately 99,000 children across Berkshire and meant that every secondary school in Berkshire would also have to be visited as well as every primary school. School restrictions and significant pupil absence have necessitated a creative and flexible response from the team which they have delivered every day. This has included drive-thru Flu clinics in East and West Berkshire and Saturday clinics in Slough, to target their lowest area of up-take.

The Health Inequalities Immunisation Nurse was successful in gaining a £50,000 award from NHS charities/Captain Sir Tom Moore, to set up a health bus which will enable immunisations in the first instance. Other Berkshire Healthcare clinical services will also be able to use this mobile clinical space in the future.

The School Nursing Service has had a challenging year as their ability to work with and within schools has been significantly disrupted due to the pandemic. The National Child Measurement Programme was discontinued following government COVID guidance and, due to school closures, some health promotion activities were no longer possible. Face-to-face consultations were quickly replaced firstly by telephone and then virtual consultations. Safeguarding meetings and staff training were also attended virtually, and a School Nursing advice and support line was set up to support families across all four localities. Social media blogs were written in conjunction with Health Visiting to provide additional health advice around common issues such as bedwetting and sleep. The school nursing teams also made a film to let the children/young people know that they understood the issues they were facing. Finally, the Bracknell Forest School Nursing team are evaluating a Quality Improvement initiative relating to non-attendance at their enuresis clinic.

The Health Visiting (HV) Service have responded to the pandemic by reviewing their service provision. This has included the development of an online virtual antenatal presentation which allows parents to view the session at a convenient time. A daily (Monday to Friday) Safeguarding Duty Health Visitor has also been introduced in West Berkshire and Reading to provide social care teams with priority access to, and response from the service. This role also facilitates better allocation of safeguarding cases amongst the team. Management of Domestic abuse incident forms have been recently been trialled in Reading and this has reduced the workload pressure on both the Health Visiting and School Nursing teams. Contact is being made with parents at 4-weeks and 12-14 weeks in response to the number of non-accidental injuries (NAIs), domestic violence incidents and the negative impact of lockdown and other restrictions. Parents have reported that they found these additional contacts very supportive, particularly at that time when the service were offering very limited face to face contact. This initiative has been submitted as a case study to the Institute of Health Visiting (IHV) and has been chosen for national publication. Many HV contacts with parents were offered virtually by video link during the first lockdown and this made asking parents about domestic abuse incidents challenging. It was often difficult for practitioners to know if anyone else was present in the room, but out of site of the camera and/or the conversation were being

overheard. As a result, a Reading HV and Safeguarding Lead designed an “Over the Shoulder” poster containing the details of the Domestic Helpline. This poster provided an unobtrusive backdrop during online contacts to offer sign-posting information to parents. The Bracknell Forest HV team have used Quality Improvement methods to help meet their New Birth Visits target. In addition, meetings have been established with social care to highlight issues, with particular emphasis on the under 1 age group given the increased safeguarding concerns highlighted by the pandemic.

The Children and Young People’s Integrated Therapy Team (CYPIT) across Berkshire West has faced many challenges and realised many opportunities during the pandemic. With face to face visits suspended briefly, except for those requiring essential therapy intervention, the team worked quickly to identify the risks to the complex children and families they work with and put safe and effective measures in place to meet children’s therapy needs. Virtual assessments and appointments were rolled out, and many children were motivated by the ‘virtual’ therapists. It was also a great opportunity to put therapy strategies directly into the hands of parents and families, with support and guidance from the team as required. Personal Protective Equipment allowed teams to shift the balance between virtual and face-to-face appointments to best meet the needs of individual children and families. The Autumn term created an additional challenge with many children having grown or changed over lockdown and the summer. The team continued working tirelessly in response to this, to reassess needs, train school/ nursery staff and continue to empower all those working with the children to set up robust therapy plans that will continue to guide families, nurseries and schools through future lockdowns. The team also managed large numbers of EHCP (Education, Health and Care Plan) requests, with a high success rate in meeting the statutory deadlines in the face of an 800% increase in demand in some areas over the past 4 years. CYPIT teams have also worked together to improve the quality and efficiency of services throughout the year. The Early Years Team have improved the process by which preschool children are referred to Speech and Language Therapy and have sent helpful leaflets to all early years settings in Berkshire West. The Speech and Language Therapy service had to cease their early years drop-in sessions and are now using digital platforms to inform service development. A review of Speech and

Language Therapy, Physiotherapy and Occupational Therapy training offered to special schools is also underway to make this training more integrated. Finally, the teams have produced an advice and support pack for schools and families and have ventured into the world of social media to deliver information and support.

The Children and Young People's Integrated Therapy Team (CYPIT) in East Berkshire have developed three key areas of Occupational Therapy training which can be delivered virtually. Work is also being undertaken to address the increasing demand, waiting times and staffing pressure in Occupational Therapy. Service user feedback is being used to inform training and outcomes to children and young people. The team have prioritised supporting each other and have developed opportunities to sharing experiences, ideas, worries and successes through regular virtual coffee mornings, team quizzes and the CYPIT wellbeing team.

Children in Care Team. All staff roles have been assigned a Looked After Children (LAC) training level commensurate to their role, and this has been added to the Trust safeguarding training strategy. This training is delivered online with extra sessions being offered to improve compliance. At the start of the pandemic, the team moved quickly to undertaking virtual assessments. Face-to-face assessments are undertaken for those young people / carers who request it or when it is felt to be clinically appropriate. The team are collecting feedback on the current mode of health assessment delivery and this will be used to inform service delivery in the future.

The Special Schools Nursing (SSN) team in Berkshire West has expanded their team to include nursery nurses. This role is being developed within the special schools and the team to enhance their integration. Two members of the team are working with other Trust professionals to help deliver an epilepsy training day to highlight their role within special schools in caring for children with epilepsy.

The Community Children's Nursing (CCN) Team in West Berkshire have worked on numerous quality and governance challenges. The improvements have included; starting an 8am-8pm service on Tuesdays to Thursdays (which will operate from Monday to Friday by mid-2021), standardising supplies and medical devices provided to families, updating all equipment and completing an equipment audit, developing Standard Operating Procedures and guidelines,

developing the new role of the nursery nurse in the team, training and signing off staff competence in end of life provision and streamlining stock and storeroom processes.

The Community Children's Nursing (CCN) Team in East Berkshire and Woodlands Children's Respite have reduced sickness levels to their target of 3.5% for 6 months. This has resulted in reduced spend on agency and NHS Professionals staff. Knowledge, competence, and confidence in end of life care has also been improved. The children's respite service has changed their name to the Woodlands Children's Respite and has introduced clearer criteria for entry into the unit. Their assessment process has also been standardised to ensure that the service is fair and equitable to all children. The CCN were only able to make face-to-face visits for emergency and essential reasons at the start of the pandemic. Video consultations were set up to ensure that all families continued to receive a good quality service and to help identify any early deterioration requiring escalation to emergency services. Families have missed the home visits but are appreciative of the video contact as an alternative.

The Community Paediatric Service have made good progress in digital transformation over the past 18 months. Service delivery was quickly switched from face-to-face to video and telephone consultations at the start of the pandemic. In doing so, the service continued to successfully meet all new referrals received within 18 weeks. The service moved to sending out all physical correspondence electronically to local authorities/social care, special schools, local hospitals, parents where consent received and increasingly to tertiary hospitals. This has resulted in reduction of stationery (paper and envelopes), printing costs, staff costs and postage. This also led to quicker delivery and responses where required. Towards the end of 2020 the service also transitioned to EPRO, the Trust's preferred digital dictation software, which has realised many benefits.

The service also carries out the initial health assessments for Children in Care and have worked with the Digital Transformation team to produce a summary information sheet that pulls required information from the patient's RIO clinical record. This saves time when compiling relevant information.

The CYPF Dietetics Service have reduced plastic use and costs associated with enteral feeding. They have produced an ancillary guide on setting up Home Enteral

Feeding contract deliveries to patients. A revised policy and guidelines have been developed on the use of ancillaries in children under 1 year old for enteral feeding. In addition, provision of replacement gastrostomy buttons has been reviewed, with a revised procedure and guidance put in place with our third-party provider (Abbott). This has resulted in a significant reduction in expenditure on these products. The team have developed consistent and good quality enteral feeding resources, assessment paperwork, patient advice sheets and risk assessments across clinical teams working in in the Trust. A parental advice booklet has been developed for families starting blended diet via enteral feeding route. Pathways and guidance have been developed to improving clinical decision making and work is also in place to help manage patients with Avoidant Restrictive Food Intake Disorder (ARFID), including a pathway and supervision sessions to support staff.

CYPF Neurodiversity- Autism Assessment Team and Attention Deficit Hyperactivity Disorder (ADHD) Team

The Autism Assessment Team and ADHD Team have worked in partnership with East and West Clinical Commissioning Groups (CCGs) to respond to the high demand on their services. Demand, capacity, workforce, and transformation modelling has been carried out to ensure the service meets the present and future anticipated needs of children and young people across East and West Berkshire. The teams have also responded quickly to the pandemic and moved seamlessly to telephone and then online delivery of appointments to minimise the impact of COVID-19. Staff have also been working more flexible hours meaning that families can have more choice in their appointments. The 5-18-year autism and 6-18-year ADHD teams have been piloting and evaluating their own digital assessments during the pandemic with promising results. A project has also been started with the Digital Transformation Team to utilise a more advanced digital platform to deliver online assessments. Modified face-to-face autism assessments have also been identified, whereby a parent/carer is coached by a clinician to administer the assessment. This has allowed the team to conclude assessments for all age groups. Trainee placements continue to be offered for Children's Well-being Practitioners working across the autism and ADHD teams. 24/7 online support continues to be offered through the SHaRON Jupiter platform to support

families who have a child with autism or who are awaiting an autism assessment. A new SHaRON online support system is also planned for parents and carers of children with ADHD. Both teams have now completed Quality Improvement (QMIS) training and have implemented improvement practices.

The CYPF ADHD Team are working with the adult ADHD team to pilot a group to support young people who are transitioning from the CYPF ADHD Team to the adult ADHD Team. A growth at home research project has also been initiated to train parents/carers to undertake routine physical monitoring of their child's weight and blood pressure at home if their child is prescribed ADHD medication. Two nurses have also been funded to undertake training to qualify as Non-Medical Prescribers. **The Autism Assessment Team** has completed a procurement process to establish an online assessment as part of their core offer.

Child and Adolescent Mental Health (CAMH) Services

Staff from the CAMHS Common Point of Entry (CPE) team, the all-age Eating Disorders Service and locality based CAMHS Community Teams completed the Trust Quality Management Improvement System Training (QMIS) at the start of the year. Quality Improvement work has focused on reducing waiting times, improving access to services, and delivering services online to maintain them throughout the COVID-19 pandemic. All CAMH services have been maintained throughout the pandemic, with assessments and treatment being offered both by telephone and video consultation. Alongside this, a protocol was implemented to allow clinicians in all teams to safely provide face-to-face appointments where necessary. The teams have collected feedback from service users and staff throughout the year and are using that to build a new model of care that will blend the use of digital technology and in-person services in the future. The Service have also seen an unprecedented rise in the numbers of young people needing urgent and emergency mental health care through the latter half of this year. In response, the CAMHS Rapid Response team put in place provision over extended hours at the beginning of the pandemic and now work longer hours over 7-days per week. A new pathway has also been implemented through NHS111 that allows them to send referrals directly through to CAMHS. The team have also worked closely with colleagues at the Royal Berkshire Hospital and Wexham Park Hospital to implement new pathways to divert referrals from A+E,

enabling young people presenting in crisis to be seen in a community setting.

The CAMH Common Point of Entry (CPE) team have implemented several quality improvements to help manage demand and reduce waiting times. These include; implementing visual management systems, enhancing team communication to enable staff to focus on daily priorities, holding regular meetings with external early help services and internal CAMH teams, reviewing skill mix to manage changes in demand, reviewing the triage/assessment process and reviewing service user feedback to inform development. Improvements in team efficiency have resulted in twice as many direct patient consultations being carried out in 2020 compared with 2019. Waiting times for young people referred for urgent assessment have consistently been below 2 weeks and average waiting times for routine referrals have reduced from 10 weeks to 4 weeks.

Willow House, our 9-bedded general adolescent inpatient unit, was closed for 3 weeks earlier in the year for essential building work to maintain the fabric of the building. This closure coincided with the first COVID-19 lockdown and the inpatient team worked tirelessly to support other CAMHS and mental health services through this period as well as setting up new infection prevention and control processes to enable the unit to re-open as planned. The team have worked hard to address staffing challenges throughout the year to keep beds open and get back up to full capacity.

New community based CAMHS Getting Help Teams have been set up in the three East Berkshire localities this year, alongside a new schools-based mental health team in Slough. This has enabled early access to evidence-based treatment for young people presenting with early onset and lower risk mental health needs such as anxiety and low mood. Staff in these teams have worked closely with local authorities, schools, and voluntary sector youth services to develop supportive resources, including the #Coping guides for children young people and families, webinars and training sessions on topics such as managing anxiety for professional colleagues and delivering on-line therapy. Funding has also been obtained from the local CCG to roll out the schools-based mental health support teams to Bracknell and the Royal Borough on Windsor and Maidenhead. Although the Trust do not provide Getting help and schools-based services in the West of the county, the team have continued providing clinical resources into these services in Reading and West

Berkshire and have worked in partnership with Wokingham Local Authority on their review and redesign of emotional wellbeing and mental health services.

The CAMHS Professional Lead for Psychological Therapies and colleagues from the CAMHS Anxiety & Depression service, supported by colleagues in the Children & Young People's Neurodiversity Services have set up a new service to support NHS staff with concerns about their own children's wellbeing. Psychological therapists have also been involved in providing psychological support hubs to Trust and other health staff.

CAMHS clinical leads from across the service ran their first online workshop within two weeks of going into the first lockdown. This first session focused on training clinicians to deliver therapy through digital media and was attended by over 70 staff. Monthly Clinical Effectiveness Seminars have moved online, with 60-70 staff attending training each month on topics such as understanding and adapting psychological therapy to manage suicidality in autistic children and young people, assessment, and evidence-based trauma interventions and Dialectical Behavioural Therapy (DBT) skills. A monthly programme of clinical training has also been put in place to support staff to continue to learn and upskill clinicians elsewhere in the service.

The CAMHS Anxiety & Depression Service launched a new SHaRON (Support, Hope and Resources Online Network) for parents and carers of children and young people needing treatment for anxiety. The service was also rapidly rolled out to the new Getting Help Teams in East Berkshire and over 400 parents and carers are now registered to use the network. The team also run their monthly pre-assessment workshops online. This workshop is often attended by approximately 50 parents and is available for them to watch again later.

CAMHS Psychiatry Quality Improvement Project. In response to high vacancies and an expectation of growth in demand against a national workforce shortage, a Quality Improvement project was launched with the aim of ensuring that scarce consultant psychiatry resources are used wisely and creating jobs that our consultants love doing to both enhance recruitment and maximise retention. The project has resulted in the implementation of a psychiatry assistant pilot, a new system of caseload management and a review of job plans and the job planning process. As a result, the service has successfully recruited to a

number of hard to recruit roles, the vacancy level is below the national average and the Trust is growing its reputation as a good place to work.

A new Trust Research & Development Lead has been appointed and the service have set up a CAMHS Research Development Group to take a more proactive approach to developing research ideas and

opportunities. A number of CAMHS medics are leading on research and other important national projects. In addition, a number of CAMHS staff, including psychiatrists, psychologists and members of the leadership team are engaged in teaching, including training programmes run by the Charlie Waller institute at the University of Reading.

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

COVID Symptom Checker Tool for people with learning disabilities. Members of the Learning Disability Service, including the Consultant Nurse for People with Learning Disability and a Consultant Psychiatrist, have developed a tool to help the family and carers of people with learning disabilities identify if the symptoms they are experiencing may be due to COVID or something else, and to recommend appropriate action based on these symptoms. This is important for people with learning disabilities as it is easy for carers and health professionals to think that the person's health problem is due to something else- we call this diagnostic overshadowing. Respiratory problems are much more likely for people with learning disabilities and prior to the COVID-19 pandemic over 40% of deaths of people with learning disabilities were reported to be due to respiratory disease. It is important that respiratory symptoms are spotted early for people with learning disabilities, in order to seek medical attention when needed. It is also important that while COVID-19 is a significant risk to people with learning disabilities, it should not be assumed that symptoms are just COVID-19 related and we should therefore also consider potential differential diagnoses to COVID-19 and other common acute respiratory disorders. The COVID-19 Symptom Checker gives some guidance on what the symptoms the person is displaying could be and, while is not an exhaustive list, the tool can help decision making and support people with learning disabilities to get the right care and treatment, in the right place and at the right time. While this guidance aims to support decision making, the service recognise that everyone is unique and different and what is one person's baseline is different to another person. Based on this, the symptom checker is to be used in collaboration with the person, using existing knowledge about the person and in line with their health passport or care/support plans and with people that know the person best. The symptom checker is not a definitive guide for all situations, and it is important to recognise that the virus can mutate and change. Therefore, if you

continue to be worried for a person's health and wellbeing you should seek further advice/help from 111 / 999 as appropriate to the urgency. The symptom tracker can be downloaded from the following site:

<https://www.berkshirehealthcare.nhs.uk/our-services/mental-health-and-wellbeing/learning-disabilities-ctpld/>

The United Kingdom Learning Disability Consultant Nurse Network (UKLDCNN) and the National Mental Health and Learning Disability Nurse Directors Forum (NMHLNDNF) have provided endorsement of the tool.

Respiratory Health Pathway. Members of staff from the Learning Disability Service have collaborated in the development of a Respiratory Health Pathway with the aim of seeking to maintain optimal respiration condition and reducing the risk of deterioration e.g. chest infections, pneumonias, reliance on antibiotics admission to hospital. The pathway includes a number of separate yet interlinked areas: nutrition and hydration; swallow safety; oral hygiene; chest management strategies; head and body posture with potential for the need to consider reflux and constipation. It provides a framework to identify and meet individual needs and to create an individualised management system for that person that includes input from a wide variety of disciplines/agencies. It also seeks to provide staff with tools and processes that will help improve health outcomes. The pathway involves an initial triage assessment, followed by a more detailed Community Respiratory Assessment – which informs the development of multi-agency management guidelines and tools for recording. It is flexible to enable proactive use, starting when the person's respiratory health is stable, but it can also be used in a reactive way, triggered by an acute event requiring a specific response.

Occupational boredom prevention programme. Analysis of complaints made to the Community Team for People with Learning Disabilities (CTPLD) duty line identified that over 50% of complaints related to

boredom due lack of home-based activities for people with a Learning disability during the first COVID 19 national lockdown. A number of potential risks were identified related to this, including behaviour becoming difficult to manage, boredom, mental health issues including depression, a loss of daily living skills and a decrease in mobility. The aim of this CTPLD project was to help prevent boredom and thus reduce the number of complaints received from Bracknell CTPLD clients, family members and support providers

by 60% by September 2020. All Berkshire CTPLD Occupational Therapists worked together to put in place a weekly activity email for service-users and their carers. As a result of the countermeasures, the team have seen a decrease of 65.6% of boredom-related complaint calls to Bracknell CTPLD duty line. The project has now been shared across the UK through Occupational Therapy networks and weekly resource emails are sent to over 250 people across the UK.

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

Talking Therapies (TT)

The Gateway was launched on 8th December 2020 to integrate the access points for Talking Therapies (TT) and Common Point of Entry Team (CPE). This has resulted in one central point of access for all Trust mental health treatments. The centralised referral and phone system have resulted in an increase in the number of referrals to TT and a significant decrease in the number of self-referrals to CPE. The gateway also allows a stepped care model to operate that facilitates to the most appropriate treatment pathways for the patient with reduced delay/ assessment time. The Gateway system has also allowed GPs calls to be prioritised, with positive GP feedback. A daily multidisciplinary Integrated Referrals Meeting (IRM) has also been set up to allow clinicians to clarify treatment pathway queries. In addition, a Clinical Escalation Call Group allows staff to transfer calls or speak to a senior clinician regarding any safeguarding concerns.

The Talking Therapies Extended Trauma Pathway (ETP) has seen significant improvement this year. The Talking Therapies team have worked with the Berkshire Traumatic Stress Service (BTSS) to develop a more coordinated approach to assessment and treatment of clients with Post Traumatic Stress Disorder (PTSD) and have developed the ETP. Over 70 therapists have now been trained to offer trauma-focused treatment to clients with what is termed complicated PTSD, and this compliments the treatment already offered for clients with a single incident/series of single incidents of trauma. This also bridges the gap between the services offered by BTSS who treat complex PTSD. Two group supervision sessions per month have been set up to discuss these cases, as well as a weekly referral meeting to discuss cases and decide on the most appropriate part of the trauma pathway for

assessment and for treatment. This meeting also links into the Integrated Referral Meetings which are part of the Gateway (mentioned above). The team are looking to move this model to 'business as usual' in 2021, meaning that clients who have received an ETP assessment will receive a trauma focused therapy from the same clinician where appropriate.

The Counselling Team in Talking Therapies are now offering a Brief Counselling Intervention to those who are experiencing low mood due to the impact of COVID19 on their lives. The intervention involves 3 to 4 sessions which focus on compassionate listening and the 'here and now' impact of COVID 19. This has proven to be extremely successful.

Couples Therapy for Depression is now being delivered by Talking Therapies, and the number of couples referred to this service is increasing.

Psychological Wellbeing Practitioner (PWP) Online Groups. With the outbreak of the global pandemic, Talking Therapies moved overnight to become a remote workforce in order to safeguard both patients and staff. They adapted quickly to meet patient needs whilst still delivering a quality service. Workshops that had been delivered face-to-face where quickly and successfully moved to online delivery with positive feedback from patients. Having a place to be each week was reported to also aid patients' recovery.

The East Berkshire Wellbeing Service was launched across the three East Berkshire localities in May 2020 during the COVID-19 pandemic. The service has received over 400 referrals to date, and have supported people by providing practical, situational, and social support. All staff were recruited and trained in a brand-new job role and have adapted to working from home. The team are also networking with

external services within the community to ensure that relationships are established to best support clients.

The Talking Therapies East Employment Team provides practical employment support to clients accessing Talking Therapies. This support includes helping clients to find work, return to work after sick leave, and retain their current employment. The team work in collaboration with the Psychological Wellbeing Practitioners (PWP) and Wellbeing Service Practitioners and have received over 1000 referrals to date with an average of 63% success rate since May 2020.

Adult Mental Health Services

The Berkshire West Community Mental Health Team (CMHT) have been working remotely since the start of the pandemic and this resulted in reduced travel time leading to increased productivity and better organisation of diary. A system has been put in place to ensure the most vulnerable patients are having their needs met, and a wait list management tool has also been implemented to allow for regular contact with those waiting for the service. Support for staff has been increased in light of remote working, and staff “check in” 3 times a week to keep an eye on each other and quickly respond to any problems. Protected time has also been introduced for staff to focus on essential administrative tasks without interruption. A fortnightly multidisciplinary panel is held to discuss the pathway for people with Emotionally Unstable Personality Disorder (EUPD). This is extremely helpful in reviewing patients’ needs and the most appropriate treatment pathway for them.

The Mental Health Integrated Community Health Service (MHICS) is being introduced in four east Berkshire Primary Care Networks to support patients with Severe or Significant Mental Illness (SMI). Each PCN consists of a small team of Mental Health Practitioners, Community Connectors, Clinical Psychologists, administrators, with additional psychiatry and pharmacy support. This innovative service will help adults of all ages with SMI to access crucial support and guidance on a broad range of issues that are affecting their mental health, such as problems with housing, employment, social isolation, relationships, and debt. The service also includes brief evidence-based psychological interventions and support with medication. Being based in primary care means that people with SMI, and their carers where appropriate, can access specialist support closer to

their homes and feedback from the initial pilot sites tell us that patients and primary care colleagues welcome this service.

The Crisis Resolution and Home Treatment Team (CRHTT) and NHS111 have launched a new initiative that allows for NHS111 direct referrals to CRHTT. This has enabled faster access to support for people experiencing acute mental health distress and reduced the burden on NHS111 during the COVID-19 pandemic. CRHTT is also now available 24 hours/day, 365 days/year, to South Central Ambulance Service (SCAS) and Thames Valley Police in West Berkshire through a dedicated Professionals Line. CRHTT West has implemented a joint initiative to refer people directly to the Samaritans. This service is aimed at people who are not necessarily in an acute crisis but may still require help and support over the phone. East CRHTT have reviewed their response times and have introduced an emergency response timeframe of 1-2 hours into the service, allowing calls that are identified as being a priority to be managed quicker. In addition, East CRHTT have employed a full-time pharmacist into the service to support clinicians and service users alike with medication optimisation, medicine reconciliation work and concordance strategies with service users. Both services are working directly with the Clinical Commissioning Groups (CCGs) to review crisis provision and to develop Crisis Cafes which will be available out of hours in local communities to support the needs of people experiencing an acute Mental Health need. There are also now four active non-medical prescribers in CRHTT with another six due to complete the course in the coming months. This has led to more timely medication reviews and access to treatment. The team have also worked with the University of West London as part of a doctoral research project to develop a Brief Suicide Specific Psychological Intervention (BSPI) Toolkit and two-day training package on using BSPI skills. CRHTT had to adapt to new ways of working due to COVID-19, and status exchange meetings have been set up to coordinate operation of the service with a high number of staff working at home. Furthermore MDT, Team, and Quality Improvement have been delivered remotely. Reflective (SPACE) groups have also been offered twice weekly, allowing staff to gain support whether at home, isolating or in the office during the pandemic. Learning and development events for CRHTT have also been delivered remotely, and this new approach allows CRHTT to be very responsive to sharing learning from Serious Incidents and to implement relevant training.

The Intensive Management of Personality -disorder and Clinical Therapies Team (IMPACTT) have continued developing the Mental Health Pathway for patients with Emotionally Unstable Personality Disorder (EUPD).

The Psychologically Informed Consultation and Training (PICT) Team is a collection of senior psychologists and psychotherapists with specialist knowledge of working with personality disorders. The recovery journeys for these patients are very difficult if they do not feel that staff know how to best help them. The PICT work focuses on developing and delivering training packages for professionals working across secondary care and primary care sectors, helping to dispel the stigma of this diagnosis, and working with staff to improve their confidence and skills in working with these difficulties and so improve patient journeys and evidence base practice.

The Service User Network (SUN) is a new initiative that provides community-based, open access peer support groups across geographic locations across Berkshire to those with personality disorder difficulties but who may have found it difficult to engage with other therapy services or are waiting to access these. People can access between 2-3 groups local to where they live, for as long as they find these groups helpful. A remote pilot of SUN has recently been completed, and this has proved increasingly popular and well used. Groups will remain online for now but will move to community-based locations once it is safe to do so.

The Assertive Intervention Stabilisation Team (ASSIST), which was initially developed in East Berkshire, has been adapted and extended across Berkshire to provide support to people with Emotionally Unstable Personality Disorder (EUPD) who may be experiencing such increased levels of distress that they may be considered for inpatient admission. Evidence suggests that inpatient admissions for people with these difficulties hold a risk of becoming lengthy and can actually be counterproductive to recovery. The ASSIST service work with other Trust teams, including CRHTT and mental health inpatients, to support the prevention of admission or enable safe, speedy discharge if admission was unavoidable. The team are working mostly remotely as a result of the COVID-19 pandemic, but plan to return to face to face work as soon as it is safe to do so.

Dialectical Behaviour Therapy (DBT) and Mentalization Based Treatment (MBT) teams worked hard during the initial COVID-19 lockdown to deliver their intensive therapy remotely, thus enabling patients to continue accessing their therapy at a time when its more needed

than ever. Within approximately three weeks from the start of lockdown, the full therapy programme had moved to an online platform. Although some of the patients and staff found this transition difficult, attendance has slightly improved and this development has encouraged the IMPACTT team to consider whether a remote therapy offer, alongside in-person working, is something that would be beneficial to continue once it is safe to return to face-to-face work.

The Individual Placement and Support (IPS) Employment Service supports clients with severe mental health issues to gain, sustain and retain rewarding, paid work. Throughout the COVID-19 pandemic, ongoing restrictions, and partial redeployment to other services in the pandemic's first wave, the team have adapted well to working remotely with clients, clinical teams, and employers. The team have also rolled out job retention support for all Community Mental Health Team/Early Intervention in Psychosis clients across Berkshire who are struggling in work due to their mental health. They have also started working with some east Berkshire primary care clients with severe mental health issues, in partnership with Berkshire Healthcare's Mental Health Integrated Community services team. NHS England/ Improvement has prioritised the expansion of IPS services over the next three years and the service intend to play their part in achieving this ambition.

The Perinatal team have developed online group therapy remotely during the COVID-19 pandemic. This has given their clients the opportunity to remain engaged with the service and receive treatment whilst also being able to seek support from peers during a very difficult period. Clinical data and patient feedback indicate that the positive results are compatible with face to face groups and the service intends to develop this form of provision further.

The Placement Review Team (PRT) is a project hosted by the Out of Area Placements Team (OAPs). They have carried out successful placement reviews of patients funded by East Berks CCG. This has improved the experience of service users by bringing them closer to home and in more independent accommodation. The CCG have extended the project as a result. Additionally, The Trust OAPs team continue to make progress in moving patients from long term rehabilitation/ independent hospitals, often far away from home, to closer and less restrictive environments. They have also supported many hospital discharges,

appropriately, from our local psychiatric hospital to reduce pressures on in patient wards

Older Peoples Mental Health Services (OPMH)

Cognitive Stimulation Therapy (CST) is an evidence-based group intervention recommended by NICE for people with mild-moderate dementia. Due to COVID-19 it has not been possible to deliver CST since March 2020, and this is likely to be the case for several months to come. As a result, the OPMH team have set up a working group with representation from each of the 6 localities to adapt the CST course content for online delivery and to establish the most effective way to facilitate groups online. With patients' consent, staff liaised with their relatives to ensure they would have the necessary support to log onto Teams and for the first few sessions in each course a member of staff was available to call any patients who hadn't joined the call or who appeared to be having difficulty on the call. Feedback from patients, carers and staff has been very positive including notable improvements in the confidence and social interactions of most participants. Online delivery also made it possible to host groups for patients from more than 1 locality. Whilst services hope to be able to return to face to face delivery of CST in 2021, having an on-line version could enable services to engage patients who are not able to or do not wish to attend CST in person.

In addition, during the development of the online CST group, the team were very mindful of the fact that not all patients and carers are comfortable with technology and therefore would be unlikely to engage. To address this, an OPMH Speech and Language Therapist suggested piloting use of the 'Daily Sparkle', a publication originally developed for use in Care Homes. The Daily Sparkle is available both as an App or in hard copy so it meets the needs of people who would otherwise be digitally excluded. Family carers will be given advice, support, and information on how to use the Daily Sparkle to engage the person with dementia in conversations/activities and then contacted after 1 month for feedback and further support. The pilot is underway and will be evaluated early in the new year and, if successful, will be rolled out to all localities.

Delivering the Berkshire Healthcare Understanding Dementia Course Online. Since 2006, the OPMH Service have delivered an Understanding Dementia Course across all Berkshire localities for family carers of patients that are newly diagnosed with dementia. Face-to-Face delivery of this course had to be stopped in March 2020 due to Coronavirus restrictions and a

cross-locality working party was convened to adapt the course for online delivery. PowerPoint sessions were adapted into short 15-20-minute sections interspersed by facilitated questions and discussions. Some simple 'Joining Instructions' were also produced for participants, with some localities offering pre-course slots to practice joining Teams and mastering its functions. 'Key Messages' were also reviewed, as well as the range of options to be offered (including a preference to wait for a Face to face course and an offer of written advice and support in caring for someone with dementia). All localities are now delivering this course online, with a high level of overall satisfaction. In addition, some family carers, who would be unable to access the face-to-face course, have been able to access our online course and when face to face sessions can resume, the option of attending the course Online will remain.

Blended assessments. Whilst older people are amongst those most at risk from COVID-19, it is recognised that some of them are not able to use technology and, due to sensory impairment, can find it difficult to communicate by telephone. Where this is the case, it is only possible to complete a comprehensive assessment by spending some time with a patient in person. To minimise the length of face to face contact, the team has adapted their process so that, with the patient's consent, as much collateral history is gathered remotely from a Carer and then a shorter face to face appointment is completed with the patient.

The Dementia Focus Group started to meet virtually in 2020. This group is overseen by Bracknell Forest Dementia Service Development Coordinator, and consists of people with dementia and carers, who are interested in supporting service improvement ideas and projects. A number of project ideas have been implemented including weekly virtual information sessions and COVID-19 prompt cards to help remind patients and carers about key COVID-19 messages.

A Prescription Project has been implemented which has resulted in a quicker process that contains fewer steps, avoids interruption in medication, produces less paperwork and results in fewer queries for staff.

Reading OPMH team have implemented remote 'Team Formulation' in response to the COVID-19 pandemic. This has allowed the Multidisciplinary Team (MDT) to continue meeting to develop shared case

conceptualizations of the most complex patients during lockdown.

Mental Health Inpatients

Reducing the use of prone restraint is a key focus of Mental Health Inpatient Services at Prospect Park Hospital (PPH). Prone is defined as a type of physical restraint, holding a person chest down, whether the patient placed themselves in this position or not, is resistive or not and whether the person is face down or has their face to the side. Physical restraint and seclusion are seen as a last resort and only used when non-physical and de-escalation interventions have failed. There are risks documented with this position of

restraint. Data from 2017 placed the Trust as one of the highest users of prone restraint, and this has been reduced by 61% across all wards within 15 months of the start of the project. Benchmarking data published in October 2020 demonstrates that prone restraint has continued to reduce in the Trust.

Managing COVID-19 at Prospect Park Hospital. Colleagues from Prospect Park Hospital (PPH) and the Trust Quality Improvement (QI) Team collaborated to use QI principles to implement a more proactive approach to managing their COVID-19 response. A first version of a daily COVID-19 huddle was developed within an hour of starting the work and this was tested, adjusted, and standardised over subsequent days.

2.2. Setting Priorities for Improvement for 2021/2022

i This section details the Trust's priorities which reflect the Trust Annual Plan on a Page for 2021/22 (see Appendix A). Specific priorities have been set in the areas of patient experience, patient safety, clinical effectiveness, and organisational culture. They have been shared for comment with Trust governors, local Clinical Commissioning Groups (CCGs), Healthwatch Organisations and Health Overview and Scrutiny Committees. Responses to this consultation are included in Appendix H, together with the Trust response to each comment made by the stakeholders.

2.2.1. Harm-Free Care Priorities

We will provide safe services by eliminating avoidable harm. Specific metrics to measure this will be provided in the Quarter 4 report.

2.2.2. Clinical Effectiveness Priorities

1. We will demonstrate our delivery of evidence-based services by reporting on the implementation of NICE guidance related to Trust priorities
2. We will continue to review, report, and learn from deaths in line with new national guidance

2.2.3. Patient Experience Priorities

Our services will aim to produce good outcomes for treatment and care for our patients. Specific metrics to measure this will be provided in the Quarter 4 report.

2.2.4. Supporting our Staff Priorities

We will strengthen our highly skilled and engaged workforce. Specific metrics to measure this will be provided in the Quarter 4 report.

2.2.5. Monitoring of Priorities for Improvement

All priorities detailed above will be monitored on a quarterly basis by the Trust Quality Assurance Committee as part of the Quality Report and the Trust Board will be informed of performance against agreed targets. The Trust will report on our progress against these priorities in our Quality Account for 2021/22

Statements of Assurance from the Board

During 2020/21 Berkshire Healthcare NHS Foundation Trust provided and/or sub-contracted 49 relevant health services.

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

The income generated by the relevant health services reviewed in 2020/21 represents 100% of the total income generated from the provision of relevant health

services by Berkshire Healthcare NHS Foundation Trust for 2020/21.

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

2.3.1. Clinical Audit

i Clinical audit is undertaken to systematically review the care that the Trust provides to patients against best practice standards. Based upon audit findings, the Trust makes improvements to practice improving patient care. Such audits are undertaken at both national and local level.

National Clinical Audits and Confidential Enquiries

During 2020/21, 10 national clinical audits and 5 national confidential enquiries covered relevant healthcare services which Berkshire Healthcare NHS Foundation Trust provides.

During that period Berkshire Healthcare NHS Foundation Trust participated in 100% (n=10/10) of national clinical audits and 100% (n=5/5) of national confidential enquiries of the national clinical audits

and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Berkshire Healthcare NHS Foundation Trust was eligible to participate in during 2020/21 are shown in the first column of Figure 25 below. This column also details the national clinical audits and national confidential enquiries that Berkshire Healthcare NHS Foundation Trust participated in during 2020/21.

Figure 32- National Clinical Audits and Confidential Enquiries

National Clinical Audits and Confidential Enquiries that the Trust was eligible to participate in and did participate in during 2020/21	Data collection status, number of cases submitted as a percentage of the number of cases required by the terms of each audit and other comments
1. National Clinical Audits (N=10)	
National Clinical Audit and Patient Outcomes Programme (NCAPOP)	
National Sentinel Stroke Audit (2020/21)	Data Collection: April 2020 to March 2021. 343 patients submitted, across 3 services, 170 six-month follow-ups. Report due: Annually
National Diabetes Footcare (Community Podiatry care) 2020/21	Data Collection: April 2020 to March 2021. 225 patients submitted, across 1 service (final figure not yet available). Report due: tbc 2021/22
National Clinical Audit of Psychosis 2020 – Early Intervention in Psychosis (EIP) Re-Audit	Data collection October 2020 to November 2020. 81 patients submitted, across 1 service (final figure not yet available). Report due: tbc 2021
National Asthma and COPD Audit Programme (NACAP): pulmonary rehabilitation	Data Collection: March 2020 to March 2021. 25 patients submitted, across 1 service (final figure not yet available). Report due: tbc 2021/22
National Audit of Inpatient Falls	Data Collection: January 2020-March 2021. 1 patient submitted, across 1 service (final figure not yet available). Report due: tbc 2021/22
National Diabetes Audit - Secondary care 2020/21	Data Collection: April 2020 to March 2021. 384 patients HbAc1, 226 Structured Education and 115 Insulin pump patients submitted, across 1 service (final figure not yet available). Report due: tbc 2021/22
National Audit of Dementia: Memory Clinic spotlight audit	Data collection: Mar 2021- Jun 2021 (tbc). XX patients submitted, across XX service (final figure not yet available). Report due: tbc 2021/22
Non- NCAPOP Audits	
National Audit of Cardiac Rehabilitation (2020/21)	Data Collection: April 2020 to March 2021. 148 patients submitted, across 1 service (final figure not yet available). Report due: tbc 2021/22
Prescribing Observatory for Mental Health (POMH) - Topic 20a: Improving the Quality of Valproate Prescribing in Mental Health Services Sept 20	Data Collection: Sept 2020 – Oct 2020. 188 patients submitted, across 7 services (final figure not yet available). Report due: tbc 2021/22
POMH – 18b Prescribing Clozapine	Data Collection: Feb 2021 – March 2021. XX patients submitted, across XX service (final figure not yet available). Report due: tbc 2021/22
2. National Confidential Enquiries (N=5)	
National Confidential Enquiry into Patient Outcome and Death (NCEPOD) - Medical and Surgical Clinical Outcome Review Programme- Physical Health in Mental Health Hospitals	Data Collection: December 2020 – March 2021. XX patients submitted, across 1 service (final figure not yet available). Report due: tbc 2021/22

National Clinical Audits and Confidential Enquiries that the Trust was eligible to participate in and did participate in during 2020/21	Data collection status, number of cases submitted as a percentage of the number of cases required by the terms of each audit and other comments
National Confidential Enquiry into Suicide and Homicide (NCISH) - Mental Health Clinical Outcome Review Programme	
A. Suicide and Homicide 2020/21	A - Data Collection: April 2020 to May 2021. XX patients submitted, across XX service (final figure not yet available). Report due: tbc 21/22
B. Suicide by Middle aged Men	B - Data Collection: April 2020 to March 2021. XX patients submitted, across 1 service (final figure not yet available). Report due: tbc 2021/22
C. Real-time surveillance of suicide by patients under mental health care	C - Data Collection: April 2020 to March 2021. XX patients submitted, across 1 service (final figure not yet available). Report due: tbc 2021/22
Learning Disability Mortality Review Programme (LeDeR)	Data Collection: April 2020 to March 2021. XX patients submitted, across 1 service (final figure not yet available). Report due: tbc 2021/22

The reports of 3 (100%) national clinical audits were reviewed by the Trust in 2020/21. This included national audits for which data was collected in earlier years with the resultant report being published in 2020/21. Berkshire Healthcare NHS Foundation Trust intends to take actions to improve the quality of healthcare provided as detailed in Appendix B.

Local Clinical Audits

The reports of 16 local clinical audits were reviewed by the Trust in 2020/21 and Berkshire Healthcare NHS Foundation Trust intends to take actions to improve the quality of healthcare which are detailed in Appendix C.

2.3.2. Research and Development (R&D)

i The Trust participates in research activity to help provide new knowledge that has the potential to be valuable in managing and treating patients. It is important that such research is open to critical examination and open to all that would benefit from it.

Clinical research involves gathering information from patients and healthy volunteers to improve the medications, therapies, and services that we offer to patients. By participating in clinical research, patients may be able to access tests and treatments that are not available as routine NHS care.

Providing good outcomes from treatment and care and providing safe services are Trust priorities. Involvement in clinical research is one way that we demonstrate our commitment to actively improving the clinical treatments, care, and outcomes for our patients.

Most of the research studies we invite our patients to participate in are National Institute of Health Research (NIHR) portfolio studies. The NIHR portfolio is a national list of high-quality studies which have received particular sources of funding. Our other high-quality research studies are conducted in part fulfilment of qualifications e.g. MSc/PhD or by a member of staff but will not have received funding from a relevant funding source. We have implemented a robust research governance system

to ensure research is designed, conducted, and delivered to the highest standards.

The number of patients receiving relevant health services provided or sub-contracted by Berkshire Healthcare NHS Foundation Trust in Q3 of 2020/21 that were recruited during that period to participate in research approved by a Research Ethics Committee is 1,809 from 54 studies (1,792 from 38 NIHR Portfolio studies and 17 from 16 Non-portfolio studies).

Our aim is for all patients to have access to research opportunities which are relevant to them. Our patients can currently access research relating to COVID-19, dementia, eating disorders, autism, diabetes, schizophrenia, sexual health, anxiety and depression.

We are joint 5th out of 49 similar Mental Health Trusts for the number of NIHR portfolio studies which we have invited people to participate in. We are also 10th out of 49 similar Trusts for the number of participants that we have recruited to our NIHR portfolio studies.

Staff members have contributed to 35 journal publications to date in 2020/21, discussing topics such as supporting hospital staff during COVID-19, the relationship between social anxiety and social cognition in children and adolescents and reducing time to complete neuropsychological assessments within a memory assessment service and evaluating the wider impact.

Research opportunities currently being offered to Berkshire Healthcare patients include:

- Urgent Public Health – A COVID-19 study looking at how many people become infected, how many of them become ill, what their symptoms are and how many seek health care
- Adult – A questionnaire study to better understand the problem of hearing derogatory or threatening voices.

- Older Adult – interventional study looking at how to achieve better outcomes (goal attainment, quality of life, activities of daily living, symptoms, and service use) for people with dementia and their carers
- Talking Therapies – A study investigating the acceptance of the use of a smartwatch in an internet-delivered Cognitive Behavioural Therapy (CBT) based intervention for depression
- Diabetes- a study to further understand the development and progression of type 1 diabetes and to establish a resource to facilitate type 1 diabetes research

For each research project, it is the sponsor's responsibility to ensure peer-review. An internal peer review process has been implemented for all studies where the Trust is currently the sponsor.

2.3.3. CQUIN Framework

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

To update in Q4. A proportion of Berkshire Healthcare NHS Foundation Trust's income in 2020/21 was conditional upon achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed goals for 2020/21 and for the following 12-month period can be found in Appendix E & F.

The income in 2020/21 conditional upon achieving quality improvement and innovation goals is TBC. This is the expected value at 100% achievement. The associated payment received for 2019/10 was TBC.

2.3.4. Care Quality Commission (CQC)

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

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

The Care Quality Commission has not taken enforcement action against Berkshire Healthcare NHS Foundation Trust during 2020/21.

Berkshire Healthcare NHS Foundation Trust is subject to periodic reviews by the Care Quality Commission. Following our CQC inspection of our core services in November 2019, and a "Well Led" inspection in December 2019 the Trust is now rated as Outstanding overall. Both our Community Physical Health services for adults and our End of Life service have been

recognised as Outstanding. They join our Learning Disability In-Patients and our Older Peoples Community Mental Health services who also hold an outstanding rating. All our services are now either outstanding or good.

The CQC detailed the following actions that the Trust must take to improve:

Acute wards for adults of working age and psychiatric intensive care wards. The Trust must:

- Ensure that ligature risks are managed appropriately, ensure that patients are kept safe- for example promoting the sexual safety of people using the service, and ensure an alarm system is easily accessible to patients and visitors and that they are made aware of how to use them (Regulation 12)

- Ensure that the ward environment is always adequately furnished and maintained. (Regulation 15)
- Ensure restrictions are necessary and proportionate responses to risks identified for particular individuals (Regulation 13)
Specialist community mental health services for children and young people. The Trust must:
- Continue to work with commissioners to ensure waiting times are not excessive, thereby putting young people waiting to receive treatment at increased risk. Particular attention needs to be paid to ensuring timely access to services for those referred to the attention deficit hyperactivity disorder pathway and autism assessment pathway.

An action plan will be submitted to the CQC outlining how we plan to respond to these highlighted areas



Berkshire Healthcare NHS Foundation Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2020/21:

- The Trust participated in a thematic system review for over 65-year olds undertaken with the Local authority and other relevant Frimley Integrated Care System (ICS) partners.

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

- The review related to Frimley Integrated Care System (ICS), who are responsible for implementing recommendations

Berkshire Healthcare NHS Foundation Trust has made the following progress by 31 March 2021 in taking such action:

- The review related to Frimley ICS, who are responsible for implementing recommendations

The CQC has carried out the following unannounced Mental Health Act (MHA) visits during the 2020/21 financial year at Prospect Park Hospital

- 6th-8th October 2020- CQC Mental Health Act Virtual Visit to Bluebell Ward, Rowan Ward and Rose Ward, Prospect Park Hospital.

2.3.5. Data Quality and Information Governance

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

The Secondary Uses Service (SUS)

Berkshire Healthcare NHS Foundation Trust submitted records during 2020/21 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

- Which included the patient's valid NHS number was:
100% for outpatient care, and

100% for admitted patient care

- Which included the patient's valid General Medical Practice Code was:
100% for outpatient care, and
95% for accident and emergency care
100% for admitted patient care
100% for accident and emergency care

Information Governance

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

Berkshire Healthcare NHS Foundation Trust Data Security and Protection Toolkit (DSPT) overall score for 2019/20 was 'Standards Exceeded'. The Information Governance Group is responsible for maintaining and improving standards in this area.

Update with 2020/21 score in Q4.

Data Quality

Berkshire Healthcare NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2020/21 by the Audit Commission.

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

The Trust is using the latest Commissioning Data Set (CDS) version to send data. Data will continue to be monitored and improvements made where required.

The Trust continues to track the improvement of data quality. An overarching Information Assurance Framework (IAF) provides a consolidated summary of every performance information indicator and action plans.

Data Quality and Data Assurance audits are carried out throughout the year as part of the Information

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

The clinical coding team continue to review and improve the Trust's diagnostic data. As part of our continuous improvement programme, a full detailed audit took place in November 2020, which showed that 98% of primary and 97.4% of secondary diagnoses were coded correctly. The clinical coding team carry out peer reviews on a quarterly basis.

2.3.6. Learning from Deaths

① For many people death under the care of the NHS is an inevitable outcome and they experience excellent care from the NHS in the months or years leading up to their death. However, some patients experience poor quality care resulting from multiple contributory factors. The purpose of mortality review is to identify whether problems in care might have contributed to the death and to learn in order to prevent recurrence.

The Trust learning from deaths process includes all patients identified on our electronic patient records who have accessed one of our services in the year before death. In most cases these are expected deaths

but where a specific trigger is noted (as identified in our policy) we then review these deaths further.

The level of review required will depend on whether certain criteria are met, and we review the care provided for all patients who had a learning disability and died.

Figure 26 below details the number of deaths of Trust patients in 2020/21. This is presented alongside the number of case record reviews and investigations of these deaths that were undertaken over the same period, as well as an assessment of the number of deaths that were more likely than not to have been due to problems in care provided. Please note that the table contains statements that are mandated by NHS Improvement for inclusion.

Figure 26- Deaths of Trust patients in 2019/20- case reviews and investigations carried out in 2020/21

	1. Total number of Deaths	2. Total number of reviews and investigations carried out			3. Deaths more likely than not due to problems in care
	During 2020/21 the following number of Berkshire Healthcare NHS Foundation Trust patients died	By 31st March 2021, the following number of case record reviews and investigations have been carried out in relation to 271 of the deaths included above.			The number and percentage of the patient deaths during the reporting period that are judged to be more likely than not to have been due to problems in the care provided to the patient are detailed below. (These numbers have been estimated using either Initial Findings Report or Root Cause Analysis methodology)
Mandated Statement		1 st Line Case Record Reviews (Datix)	2 nd Line Review (IFR/ SJR)	Case Record Review & Investigation (SI)	
Total 20/21	3285 ↓	369	167 ↓	25	1 representing 0.03% ↓
Mandated Statement	This comprised of the following number of deaths which occurred in each quarter of that reporting period:	The number of deaths in each quarter for which a case record review or an investigation was carried out was:			In relation to each quarter, this consisted of:
Q1 20/21	1478	170	72	7	1 representing 0.08%
Q2 20/21	915	101	48	9	0
Q3 20/21	892	98	47	9	0
Q4 20/21					

Source- Trust Learning from Deaths Reports

A number of learning points were identified from the review and actions arising from the learning points have been completed and monitored through the Trust mortality review group. The impact of actions is monitored through the Serious Incident process.

Figure 27 below details the number of deaths of Trust patients in 2019/20 that had case note reviews and investigations carried out in 2020/21. This is presented

alongside an assessment of the number of these deaths that were more likely than not to have been due to problems in care provided and, as a result, a revised estimate of the number of deaths that were more likely than not due to problems in care in 2019/20. Please note that the table contains statements that are mandated by NHS Improvement for inclusion in the Quality Account.

Figure 27- Deaths of Trust patients in 2019/20- case reviews and investigations carried out in 2020/21

	1. Reviews and investigations carried out	2. Deaths more likely than not due to problems in care	3. Revised estimate of deaths in 2019/20 that were more likely than not due to problems in care
Mandated Statement	The number of case record reviews and investigations completed after 31 st March 2020 which related to deaths which took place before the start of the reporting period (deaths before 1 st April 2020)	The number and percentage of patient deaths before the reporting period that are judged to be more likely than not to have been due to problems in the care provided to the patient. (These numbers have been ascertained using either Initial Findings Report or Root Cause Analysis methodology)	The number and % of the patient deaths during 2019/20 that are judged to be more likely than not to have been due to problems in the care provided to the patient.
	Case Record Reviews		
	Investigations (SIs)		
Total	29	1	1, representing X% TBC Q4

Reporting against core indicators

i Since 2012/13, all NHS Foundation Trusts have been required to report performance against a core set of indicators. This section details the Trust's performance against these core indicators.

Where available, the national averages for each indicator, together with the highest and lowest scores nationally have also been included.

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

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

Figure 28	2018/19	2019/20	2020/21			National Average 2020/21	Highest and Lowest
			Q1	Q2	Q3		
The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period	98.7%	96.5%	95.7%	94.6% *	98.6%	TBC Q4	TBC Q4
Data relates to all patients discharged from psychiatric inpatient care on Care Programme Approach (CPA)							
Note: The acceptable exclusions for these indicators are as follows: (i) patient dies within 7 days of discharge, (ii) where legal precedence has forced the removal of the patient from the country (iii) patients discharged to another inpatient psychiatric ward (iv) CAMHs patients are not included.							
Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: In line with national policy to reduce risk and social exclusion and improve care pathways we aim to ensure that all patients discharged from mental health inpatient care are followed up (either face to face or by telephone) within 7 days of discharge. This is agreed and arranged with patients before discharge and this facilitates our high compliance level.							
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services: The Trust meets the minimum requirement set by NHS Improvement of 95% follow up through the implementation of its Transfer and Discharge from Mental Health and Learning Disability Inpatient Care Policy.							

Source- Trust Tableau Dashboard

* The target of 95% was not met in Q2 of 2020/21. As a result, the wards are reviewing systems and processes for ensuring that community teams are notified on discharge.

Figure 29	2018/19	2019/20	2020/21			National Average 2020/21	Highest and Lowest
			Q1	Q2	Q3		
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period	99.1%	99.8%	100%	100%	99%	TBC Q4	TBC Q4
Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: Crisis resolution and home treatment (CRHT) teams were introduced in England from 2000/01 with a view to providing intensive home-based care for individuals in crisis as an alternative to hospital treatment, acting as gatekeepers within the mental healthcare pathway, and allowing for a reduction in bed use and inappropriate in-patient admissions. An admission has been gate kept by the crisis resolution team if they have assessed the patient before admission and if the crisis resolution team was involved in the decision- making process							
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services, by: The Trust Admissions policy and procedures provides a clear framework to ensure that no admissions are accepted unless via the urgent care service.							

Source- Trust Tableau Dashboard

Figure 30	2018/19	2019/20	2020/21			National Average 2020/21	Highest and Lowest
			Q1	Q2	Q3		
The percentage of Mental Health patients aged— (i) 0 to 15; and (ii) 16 or over, readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	6.9%	6.1%	5.2%	5.5%	6.6%	Not Available (National Indicator last updated 2013)	Not Available (National Indicator last updated 2013)
Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: The Trust focusses on managing patients at home wherever possible and has fewer mental health beds for the population than in most areas. Sometimes the judgement to send a patient home may be made prematurely or there may be deterioration in the patient's presentation at home due to unexpected events.							
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services, by: Work being undertaken around gatekeeping for admission to the hospital should start to ensure all admissions are appropriate and/or have greater consideration of their benefits and risks. A Post Admission Review (PAR) is now in place and embedded which takes place within 72 hours (wherever possible) and produces an intended discharge date (IDD). This is monitored at the daily bed management team so that plans are checked, and any concerns escalated.							

Source- Trust Tableau Dashboard

Figure 31	2018/19	2019/20	2020/21	National Average 2020/21	Highest and Lowest
				For combined MH/LD and community Trusts	
The indicator score of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends <i>This finding has been taken from the % of staff respondents answering 'yes' to Question 21d of the National NHS Staff Survey: "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation."</i>	73.6%	74.4%	TBC Q4	TBC Q4	TBC Q4
Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: The Trust's score is better than average, and this is maintained.					
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services, by: Implementing a five-year Organisational Development strategy which has at its heart the achievement of high levels of staff engagement and through that high-quality care and service delivery. The specific objectives of the strategy, to be implemented in stages over five years are: To enable every member of staff to see how their job counts, to listen and involve staff in decisions that impact their areas of work, to provide support for their development, and to develop our clinical and managerial leaders. In this, Berkshire Healthcare Trust has signed up to the national Pioneer initiative – Listening into Action – aimed at engaging and empowering staff in achieving better outcomes for patient safety and care. In addition, the Trust runs a Compassionate Leadership course and Excellent Manager Programme which are well attended with positive feedback. Several interventions are also in place to help make it a better place to work despite the challenges around recruiting and retaining staff.					

Source: National Staff Survey

Figure 32	2018/19	2019/20	2020/21	National Figures 2018/19	Highest and Lowest
Patient experience of community mental health services indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period	7.2	7.3	7.3	7.1 (median figure for all participating Trusts)	6.1-7.8
Berkshire Healthcare NHS Foundation Trust considers that this score is as described for the following reasons: The Trusts score is in line with other similar Trusts.					
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this score, and so the quality of services, by: Being committed to improving the experience of all users of their services. Data is collected from a number of sources to show how our users feel about the service they have received. Actions are put in place through a number of initiatives to improve both an individual's experience and if required to change the service provision.					

Source: National Community Mental Health Survey

Figure 33	2018/19	2019/20	2020/21			National Figures 2020/21	Highest and Lowest
			Q1	Q2	Q3		
The number of patient safety incidents reported	4518 *	6294 *	1695 *	1803 *	1629 *	TBC **	TBC **
Rate of patient safety incidents reported within the Trust during the reporting period per 1000 bed days	46.2 *	62.9 *	88.2 *	85.1 *	79.3 *	TBC ** (Median)	TBC **
The number and percentage of such patient safety incidents that resulted in severe harm or death	40 (0.9%) *	58 (0.9%) *	11 (0.6%) *	11 (0.6%) *	6 (0.4%) *	TBC **	TBC **
Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: The above data shows the reported incidents per 1,000 bed days based on Trust data reported to the NRLS. In the NRLS/ NHSI most recent organisational report published in X 2021, the median reporting rate for the Trust is given as X incidents per 1000 bed days (but please note this covers the 6-month period X-X). High levels of incident reporting are encouraged as learning from low level incidents is thought to reduce the likelihood of more serious incidents.							
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services, by: Bolstering the internal governance and scrutiny of serious incident reports, their recommendations and action plans. Implementation of strategies to address common findings in serious incident reports, including clinical record keeping and triangulation of patient risk information.							

Sources: * Trust Figures reported to the NRLS. Please note that these figures are representative of the number of incidents reported at the time the report is sent and are subject to change over time.
 ** NRLS/ NHSI Organisation Patient Safety Incident Report covering 6 months between X- X relating to 50 Mental Health Organisations Only

Part 3. Review of Quality Performance in 2020/21

i In addition to the key priorities detailed in Part 2 of this report, the Trust Board receives monthly Performance Assurance Framework reports related to key areas of quality. The metrics in these reports are closely monitored through the Trust Quality Governance systems including the Quality Executive Group, the Quality Assurance Committee, and the Board Audit Committee. They provide assurance against the key national priorities from the Department of Health's Operating Framework and include performance against relevant indicators and performance thresholds set out in the Compliance Framework. Information relating to specific areas of Trust quality and safety performance in 2019/20 is detailed below.

Medication errors

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

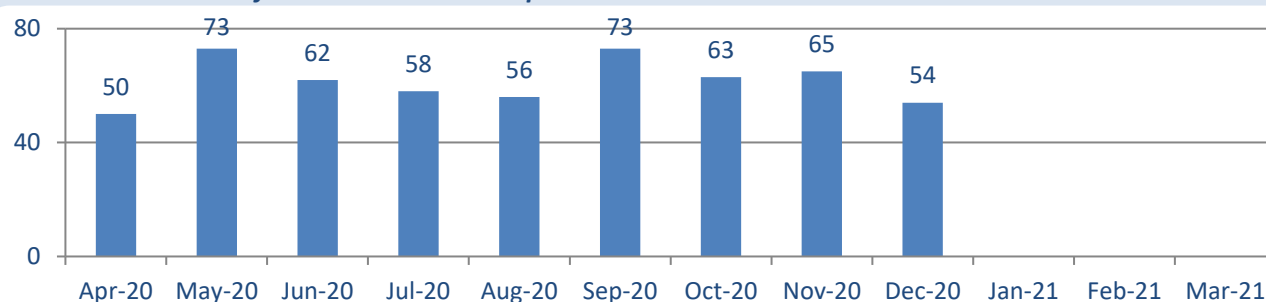
Figure 34 below details the total number of medication errors reported per month. When interpreting this figure, it should be noted that a high and increasing rate of medication error reporting is a sign of a healthy learning culture in the organisation and that reporting of such errors is being encouraged as the first step in ensuring that a robust safety culture exists. The data reported also includes all the near misses and documentation errors, so they are not all actual incidents. There is also evidence to suggest that not all incidents and near misses that staff acted upon were

reported, so any increase may be due to better reporting culture rather than a less safe organisation.

There was one moderate medication error reported in Quarter 3. This related to a patient with prostate cancer with bony metastases referred for pain control. Modified release morphine and other pain control were reviewed including an increase of morphine dose. There were later 3 referrals for acute pain where 3 doses of morphine were administered as per prescription, the latter being discussed with the Out of Hours GP. The patient was still in pain later and a syringe driver was commenced at a conservative dose as prescribed after discussion with an Out of Hours GP. On the following day, the patient developed opioid toxicity. No preventable medication error was identified, and this is the challenge of managing such patients in the home environment where the patient may not respond as expected.

All medication errors are considered by the Trust's Medication Safety Officer(s) and the Medication Safety Group (MSG) who consider trends and educational interventions appropriate to the errors. This group is a formal sub-group of the Trust Drug and Therapeutics Committee (DTC).

Figure 34: Number of Medication Errors Reported Each Month



Source: Medicines Safety Quarterly Report

Absent without leave (AWOL) and absconsions

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

Figures 35 and 36 below detail the number of absconsions on a Mental Health Act Section and the number of patients absent without leave on a Mental Health section.

Figure 35- Absent without leave (AWOL) on a Mental Health Section- (Rolling quarters)

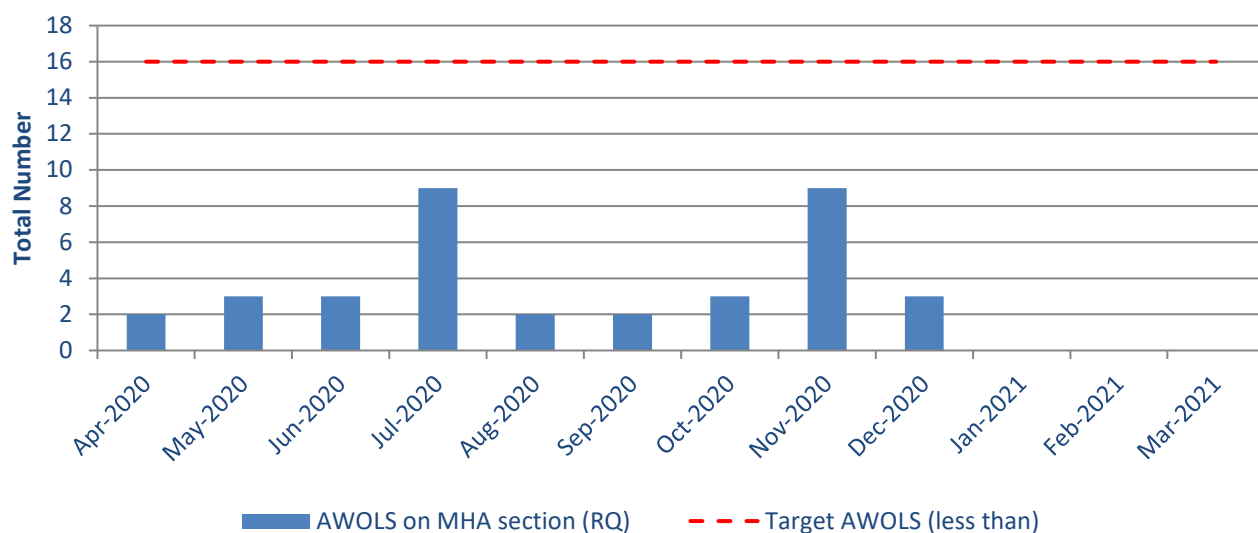
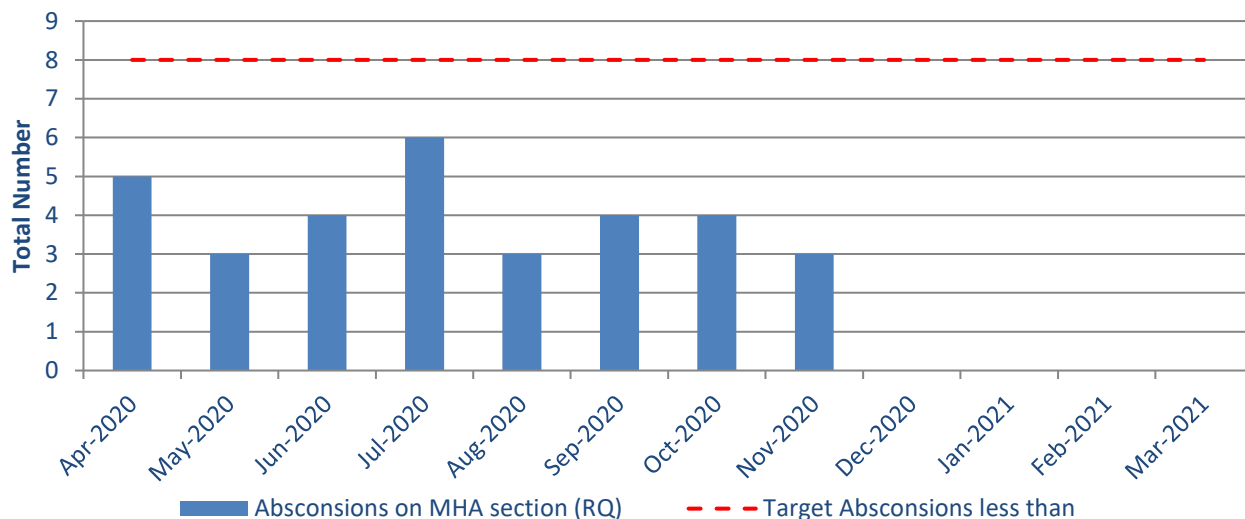


Figure 36- Absconsions on a Mental Health Act (MHA) Section- (Rolling Quarters)



Source- Trust Tableau Dashboard

Other Quality Indicators

Figure 37- Other Quality Indicators	Annual Target	2018/19	2019/20	2020/21			Commentary
				Q1	Q2	Q3	
Patient Safety							
Never Events	0	0	0	0	0	0	Total number of never events
Infection Control-MRSA bacteraemia	0	0	0	0	0	0	Total number of MRSA Cases <i>Source- Trust Inf. Control. Rept.</i>
Infection Control-C. difficile due to lapses in care	<6	1	1	0	1	0	Total number & rate per 1000 occupied bed days of C. Diff due to lapse in care by Trust. <i>Source-Trust Infection Control Reports</i>
Medication errors	Increase Reportin g	830	910	185	187	182	Total number of medication errors reported. <i>Source- Trust Medicines Management Report</i>
Admissions to adult facilities of patients under 16 yrs. old	0	0	0	0	0	0	Total number of patients <16 years of age admitted to adult Mental Health Inpatient Facilities
Inappropriate out-of-area placements (OAP) for adult mental health services (Occupied Bed days as OAP)	Reduce as per NHSI Target	185 (Target Met)	86 (Target Met)	57 (Target Met)	139 (Target not Met) *	260 (Target not Met) *	Average monthly total bed days spent out of area *Target not met in Q2 or Q3 due to high rate of acuity in patients and also patients requiring PICU
Mental Health minimising delayed transfers of care (Relates to Mental Health delays only- Health & Social Care).	<7.5%	11.3%	6.8%	6.4%	3.7%	5.6%	Average monthly %. Calculation = number of days delayed in month divided by Occupied Bed Days in month.
Clinical Effectiveness							
Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	53%	82.6%	91.7%	97.0%	97.0%	97.2%	Average monthly %
Improving access to psychological therapies (IAPT): proportion of people completing treatment who move to recovery	50%	57.4%	56.7%	54.0%	56.7%	57.4%	Average Monthly %
Improving access to psychological therapies (IAPT): People with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral	75%	98.3%	95.7%	95.0%	96.3%	98.0%	Average monthly %

Figure 37- Other Quality Indicators	Annual Target	2018/19	2019/20	2020/21			Commentary
				Q1	Q2	Q3	
Improving access to psychological therapies (IAPT): People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral	95%	100%	100%	100%	100%	100%	Average monthly %
A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge	95%	99.8%	98.1%	96.3%	97.6%	98.1%	Average monthly %
Data Quality Maturity Index (DQMI) – MHSDS dataset score (Revised Indicator)	95%	97.8%	96.5%	98.6%	98.6%	99.0%	Average monthly %
Patient Experience							
Community Paediatric Service- Referral to Treatment waiting times (RTT)- Incomplete pathways- How many within 18 weeks (%)	95% <18 weeks	99.4%	99.8%	99.3%	100%	100%	Average monthly %
Diabetes Service- Referral to Treatment waiting times (RTT)- Incomplete pathways- How many within 18 weeks (%)	95% <18 weeks	99.5%	100%	98.7%	100%	100%	Average monthly %
Complaints received		230	231	38	62	51	Total number of complaints
1. Complaint acknowledged within 3 working days	100%	100%	100%	100%	98.3%	100%	% meeting requirement
2. Complaint resolved within timescale of complainant	90%	100%	99.5%	100%	98.7%	100%	% meeting requirement

Source- Trust Tableau Dashboard except where indicated in commentary

Statement of Directors' responsibilities in respect of the Quality Report

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

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

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

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust annual reporting manual 2020/21 and supporting guidance detailed requirements for quality reports 2020/21
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2020 to May 2021
 - papers relating to quality reported to the Board over the period April 2020 to May 2021
 - feedback from commissioners dated April 2021
 - feedback from governors dated April 2021
 - feedback from local Healthwatch organisations dated April 2021
 - feedback from Overview and Scrutiny Committees dated April 2021
 - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2021
 - the 2019 national patient survey, November 2020
 - the 2019 national staff survey, February 2021
 - the Head of Internal Audit's annual opinion of the Trust's control environment dated May 2021
 - CQC inspection report dated March 2020
- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review, and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the Board

Date and signature in Q4

Martin Earwicker, Chairman

Date and signature in Q4

Julian Emms, Chief Executive

Appendix A- Annual Plan on a Page

Annual Plan on a Page- 2020-21

Please note that the original 2020/21 Annual Plan was updated in May 2020, in light of the COVID-19 pandemic, to become a Recovery plan on a page

Recovery plan on a page 2020/21

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


NHS
Berkshire Healthcare
NHS Foundation Trust



True North goal 1: Harm-free care

✓ To provide safe services by eliminating avoidable harm


- We will protect our patients and staff from getting COVID-19 by using appropriate infection control measures
- We will make sure that we have safe levels of staffing to meet service demands
- We will engage with all services over the next six months and agree a plan to safely bring all services back to full operation
- We will continue to reduce falls, pressure ulcers, self-harm in in-patient services and suicide across all of our services
- We will recognise and respond promptly to physical health deterioration on our in-patient wards
- We will strengthen our safety culture to empower staff and patients to raise safety concerns without fear, and to facilitate learning from incidents



True North goal 2: Supporting our staff

✓ To support our people and be a great place to work

- We will sustain and improve staff engagement across all of our services
- We will make sure all staff have the appropriate skills, training and support for their roles
- We will support staff to embed working remotely and to operate safely and effectively
- We will protect and sustain the health and wellbeing of our staff, reducing sickness absence
- We will increase numbers of staff feeling they can influence how we work and make decisions
- We will increase numbers of staff recommending the care and treatment of our services
- We will improve staff recruitment, retention and satisfaction
- We will have a zero tolerance to bullying and harassment
- We will reduce violence and aggression towards our staff



True North goal 3: Good patient experience

✓ To provide good outcomes from treatment and care

- We will use patient and carer feedback to drive improvements in our services, with specific engagement on proposed new ways of working
- We will manage patient flow effectively, with minimum delays and make sure that patients stay within our services for no longer than is clinically appropriate
- We will engage and communicate with patients and the public to make sure that they understand how to access the right help at the right time
- Our services will support patients to manage any direct or indirect adverse impact of COVID-19



True North goal 4: Money matters

✓ To deliver services that are efficient and financially sustainable

- We will achieve our financial plan for the year
- We will transform our clinical and non-clinical services using a digital first approach, to improve patient experience, streamline our estate, reduce our carbon footprint and support work-life balance for our staff

With our health and care partners: We will work in partnership with local systems to build Recovery and Restoration plans to build sustainable health and care that incorporate new ways of working.

Annual Plan on a Page- 2021-22

To be included when published.

Appendix B- National Clinical Audits- Actions to Improve Quality

National Clinical Audits Reported in 2020/21 and results received that were applicable to Berkshire Healthcare NHS Foundation Trust

National Audits Reported in 2020/21		Recommendation (taken from national report)	Actions to be Taken
NCAPOP Audits			
1	National Clinical Audit of Psychosis (NCAP) – Early Intervention in Psychosis (EIP) report 2019/20	The NCAP audit is a three-year programme which Berkshire Healthcare have submitted data for. The first year of the audit examined care provided to people with psychosis by inpatients and outpatient services. In years 2 (2018/19) and this current re audit (year 3: 2019/20), the audit looked at the care provided by EIP services.	<p>Additional work was undertaken that allowed the service to immediately review the data submission rather than wait for actions from the National Report. An action plan was agreed and implemented, which addressed the standards requiring improvement:</p> <ul style="list-style-type: none"> - To provide more Friends and Family education courses in different formats to make the courses more accessible and ensure there is weekly attendance. - Improve interaction between EIP Care Coordinators and Consultants. - To standardise the three physical health forms on the RiO patient record to one single form to record all data. - To explore how Tableau can be utilised further to support recording of and highlighting missing physical health data.
2	National Clinical Audit of Anxiety and Depression (NCAAD)– 2nd spotlight audit report -May 2020	The second NCAAD spotlight audit into Psychological Therapy Services was presented to the Trust Quality Executive Group and Quality Assurance Committee in August 2020. In addition to the main national report, all patients were sent a service user survey to detail the experiences and perspectives of adults who are accessing secondary care psychological therapy for anxiety or depression. Responses from this survey were sent directly back to the national team.	<ul style="list-style-type: none"> - The Trust has put in place actions to update information leaflets with data management, treatments, and treatment choices to be utilised by all services. Therapists have been reminded of the need for formulation to be documented and clearly linked to treatment and safety management planning. In addition, a Trust-wide piece of work is in progress on service user satisfaction which will also help identify any further issues. - A Supervision Task and Finish Group was set up to review competency assessment requirements to ensure practising clinicians are sufficiently skilled in the therapies they deliver where accreditation is either not available or not an essential requirement for the level of practise. This significant piece of work has been completed and supports the national recommendations listed in the survey. - A recommendation from the main clinical audit was to establish a trust-wide Psychological Therapies Committee. This is being established and will meet on quarterly basis will ensure continued oversight of this work

National Audits Reported in 2020/21		Recommendation (taken from national report)	Actions to be Taken
Non-NCAPOP Audits			
3	Prescribing Observatory for Mental Health (POMH) 9d: Antipsychotic Prescribing in People with a Learning Disability	<p>This is a re-audit of a 2009, 2011 and 2015 POMH Antipsychotic prescribing audit of people with a learning disability under the care of mental health services. The aim of this national audit is to help mental health services improve prescribing practice in patients with learning disability. Although the use of antipsychotic medication for psychotic and related illnesses in people with a learning disability (LD) is supported by clinical guidelines, the common off-label use of these medicines for the management of behavioural problems unrelated to diagnosed mental illness has always been controversial. The difficulties faced by psychiatrists in balancing the risks and benefits of pharmacological strategies for the management of challenging behaviour in people with LD prompted the development of a good practice guideline by a group of experts in this field.</p>	<ul style="list-style-type: none"> - A standard letter template has been developed for correspondence with the GP. This will include recording of the presence/absence of side effects, therapeutic effect of medication and compliance with Stopping Over-Medication of People with a Learning Disability (STOMP)-evidence of consideration of reduction in medication/discontinuing medication. - The Head of Learning Disabilities is writing to the learning disability Psychiatrists to outline the mandatory requirement for all clinical assessments and reviews to include assessment/monitoring/ and recording of the presence/ absence of side effects following clinical assessment/ reviews. - Introduce an evidence-based tool for assessing extrapyramidal side effects. - The Head of Learning Disabilities is writing to the learning disability Psychiatrists to outline the mandatory requirement for all clinical assessments and reviews to ensure that there is a review of cardiometabolic screening and recording in order to inform clinical treatment plans and safe and effective monitoring of cardiometabolic factors. - To support with evidencing compliance the learning disability service will introduce and use the 'Physical Health & Lifestyle Assessment Form' once it is launched on RIO. - Increase the use of connected care to review physical health observations and blood test results and transfer these into the RIO 'Physical Health & Lifestyle Assessment Form.' - Quality Improvement methodology will be applied to further investigate low levels of recording of side effects and cardiometabolic screening. This will inform additional actions to address low levels of recording and to measure and ensure improvement/compliance.

Appendix C- Local Clinical Audits- Actions to Improve Quality

	Audit Title	Conclusion/Actions
1	(5402) Clinical Audit of physical examination on admission of psychiatric inpatients (Junior Doctor Project)	<p>As individuals with mental illness have a high morbidity and mortality rate from physical health problems, there is a duty placed on mental health professionals to evaluate both physical and mental health upon admission. This audit was undertaken to evaluate compliance with physical examination upon admission to Rose Ward in accordance with Royal College of Psychiatrist guidelines, which state that this should be within 24 hours. In addition, we also sought to characterise thoroughness of physical examination, assessed against standards specified on Psychiatric Inpatient Physical Health Assessment Sheet (PIPHAS) documentation.</p> <p>Maintain PIPHAS documentation as a key admission document. Highlight to junior doctors the importance of timely physical examination at induction, and of completing PIPHAS documentation on admission. Nomination of a junior doctor as physical health lead to maintain and further improve compliance.</p>
2	(5493) A clinical audit report on communication between health professional and next- of- kin during the course of inpatient admission (Junior Doctor Project)	<p>When a patient is admitted to a psychiatric hospital, it can be a daunting experience not only for patients, but also their families, thus it is important for doctors to communicate effectively with the next-of-kin during the stay. Educating the next- of- kin about patient diagnosis and treatment may enhance patient treatment adherence, decrease relapse rate and equip carers with skills to support the patient. If the patient lacks mental capacity to make autonomous decisions, involving the next- of-kin in decision making could be beneficial in allowing patients to receive treatment which is in their best interest. The interaction between the multidisciplinary team, patient and the next- of kin (with patient's consent) should ideally be a collaborative effort to develop a suitable care plan (The Royal College of Psychiatrists).</p> <p>A survey amongst health professionals on various wards to elicit why next-of-kin were not contacted. It would be beneficial to share the results at group meetings, such as the Inpatient Medical Staff meetings at Prospect Park Hospital. Presentation of the findings at the Academic Audit Meeting on 30th January, which will be useful to convey the importance of contacting the next- of-kin and ultimately increase awareness on this topic.</p>
3	(5872) An Audit on the Prescribing Standards of 'As Required' (PRN) Psychotropic Medication on an Acute Adult Mental Health Ward (Junior Doctor Project)	<p>The prescribing of 'pro re nata', or 'as required (PRN)', psychotropic medication provides short term relief of distress. However, PRN medications have been argued to increase the risk of morbidity and have the potential to be inappropriately used. It is important to determine whether these medications are being prescribed properly and safely as well as being used appropriately within Rose Ward, Prospect Park Hospital.</p> <p>To enforce the indication field for all PRN medications on ePMA to be mandatory Improvement in documentation within the MDT form with review of psychotropic PRNs Liaise with the trust and pharmacy to initiate the process of creating local guidelines for PRN medications which clearly state that indication, maximum doses and intervals for medications should be written on prescriptions.</p>

	Audit Title	Conclusion/Actions
4	(5904) Review of Implementation of Outcomes following Absent Without Leave (AWOL) Re-audit (2020)	<p>The purpose of the 2019 further re-audit is to find out whether staff are continuing to follow Berkshire Healthcare's policy and procedures for patients who are missing/absent from mental health service (CCR144) and maintain the changes originally implemented as well using the new audit to determine whether further changes need to be made to the AWOL policy.</p> <p>Staff should inform police if patient's return to ward and document on the RiO patient record. Staff should record the reporting of the incident to a member of the medical team and local authority, document on RiO and display Datix prompt sheet in staff office.</p> <p>Discussions with Senior Management Team who are planning to review policy due to local authority procedural changes and clarify any unclear CRHTT position in AWOL policy.</p>
5	(5388) Comparison of existing Autism assessment service Multi - Agency Assessment Group (MAAG) versus new assessment pathway Report - Final	<p>A new autism assessment pathway (combined assessment) was introduced in view of increasing demand for Autism assessment.</p> <p>Objective was to compare the following:</p> <ol style="list-style-type: none"> 1. Total waiting time from referral to diagnosis 2. Effective use of professionals' time per patient 3. Age at diagnosis - early diagnosis to ensure early intervention as per NICE guidance. <p>Both Combined Assessment and MAAG pathways have their place in Autism Spectrum Disorder assessment</p> <p>In Combined Assessment, the Paediatrician along with Speech and Language Therapist is able to offer objective assessment, diagnosis and discussion, all within 90 minutes</p> <p>Age at referral, clinical presentation, parental view and availability of Speech and Language therapist are some factors that need careful case-based consideration when deciding which pathway would be suitable</p>
6	(5644) Audit of Safeguarding Advice Lines Report March 2020	<p>The purpose of the audit is to ensure consistency in the recording of safeguarding advice given by the named professionals and evidence of the advice given has been followed.</p> <p>The two Safeguarding Advice Lines to continue to be promoted to staff via available platforms, including Team Brief, screensavers and the Safeguarding Team Newsletter and face to face training sessions.</p> <p>The results of this audit to be shared with Named Professionals and Named Professionals to be reminded that the name of the adult/child (where known), or an NHS number is to be recorded on the Excel spreadsheet and the advice sheet. This will assist when reviewing or re-auditing cases.</p> <p>Improved documentation of patient identifiers on advice sheet and on master Excel spreadsheet. If an advice sheet is not being sent document this clearly on the Excel spreadsheet.</p> <p>A scoping review of calls to the Children's Advice Line for a 3-month period to establish if CPE are using it. If data suggests that this is not the case, then offer targeted support to that team regarding risks to Children in home where adults have significant mental health concerns.</p>

	Audit Title	Conclusion/Actions
7	(5765) Re-audit of Antimicrobial Prescribing on all Berkshire Healthcare NHS Foundation Trust Inpatient Wards Project 2019-20	<p>This audit is a re-audit to determine how compliant the Trust was with nationally recognised standards of good antimicrobial stewardship (AMS) and practice, and whether local Trust prescribing guidelines for antimicrobial prescribing is followed by prescribers.</p> <p>Reviewing reasons for omitted doses on wards</p> <p>Continue staff engagement through continued staff training and awareness of AMS principles, in particular:</p> <p>Documenting allergy status on all drug charts – applicable to the Community Health wards</p> <p>Documenting the indication of antimicrobials on both the drug chart and in the medical notes,</p> <p>Continuing to base antimicrobial choice on Trust guidelines, cultures and sensitivities or microbiology advice</p> <p>Documenting the duration of course on every drug chart (particular attention is needed for community wards)</p> <p>Ensuring cultures that are requested for urine and blood infections are taken, or a reason is documented as to why not, and that results are reviewed and that this review is documented in the medical notes</p> <p>Audit findings to be shared with the AMS group</p>
8	(5986) British Association for Sexual Health and HIV (BASHH) Gonorrhoea audit report 2019-20	<p>To look at the adherence to national guidelines on our management of gonorrhoea, including time to care, test of cure and using first line antibiotics.</p> <p>Check all patient contact details on every consult</p> <p>Document that information is given to patients</p> <p>Get permission to document the details of all contacts in known positive patients to enable partner notification</p> <p>Culture all three sites from all positive patients</p> <p>Continue with other areas of care in which we are achieving the standards</p>
9	(4528) Audit on screening for dementia using the 6 Item Cognitive Impairment Test (6CIT) Final Report June 2020	<p>The aim is to ensure all patients who have undergone a 6CIT screening assessment for Dementia are referred for diagnosis if appropriate in line with NICE Clinical Guideline NG97: Dementia: assessment, management and support for people living with dementia and their carers.</p> <p>Re-educate team about the dementia assessment with lectures or workshops.</p> <p>Encourage staff involved in the assessment of dementia to have e-learning on dementia.</p> <p>To discuss further about the online form with RIO team.</p> <p>Process of screening for dementia in Trust rehab wards (Jubilee ward / Henry Tudor ward) has been reviewed and a new flowchart has been suggested.</p>

	Audit Title	Conclusion/Actions
10	(5905) Community Hospitals In-Reach to Acute Report June 2020	<p>The aim of this service evaluation was to determine the effectiveness of the In-Reach service provided by Berkshire Healthcare to acute hospitals.</p> <p>To expand our services to be able to receive more patients from the community and have access to point of care bloods which will be able to provide quick blood results.</p> <p>To increase our In-reach team to include Advanced Nurse Practitioners.</p>
11	(5585) Safeguarding and Looked After Children Reporting schedule 2019- Review Health Assessment (RHA) audit	<p>The audit is required as part of the safeguarding and looked after children reporting schedule 2019 to 2020 for East Berkshire Clinical Commissioning Group and Berkshire West Clinical Commissioning Group. The audit measures the quality of the Review Health Assessment (RHA) for looked after children benchmarked on the 2019/20 National Tariff Payment System: Looked after children health assessment checklist tool. The audit provides commissioners with assurance that the health assessment completed by Berkshire Healthcare NHS Foundation team meet the national standards.</p> <p>The findings of the audit will be shared at the directorate Patient Safety and Quality meeting.</p> <p>The following will be incorporated into the level 3 children in care training provided for all staff undertaking review health assessments.</p> <p>All future health appointment should be recorded on the RHA.</p> <p>The date of the most recent dental check should be recorded and can be obtained from the child / young person or carer.</p> <p>The date of the most recent eye test should be recorded on the RHA.</p> <p>The date of the most recent hearing test should be recorded on the RHA if available. If it is not available, the date can be obtained from the newborn hearing screen or care plus.</p> <p>Information from other health professionals should be gathered and recorded on the RHA. If the child is in receipt of one of these services and it is provided by Berkshire Healthcare then the information will be available on the RiO patient record. If not, then the practitioner will be required to obtain this information from the relevant health professional.</p> <p>The Drug Use Screening tool should be completed for all children where there is evidence of substance misuse.</p> <p>The Strengths and Difficulties Questionnaire should be available and if not, the reason recorded.</p> <p>The family composition of the home where the child is placed should be documented.</p> <p>If referrals are required, then they should be made and documented on the RHA.</p>
12	(5734) Driver and Vehicle Licensing Authority (DVLA) and General Medical Council (GMC) guidance for driving in Newbury Older Adult Home Treatment team patients with functional mental disorders (Junior Doctor Project)	<p>The purpose of this audit was to investigate how the current documentation addressing driving in service users in the Older Adult Home Treatment Team (HTT) compares with current DVLA and driving related GMC guidance.</p> <p>A template for HTT staff to use which mentioned driving status.</p> <p>An easy read flow chart to prompt the MDT member regards the issues raised and its documentation in HTT notes including follow up and resuming driving advice as well as situations when DVLA needs to be informed by patient or staff member.</p>

	Audit Title	Conclusion/Actions
13	(6609) Antipsychotic and QTc monitoring in in-patients (Rose Ward)	<p>The purpose of this audit was to review compliance on Rose Ward, PPH, of both electrocardiogram (ECG) and QTc being undertaken for patients on admission.</p> <p>All the new doctors (particularly junior doctors not having previous experience in psychiatry) entering the Trust should be informed about the admission protocol criteria for ECG monitoring during their induction weeks and also educated about its significance.</p> <p>If the patients had ECG in general hospital prior to coming to psychiatric hospital, there is no need to repeat the ECG. However, the attempts should be made to retrieve the ECG with an aim to ascertain QTc interval and clearly document that in progress notes.</p> <p>If for any reason (e.g. patient non-compliance), the ECG is not done, it should be clearly documented, and attempts should be made to carry out ECG as soon as possible.</p> <p>If for any reasons the ECG could not be carried out and antipsychotic administration is necessary, the consideration should be given to antipsychotic with lower propensity to effect QTc interval (e.g. aripiprazole)</p> <p>The QTc interval should be interpreted manually as much as possible, however that might not always be possible as due to the different level of expertise. So, if in any doubt, we should not hesitate to contact medical team/cardiologists.</p> <p>It would be helpful if the Trust could provide some short refresher courses led by local cardiologists/specialists/GP, who can help psychiatrists refresh their knowledge of ECGs particularly in relation to measuring QTc interval. Or alternatively, Royal College of psychiatrists provide some online courses that all the doctors could have access to as a part of induction process.</p>
14	(6612) Executive requested local re-audit of Assessment of the side effects of depot/ Long- Acting Injectable (LAI) antipsychotics (follow-up action from POMH 6d - Assessment of the side effects of depot antipsychotics national audit)	<p>It was agreed as part of the assurance process that, once the relevant actions to improve the care against 3 standards had been implemented, an internal re-audit would be undertaken six months later on a couple of the lowest performing localities.</p> <p>Standardisation of depot clinic process to include physical health checks and Glasgow Antipsychotic Side-effect Scale (GASS).</p> <p>Consideration to be given to the development of a RIO care pathway for patients on LAI.</p> <p>Medical staffing to be advised of location of GASS tool in RIO</p> <p>Standardised depot register for all localities to include an alert for side effects/physical health checks.</p>

	Audit Title	Conclusion/Actions
15	(5974) Review Audit of Mental Capacity Act Integration in Clinical Practice (2019/20)	<p>PURPOSE AND CONTEXT: The Mental Capacity Act (MCA) 2005 promotes and safeguards decision-making within a legal framework by empowering people to make decisions for themselves wherever possible and protect people who lack capacity by providing a flexible framework that places individuals at the heart of the decision-making process. The aims of this re-audit were to establish compliance with MCA 2005 and MCA Deprivation of Liberty Standards (DOLS) national and local policy and process in order to identify gaps with embedding the MCA into everyday clinical practice; establish the impact of specialist support and training on the integration of MCA to clinical practice; identify themes for further development.</p> <p>Support services to ensure that admission processes include the documented patient consent to admission to improve compliance with the policy CCR045, policy CCR035 and policy CCR096.</p> <p>Support mental health inpatient service to develop MCA DOLS knowledge and the changes required in process when patients are detained under MCA DOLS.</p> <p>Support services to develop and improve compliance with record keeping policies and guidelines in line with the Trusts True North Goal 1. Harm free care.</p>
16	(6962) JD: A quality schedule audit of the appropriateness of referrals accepted to the Attention Deficity Hyperactivity Disorder (ADHD) pathway, at CAMHS, Reading	<p>The aim of the audit is to examine current practice in reviewing and processing referrals to the ADHD pathway from out of area locality and from the private healthcare sector.</p> <p>Findings of audit to be presented to Specialist CAMHS ADHD pathway to raise awareness regarding standards set by NICE guidelines and General Medical Council Good Practice Guidance and the findings of the audit.</p> <p>A letter can be written to all the GPs in the area about the importance of the referral letter and all the details which need to be covered in it.</p> <p>A checklist can be created to ensure that all relevant details are present in the referral note and depending on what the checklist shows, a letter can be sent to the referring service asking for details.</p>

Appendix D- CQUIN 2020/21

CQUIN paused nationally for 20/21

Appendix E- CQUIN 2021/22

To be added when available

Appendix F- Statements from Stakeholders

To be included in Q4

Appendix G- Independent auditor's report to the Council of Governors of Berkshire Healthcare NHS Foundation Trust on the quality report

No requirement for external audit in 2020/21

Glossary of acronyms used in this report

Acronym	Full Name
ADHD	Attention Deficit/ Hyperactivity Disorder
AIRS	Adult Integrated Respiratory Team
ASLT	Adult Speech and Language Therapy
AMS	Anti-Microbial Stewardship
AQP	Any Qualified Provider
ARC	Assessment and Rehabilitation Centre
ASD	Autistic Spectrum Disorder
ASSIST	Assertive Intervention Stabilisation Team
AWOL	Absent Without Leave
BAF	Board Assurance Framework
BAME	Black Asian and Minority Ethnic
BAPEN	British Association for Parenteral and Enteral Nutrition
BASHH	British Association for Sexual Health and HIV
BSPI	Brief Suicide Specific Psychological Intervention
BTSS	Berkshire Traumatic Stress Service
CAMHS	Child and Adolescent Mental Health Service
CARRS	Cardiac and Respiratory Rehabilitation Service
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
CCN	Community Children's Nursing
CDS	Commissioning Data Set
CDiff	Clostridium Difficile
CHOICE	Carbohydrate (CHO) and Insulin Calculation Education
CMHT	Community Mental Health Team
COPD	Chronic Obstructive Pulmonary Disease

Acronym	Full Name
COVID-19	Coronavirus disease 2019
CPA	Care Programme Approach
CPE	Common Point of Entry
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRHTT	Crisis Resolution and Home Treatment Team
CST	Cognitive Stimulation Therapy
CTPLD	Community Team for People with Learning Disabilities
CYPF	Children, Young People and Families
CYPIT	Children and Young People's Integrated Therapy Service
DBT	Dialectical Behavioural Therapy
DOC	Duty of Candour
DoLS	Deprivation of Liberty Standards
DQMI	Data Quality Maturity Index
DSPT	Data Security and Protection Toolkit
DTC	Drugs and Therapeutics Committee
DVLA	Diver and Vehicle Licensing Authority
ECG	Electrocardiogram
EHCP	Education Health and Care Plan
EIP	Early Intervention in Psychosis
EPMA	Electronic Prescribing and Medicines Administration
EPR	Electronic Patient Record
EPS	Electronic Prescription Service
ETP	Extended Trauma Pathway
EUPD	Emotionally Unstable Personality Disorder
FFT	Friends and Family Test
GASS	Glasgow Antipsychotic Side-effect Scale
GDE	Global Digital Exemplar
GMC	General Medical Council
HDS	Hospital Discharge Service
HTT	Home Treatment Team
HV	Health Visitor, Health Visiting
IAF	Information Assurance Framework
IAPT	Improving Access to Psychological Therapies
ICP	Integrated Care Partnership
ICR	Intensive Community Rehabilitation
ICS	Integrated Care System
IFR	Initial Findings Report
IHV	Institute of Health Visiting
IMPACTT	Intensive Management of Personality Disorders and Clinical Therapies Team
IPC	Infection Prevention and Control
IPS	Individual Placement and support (Employment Service)

Acronym	Full Name
IV	Intravenous
LAC	Looked After Children
LAI	Long Acting Injectable
LD	Learning Disability
LeDeR	Learning Disability Mortality Review Programme
LGBT+	Lesbian Gay Bisexual Transgender +
LIC	Lapse in Care
LoS	Length of Stay
MBT	Mentalization-Based Treatment
MCA	Mental Capacity Act
MDT	Multi-Disciplinary Team
MH	Mental Health
MHA	Mental Health Act
MHICS	Mental Health Integrated Community Health Service
MHSDS	Mental Health Service Data Set
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSK	Musculoskeletal
MSG	Medicines Safety Group
MUST	Malnutrition Universal Screening Tool
NACAP	National Asthma and COPD Audit Programme
NCAAD	National Clinical Audit of Anxiety and Depression
NCAP	National Clinical Audit of Psychosis
NCAPOP	National Clinical Audit and Patient Outcomes Programme
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NCISH	National Confidential Enquiry into Suicide and Homicide
NDA	National Diabetes Audit
NEWS	National Early Warning System
NHS	National Health Service
NHSE	NHS England
NHSI	NHS Improvement
NHSP	NHS Professionals
NICE	The National Institute of Health and Care Excellence
NIHR	National Institute of Health Research
NMHLNDF	National Mental Health and Learning Disability Nurse Directors Forum
NRLS	National Reporting and Learning System
OAP	Out of Area Placement
OPMH	Older Peoples Mental Health
PALS	Patient Advice and Liaison Service
PCN	Primary Care Network
PFD	Preventing Future Deaths
PHE	Public Health England
PICC	Peripherally Inserted Central Catheter

Acronym	Full Name
PICT	Psychologically Informed Consultation and Training
PICU	Psychiatric Intensive Care Unit
PIPHAS	Psychiatric Inpatient Physical Health Assessment Sheet
PMS	Psychological Medicine Service
POCT	Point of Care Testing
POMH	Prescribing Observatory for Mental Health
PPE	Personal Protective Equipment
PPH	Prospect Park Hospital
PRN	Pro re nata (as required)
PRT	Placement Review Team
PTSD	Post-Traumatic Stress Disorder
PU	Pressure Ulcer
PWP	Psychological Wellbeing Practitioner
QI	Quality Improvement
QISMET	Quality Institute for Self Education and Training
QMIS	Quality Management and Improvement System
R&D	Research and Development
RHA	Review Health Assessment
RiO	Not an acronym- the name of the Trust patient record system
RTT	Referral to Treatment Time
SEND	Special Educational Needs and Disability
SHaRON	Support Hope & Recovery Online Network
SI	Serious Incident
SIRAN	Serious Incident Review Accreditation Network
SJR	Structured Judgement Review
SLT	Speech and Language Therapy
SMI	Severe or Significant Mental Illness
SOP	Standard Operating Procedure
SPIN	Suicide Prevention Intervention Network
SSN	Special Schools Nursing
STOMP	Stopping Over-Medication of People with a Learning Disability
SUN	Service User Network
SUS	Secondary Users Service
TT	Talking Therapies
TVRTS	Thames Valley Real Time Surveillance
UKLDCNN	United Kingdom Learning Disability Consultant Nurse Network
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard



Berkshire Healthcare
NHS Foundation Trust

Name of Committee/Group:	Governor Living Life to the Full
Date of Meeting:	24 th February 2021
Chair:	John Barrett

Key Agenda Items:	Key Points	Action/decision
Presentation by Jill Lake, Trustee of Home-Start Reading	<p>Home-Start is a national organisation with 210 groups currently listed on their website.</p> <p>Reading established in 1984.</p> <p>“Mums in Mind” supports mums in the perinatal period. 3 courses/year with max. 8 on each</p> <p>Anxiety and depression scores are monitored each week in the 6-week courses. Most come down.</p> <p>Services have adapted well to Zoom for Mums in Mind.</p> <p>Virtual Dad’s Group has just had its first meeting.</p>	<p>A copy of Jill’s presentation was copied to all Governors and NED’s immediately after the meeting on 24th February 2021.</p> <p>Noted that Home-Start also has groups in Bracknell Forest, Slough, West Berkshire and Wokingham District.</p> <p>Family Friends, started in 1995, provides similar support in WAM Locality.</p>
Presentation by Samantha Danesh-Pour, Perinatal Service Manager, BHFT	<p>To provide an understanding of what services BHFT provide across Berkshire.</p> <p>Show the range of Local Support across Berkshire and the organisations and groups providing them.</p> <p>To look at the effect of Covid-19 for this cohort of service users.</p>	<p>A copy of Samantha’s presentation was copied to all Governors and NED’s immediately after the meeting on 24th February 2021.</p> <p>Currently see approx.10% of birth rate across Berkshire, which equates to about 1,000, in this Specialist Perinatal Community Mental Health</p>

	<p>Currently see pre conceptual, women who are pregnant and up to 1-year post-partum.</p> <p>NHS Long-Term Plan includes treatment for up to 2 years post-partum by using outreach maternity clinics, partner/carer support and increased psychological provision.</p>	<p>Service. (Admission Vulnerable in Stepped Care Model).</p> <p>Noted that some referrals are made to Home-Start from the BHFT Perinatal Service.</p> <p>Large multi-disciplinary team is well placed to provide a wide range of help and treatments.</p> <p>Service has a particularly wide range of support organisations to which signposting is given.</p> <p>JCB commented that this comprehensive understanding on the environment in which the Perinatal Service works is something that all services in BHFT should strive for.</p>
Matters Arising from Minutes of Previous Meeting: 7 th October 2020	Jane Nicholson, then Interim Director of People, had advised that more information would be available on the reasons given by staff for leaving the Trust when a deep dive into this subject had been completed.	Jane Nicholson, Director of People, has advised that this will form part of our ongoing People Strategy and specifically the career pathway work we are supporting in the BOB ICS. The new People Strategy will be presented to a CoG meeting, date TBC, once it had been formally signed off by the Board.

Governors Membership and Public Engagement Group Report

Tom Lake (tom.lake@glossa.co.uk) – for Council of Governors 10th March 2021

Membership

Membership reported was 7,674 public 4,844 staff making 12,518 in total.

This is well above our 10,000 target – of course staff numbers have increased somewhat but it is also the case that some services are recruiting well – this appears to be the case for Talking Therapies, which also gets a good helping of compliments from its patients. Marcomms are trying to improve our information on ethnic background of members, following the chair's focus on diversity, but with what we have it still looks as if those of Asian background are under-represented. The 2021 census will give us much more up-to-date information on ethnicity but probably not until well into 2022. We have gained a handful of younger members.

Elections

Elections have now been given the go-ahead with the nomination deadline on 12th April. We will have 3 vacancies in Bracknell and at least 5 more candidates needed elsewhere in addition to governors who may be standing again – so all governors are asked to publicise the elections promptly with any local civic organisations that they have contact with. Please use the poster that Julie Hill has prepared. We continue to stress the importance of a representative council with more young people and more people from the ethnic minorities well-represented in Berkshire. In detail vacancies and governors reaching the end of their terms are as follows:

West Berks: 1 (Ray Fox e.o.t.)

Reading: 1 (Tom Lake e.o.t.)

Wokingham: 2 (Andrew Horne e.o.t.)

Bracknell: 3

Slough: 1

Rest of England: 1

AGM

We have had discussions on the AGM over several meetings and recently at a Chair's coffee morning too. The last online AGM attracted mixed reviews from governors – although we should recognise the difficulties associated with doing anything normal in 2020. We had a greater attendance than usual though no idea how many were staff. We have been keen for some time to make attendance easier – and online could be the answer. The options are: online only, traditional or combined. Whether to use Teams, Zoom (with registration facilities) or other is also open. We may use the member magazine to ask the members.

Members' Magazine

After a good article from Verity Murrice on how Eight Bells was coping with the pandemic we are looking for more articles from governors. We will also explore with Marcomms whether we can use videos, quizzes and surveys to make the magazine more interactive and dynamic. Governors' dancercise could be on the agenda!

Membership and Public Engagement Strategy

A new strategy is being formulated. As the advice from the Good Governance Institute recently noted we wouldn't want to divert much NHS money to public engagement, at least without health benefits. Particular services do need public awareness, as do various health topics. Perhaps we can find our common ground with those services in sustaining a representative membership in Berkshire.

Quality Assurance Group
Report for the Meeting of the Council of Governors on 10 March 2010

The Quality Assurance group met on-line on 22.2.21. Andrew Horne chaired it as Susana Carvalho was unwell. John Wellum, who is a relatively new governor, was welcomed to the group.

There was a discussion about asking services to present to us about what they do and particular issues. We decided to postpone any presentations until the Trust has recovered from the pressures of the virus. Topics suggested include the realities of working on a Covid ward, eating disorders which have increased during the pandemic, and staff well-being, (on which work is currently being done.) Measuring outcomes in community health was suggested, but we agreed that this very broad and important topic would be better presented to all governors.

We reviewed data on waiting lists. A lot of work has been done on this now and an excellent way of presenting it has been devised. The wait for CAMHS assessment is particularly long, and we hope to get Louise Noble to attend to explain this to us at our next meeting, if the Trust is getting back to normal by then.

We reviewed the Quarter 1 2020/21 Patient Experience & Complaints Report.

The sample anonymised complaint was an interesting one, as usual. It was about an old lady who found herself in a physical rehabilitation ward after a fall just when Covid was found on the unit, and the difficulties of communication that arose between the ward and her and her daughter who, of course, was unable to visit.

Normally we have a programme of visits to look at the quality of services, making judgements from a governor's perspective rather than a professional one, but this has been paused because of the pandemic. We decided to leave it that way, though any governor who feels that a particular virtual visit needs to be done may do so.

Liz Chapman attended as two governors agreed to join the group that reviews people who have been found to be unreasonably persistent complainants. There are 5 such people, and their status is reviewed annually.

QAG is open to all governors. It is a great way to learn about the work of the Trust, and no special expertise is required. Anyone who wants to join should contact Jenni at Jennifer.Knowles@berkshire.nhs.uk.

Dr Andrew Horne
1 March 2021

People Strategy

The Director of People will present the new People Strategy which was approved at the February 2021 Trust Board meeting.

Author: Jane Nicholson, Director of People

March 2021

Berkshire Healthcare People Strategy 2020 to 2023

Outstanding for everyone

At Berkshire Healthcare, we aspire to be an outstanding organisation for everyone: our people, our patients, their families, and their carers. For our people who work here that means we want Berkshire Healthcare to be a great place to work where everyone can thrive and grow.

Our vision is to continue to develop our culture so that we're a place where our people want to work and stay. We need to tackle areas where people have poorer work experiences so that staff retention improves and turnover diminishes.

This is the core of our new People Strategy and means that we can all:

- Live our values
- Feel we belong and bring our true self to work
- Enjoy an excellent staff experience
- Commit to the NHS People Promise

NHS People Promise



We already deliver safe, compassionate, high-quality care and an excellent patient experience. We want to continue to build on this to meet changing service demands and new challenges. We'll do this through our skilled and engaged workforce in a way that's efficient and safe.

Engaging our People

Through workshops and focus groups we've listened to our people and identified four key priority themes for the People Strategy and strands of work that sit below these. This means we are addressing the issues that our people want us to resolve.

1. Growing and retaining for the future
2. Looking after our people
3. Belonging to our organisation
4. Finding new ways of working



Through these work strands and a focus on our key priorities, we can maintain constant improvement within Berkshire Healthcare and for everyone that uses our services.

Delivering the People Strategy

The Strategic People Group will take overall responsibility for the delivery of the People Strategy and actively support a number of areas of our work.

The Strategic People Group is accountable for the delivery of:

- Attraction and retention of a diverse workforce
- Training and clinical education
- Wellbeing, benefits and employee experience
- Remote working and digital transformation
- Emergency response and recovery (based on our Covid pandemic experience)

The Diversity Steering Group is accountable for the delivery of:

- Inclusive recruitment, career progression and development
- Leadership that supports a culture of inclusion and belonging
- Ways of addressing differentials in experiences

The Safety Culture Steering Group is accountable for the delivery of:

- An approach to handling incidents in a fair and open way using the principles of learning, understanding and trust which we will know as Just Culture.

Looking After our People

Our work strands of wellbeing and just and learning culture are an important part of sustaining a culture of safety and will support the Trust Safety Strategy.

Equality, Diversity and Inclusion

We're proud of the wide diversity of our 4,500 staff and want everyone to feel valued and that they belong.

In order to be outstanding for everyone, our EDI strategy will address the differentials in experience and identified inequalities in some pockets of our workforce.

The People Strategy is inextricably linked to our Equality, Diversity and Inclusion (EDI) Strategy and its workforce strand will deliver our leadership and differentials in experience priorities.

Workforce Planning

Workforce planning underpins our whole People Strategy and plans. Workforce planning is the process of identifying the people and skills we need now, and in the future, to deliver our services. The NHS has shortage of key workers for many key roles, and in Berkshire and the South East we have some of the highest vacancy rates in the NHS. It is very important, therefore that we understand and balance our workforce needs against the workforce that is available. Where we have gaps, we will work with our service leads to identify solutions. This will include working with clinical leads to look at the potential to deliver services in a different way or with a different mix of skills.

Our Strategic People Priorities

Growing and Retaining for the Future

Retaining our People

Recruitment will always be a vital element for the NHS and we will continue to focus on recruiting the best people to our roles.

However, our greatest challenge is reducing our high turnover of staff. While some turnover is healthy in an organisation and we don't have the highest turnover of NHS Trusts, our turnover is too high, averaging just below 15%. We need to focus on making Berkshire Healthcare a place where people want to stay and work.

Attracting, training and retaining a diverse workforce has many benefits. It means we'll be able to keep skilled staff, reduce wasted time and money by not having to continually recruit and train new people, and reduce pressure on existing people whose workload often has to increase to fill the gaps.

Our ambition is:

- To reduce our voluntary staff turnover to 11% by March 2023.
- To reduce the number of staff that leave with less than 12 months service by 50% by March 2022.

Training and Clinical Education

To provide safe patient care we need competent, agile and capable people. Training and education are also key to improving patient and staff experiences in the workplace. We will continue to train and develop our people so that everyone can reach their potential, to progress to new roles and be equipped with future-facing knowledge and skills. We will continue to provide the highest quality clinical training and professional development to maximise the capabilities of our clinical workforce to deliver safe and effective patient and family-centred care, now and into the future.

Our people have told us they need clear career pathways and equal access to opportunities to grow and develop in their work. Career development and opportunities for progression are both vital for growing and retaining a competent workforce and we will make sure we provide this.

We will continue to increase the number of clinical students trained within the Trust and provide a positive, personalised learning experience to make Berkshire Healthcare a place where they want to work and stay. We will use technology and innovation to develop new training programmes and increase our training capacity in areas of high demand.

Our ambition is:

- To complete a review of our learning and development programme, and make sure there is sufficient training and clinical education provision to meet the needs of our workforce now and in the future and to make sure these programmes are equally and easily accessible to all staff. We will deliver our plan by the end of quarter three 2021.
- Develop and execute a strategy to increase our recruitment pipeline through clinical student placement, staff conversion programmes, apprenticeships, and international nurse programmes so that we have a minimum 50 extra clinical candidates per year available for recruitment into various workforce roles

Looking After our People

Wellbeing and Rewards

The wellbeing of our people is at the centre of our organisational culture. Our aim is to make sure our people feel well and supported at work. Wellbeing starts with good managers who lead with compassion and care and being part of a team with caring and supportive colleagues. We can only thrive and perform well at work if we feel engaged, valued, and physically and psychologically supported.

The main reasons our people are off sick are anxiety, mental health and muscular skeletal problems. The added pressure of Covid 19 has strengthened the focus on looking after our

people. Therefore, we will focus on reducing work related anxiety, mental health and muscular skeletal problems, and to achieve a positive and timely return to work for our people who have a period of sickness absence.

We are developing extra support for our people to achieve these aims. This will include proactive wellbeing conversations to promote early identification of potential health and wellbeing concerns; and wellbeing hubs that focus on building resilience and providing rapid psychological support to our people where needed.

Our ambition is:

- To increase the percentage of people reporting that the organisation takes positive action on health and wellbeing in the Staff Survey from 33% in 2019 to at least 55% by 2022 and to be best in class for the health and wellbeing theme in the Staff Survey within the next 3 years.

Just and Learning Culture

We know some staff groups are more likely to be involved in disciplinary cases and investigations than others, particularly our BAME staff. We want to understand the reasons why this is and to reduce unwarranted disciplinary action and disproportionate sanctions for all staff so that you are no more likely to be subject to formal disciplinary processes if you are from a BAME background or White background.

We also recognise that workplace conflicts inevitably arise from time to time, but currently the number that are not resolved early and quickly is too high. We're changing our approach to handling incidents in order to develop a fair and open culture of learning, understanding and trust. Our new approach will help us resolve workplace conflicts quickly and to be honest and open about mistakes so we can learn from them if they occur.

To help us achieve a new approach, we will develop a pool of trained investigators and mediators, meaning that early intervention and mediation can largely replace formal investigations wherever possible. We have always aimed to reduce any conflict at the earliest opportunity and in an informal way – and the adoption and embedding of a just and learning culture will support us in our achievement of this.

Our ambition is:

- To reduce the number of disciplinary cases that involve BAME staff from 65% in 2019 to 30% by 2022. This is a first step to reducing any unwarranted disciplinary action and disproportionate sanctions for all staff, so that you are no more likely to be subject to formal disciplinary processes if you are from a BAME background or a white background.

Belonging to our Organisation

We want our people to feel valued and to feel that they belong in the Trust. We will do this by focusing on developing inclusive leaders who inspire and motivate people to be the best they can be and tackling the reasons why some of our people have poor experiences at work.

Talent and Leadership

Our leadership is recognised in the NHS Staff Survey as one of the best in its class. We want Berkshire Healthcare to continue to be an example of great leadership as great leaders make this a great place to work for everyone.

However, our leadership group is not always reflective of the people who work here. Currently, we still have fewer BAME members of staff in our most senior roles. This issue needs to be addressed. Everyone should feel valued, represented and able to progress in the Trust. This means helping our current leaders to understand and unlock the career barriers that some groups face as well as ensuring that all our people have fair access and support to career development opportunities.

We are reviewing our support to leaders and potential leaders. This includes refreshing our successful leadership programme to give managers the skills and confidence to lead compassionately and inclusively as well as supporting managers to develop their skills and confidence to lead people in both traditional and virtual workplaces.

Our ambition is:

- To increase our position in the NHS Staff Survey to best in class within the 'immediate manager theme' by focusing on improving the leadership behaviours in those areas of our Trust with lower leadership scores to ensure that Berkshire Healthcare is a great place to work for everyone.

Addressing differentials in experience

It is acknowledged that the most diverse teams and organisations are the most successful ones. More importantly, they deliver the highest quality patient care, but however successful we are in practicing compassion and inclusivity, our people with a protected characteristic (Disabled, LGBT+ and BAME) still report more bullying and harassment than those without a protected characteristic. This is not acceptable and we have set improvement measures to reduce the gap between the experiences of different staff groups.

Our aim is to reduce poor experiences for all our people. However, we will not do this if we accept the higher levels of bullying and harassment that some of our staff groups experience. Our first step, therefore, is to reduce the levels of bullying and harassment these groups experience so that we see no differences in experience between our staff groups. We will begin a programme of targeted interventions to address these inequalities. Once this programme is embedded, we expect to see a reduction in the people reporting differences in experience and specifically reports of bullying and harassment.

We are creating a new role to tackle any bullying and harassment that our staff experience from the general public and we will provide targeted support and interventions in those areas when people report any aggression, bullying or harassment.

Our ambition is:

- That no one in our trust experiences bullying or harassment and our first step towards achieving this is that by 2023 we have eliminated the differential in experience between staff with identified inequalities in comparison to the rest of our people.

New Ways of Working

Covid response and recovery

For all the difficulties and strain the Covid pandemic placed on the NHS, it has been a valuable period in terms of our ability to respond to such a broad emergency. We will continue to respond to the pandemic in the best ways we can for our staff and in line with national guidance. We will also continue to support the national Covid vaccination programme for our people.

Once the emergency has passed and we are able to initiate our recovery plans, we will use our learning from this experience to determine how best to re-establish normality for our people.

Our ambition is:

- To continue to support our people in line with national guidance and requirements until the pandemic is over.
- To support the Trust recovery plans by identifying those services where we have the most workforce pressures and develop and deliver a plan of targeted workforce reviews to address short-term and longer-term workforce needs. This workforce review plan will be delivered in collaboration with clinicians, service leads, strategy, finance and contracting.
- To recognise that some of our new ways of working, adopted through necessity in March 2020 can be sustained in some roles and will benefit wellbeing.

Remote Working and Digital Transformation

Covid has made us reconsider how and where we work. We've learnt how to work more flexibly and remotely and of the benefits of homeworking for many of our staff.

Since March 2020, we've overcome many immediate challenges, from practical equipment issues to the wellbeing of those working remotely for the first time. This transformation of many of our processes using new technology is ongoing

We will continue to work using technology efficiently in 2021/22 and beyond, learning from our experiences during Covid and embracing further developments. Some of the changes will be sustained, for example the use of virtual interviewing in many recruitment interviews and also supporting our clinicians to work remotely where appropriate. Remote working and digital transformation have attracted a wider group of candidates for some roles as they are able to work from home. This means we can potentially now attract more people with disabilities for whom working from home is either easier or essential.

Remote working has also helped us reduce costs as more people work wholly or partially from home. Equally important, our people tell us that home working frequently benefits their wellbeing, flexibility and worklife balance.

We want to continue to learn from this experience and, where we are able, to take a more flexible approach to how we work in the future – whether that is offering more flexible working patterns, more home and remote working or creating new types of roles.

Our ambition is:

- To develop and implement a new remote working strategy in 2021 that supports our people to work safely and productively at home when their role allows this.

Digital Systems Transformation

We will use our learning from the last 3 years to continue to enhance our use of digital technology to streamline our people processes and services. Our vision is that:

- Our people have all the digital tools they need to work from anywhere, anytime.
- All of our internal operating processes will be automated and eliminate manual and paper processes, saving staff time and providing more time to care.

To gain the greatest benefits, from technology, we also need to ensure that our staff and leaders have the digital confidence and competence to use digital tools to deliver their services, identify and develop new models of care provision; promoting inclusive ways of working and supporting staff wellbeing and work life balance.

Our ambition is:

- To agree and deliver a plan to streamline those people processes that involve the most waste, duplication of effort or potential for error, releasing the administrative burden on our people and allowing more time to care for our patients.

In conclusion

The People Strategy will help make working for Berkshire Healthcare a positive experience for everyone, at every level of the organisation. By following through on our plans, and with the support of all the people who work in the trust, we will:

- Start to tackle differentials of experience and show that it is possible for us to be genuinely outstanding for everyone.
- Achieve a compassionate and inclusive culture that makes Berkshire Healthcare a place where people feel they belong and can thrive.
- Train and develop people so that they can work safely and reach their potential.
- Learn from our mistakes and always seek to improve the way we work.
- Continue to work in an agile way and respond positively to new challenges and new ways of working.

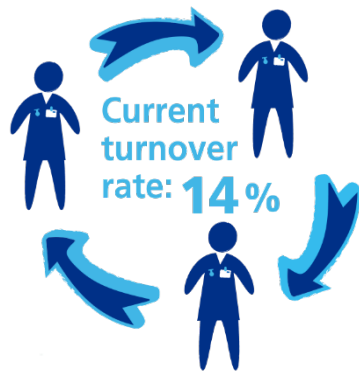
- Serve the needs of our patients and service users and make sure that they also feel that Berkshire Healthcare is outstanding for everyone.

Through this people strategy we make a promise to our people that we will do all that we can to make Berkshire Healthcare outstanding for everyone.

Our People Strategy 2020-2023



Our new People Strategy



Context for new strategy:

- National NHS shortages of clinical staff with **fewer students studying for clinical degrees than staff leaving**
- Thames Valley is the **most NHS workforce-constrained** region
 - Our turnover rate is higher than the NHS Thames Valley average and, nationally, **we benchmark 34 out of 47 similar trusts** for turnover

If we don't improve our turnover rate, we risk continuing to:

- Lose skilled and experienced staff members
- Expend resources to replace leavers
- Put pressure on our stretched finances
- Increase the workload of existing staff members

The strategy has also been developed in line with the:

- New Trust Strategy
- Equality, Diversity and Inclusion Strategy
- New NHS People Plan
- ICS People Strategies in BOB and Frimley



Our People Promise: Outstanding for Everyone

We want to be Outstanding for Everyone.
We want to be a great place to work where all our people can thrive and grow.

This means that everyone who works here can:

- Live our values
- Feel they belong
- Enjoy a great staff experience
(and not tolerate a poor one)
- Commit to the NHS People Promise



We will deliver safe, compassionate, high quality care and a good patient experience through a skilled and engaged workforce in a way which is efficient and financially sustainable.



Our Culture: Outstanding for Everyone



Berkshire Healthcare
NHS Foundation Trust

Current culture

- Reacting to workforce gaps
- Poor retention rates
- Limited training opportunities
- Underuse of apprenticeships
- Not all people thrive at work
- Pockets of blame culture
- Compassionate culture is acknowledged but not embedded
- Inequalities in opportunities for progression and development
- Reacting to digital opportunities



Future culture



- Proactively identify and plan for our future workforce
- High retention rates



- Training accessible for all
- Maximising value of apprenticeships



- Supporting our people to thrive at work
- Just culture, where we all learn from mistakes



- Compassionate and inclusive culture is fully embedded
- Inclusive progression for all
- Proactively embrace the benefits of technology



People Strategy...

Key priorities and initiatives



Berkshire Healthcare
NHS Foundation Trust

To make Berkshire Healthcare 'Outstanding for Everyone', we need to focus our attention on areas of poorer experience, using our QI principles.





Quality Improvement Approach to our People Strategy

Quality Improvement (QI) has helped us to understand the reasons for high turnover and address the underlying causes.

People Strategy QI Work:

- Listened to teams with high turnover
- Ran open workshops including staff network reps
- Used data from WRES, WDES, staff survey and other projects

Top three leaving reasons identified as:

- Work-life balance
- Relocation
- Promotion



Work-life balance themes

- Support from managers
- Tackling underperformance
- Supportive infrastructure
- Relationships with manager
- Workload
- Clear job role / description / plan
- Recognition
- Lack of staff
- Flexibility and flexibility to support childcare / family life
- Home / remote working
- Support from colleagues
- Information, communication and technology



Promotion themes

- Knowledge of new opportunities
- Knowing what to do to get to the next level
- Being released to take up a secondment opportunity or development opportunity
- Existing job should be graded at a higher level
- People leaving for more money / other incentives
- Staff members access to training, development, coaching, mentoring, work experience and shadowing opportunities
- Managers / organisation supporting with access to career development / promotion
- Lack of specialist / clinical / profession specific roles available at higher levels
- Belief in individuals / relationships with manager / being enabled to progress
- Certain services / professional groups don't have roles at particular levels
- Applied for jobs with Berkshire Healthcare but didn't get them



Growing and retaining for the future



Attracting and Retaining Staff

Problem:

Nearly half of our new starters leave within the first two years.



Training and Clinical Education

Problem:

Within our region, there will be a **reduction in clinical students** in the next three years so we need to **focus on retaining and growing our own people**.

We need to maximise the use of our apprenticeship levy and have a clear apprenticeship strategy.



Benefits:

- Reduce the loss of **skilled staff, expenditure of resources** to recruit, train and orientate new staff members to replace leavers
- Reduce **pressure on finances**
- Avoid **workload increases** for existing staff members due to vacancies
- Maintain safety of clinical care provided

Deliverables

End date

Improved onboarding experience for new starters and further develop support provided by managers

Mar 2021

Develop international recruitment pipeline

Oct 2021

Support and develop flexible and home working options to improve staff retention

Dec 2021

Develop internal appointment and secondment strategy and provide tailored training to support staff through the process to improve staff retention.

Jun 2021

Develop flexible retirement options and implement a more structured approach to retaining staff nearing retirement

Sept 2021

Create workforce strategies including an apprenticeship strategy for difficult-to-fill vacancies and improve inclusivity

Ongoing

Increase the number of students available for recruitment by increasing placement capacity for nursing and AHP roles

Sept 2022

Support new nursing pipelines and career pathways including sponsoring PIN programmes, nursing apprenticeships international nurses and reservists

Nov 2021

Support career progression by implementing a new apprenticeship strategy

Jun 2021

Improve access to training through a fully digitalised TNA process

Dec 2020

Looking after our people



Wellbeing and Rewards

Problem:

Our **absence rate remains above our target of 3.5%**. Anxiety, stress and depression remain our highest reason for absence and referrals for MSK and back-related problems have increased.



Just and Learning Culture

Problem:

Number of formal investigations is too high, causing conflict rather than learning. We must embrace a 'Just Culture' aligned to our compassionate values.



Benefits:

- Wellbeing has a direct impact on retention and staff engagement
- Rewards and Wellbeing **help our staff feel valued**
- Assurance across system for managing conduct in 'Just Culture' way
- People report a more positive experience of employee relations casework

Deliverables

End date

Review and improve our Rewards Programme	Sept 2021
Appoint a Wellbeing Guardian	Mar 2021
Introduce 'Wellbeing Conversations' to our appraisals	Apr 2021
Health and Wellbeing Induction for all new starters	Dec 2020
Review Healthy Workplace Ally/HWB Champions proposals for all teams	Aug 2021
Develop pathway to improve access to psychological support for staff	May 2020
Review relevant policies so they follow 'Just Culture'	Jun 2021
Set up Centre of Excellence with investigators and mediators trained in 'Just Culture'	Oct 2021
Embed 'Just Culture' in Leadership training and management of employee relations casework	Dec 2021
Embed 'Just Culture' in employee relations case work	Aug 2021

Belonging to the trust

We want everyone to feel valued and that they belong in the trust.



Talent and Leadership

Problem:

New ways of working mean we need to review and update our leadership and talent offer, focussing on compassionate and inclusive leadership.



Addressing disparities in experience

Problem:

Disabled, LGBTQ+ and BAME staff all have worse experiences compared to other staff so we need to improve inequalities and differentials in experience.

Benefits:

- Leadership programme based on **compassion and inclusion**
- Address inequality of opportunity for staff with identified inequalities
- The most diverse teams are the most successful ones, delivering high quality patient care

Deliverables

End date

Review and replace Excellent Manager Programme with greater focus on equipping managers with the confidence and the skills to lead compassionately and inclusively

Sept 2021

Launch 'Reaching My Potential' inclusive development programme for Band 2 - 6 staff who want to be the best version of themselves; this course also serves as a Pre-Leadership Programme

Jun 2021

Develop a clear and inclusive talent management strategy that support our staff to develop their careers

Sept 2021

Dedicated Staff Safety Lead appointed to deliver improvements in physical and psychological safety of staff

Jun 2021

BAME Transformation Project will undertake a piece of work which includes microaggressions, bullying and harassment

Oct 2021

Develop and deliver our inclusive "ready for change" programme for managers and leaders

April 2021

Strengthen staff support to staff networks to increase membership and allies

Sept 2021

New ways of working



Remote Working and Digital Transformation

Problem:

COVID-19 has changed how we work and technology has enabled us to have greater flexible working. We need to ensure that staff and leaders have the digital competence to use technology to promote inclusive ways of working, support well-being and work-life balance



COVID-19 Response and Recovery

Problem:

Staff have dealt with many challenges during COVID-19. We have used the learning from the first wave to help us plan and manage the second wave.



Benefits:

- Attract wider group of candidates for roles that can be worked predominately from home
- Improved flexibility and **work-life balance**
- Ability to adopt digital technologies quickly
- Understand and plan for post COVID-19 workforce requirements

Deliverables

End date

Develop and implement new Home Working Policy	April 21
Formalise and embed new ways of working, post Covid-19 that use technology to enable more flexible working, promote inclusivity and support staff wellbeing	Aug 2021
Embracing new technologies to improve our HR processes	Ongoing
Project to raise digital competence of staff and leaders	Jun 2021
Introduce new e-learning system to streamline training	May 2021

Management of redeployment process, including review and lessons learned	Oct 2021
Annual review of wellbeing and risk to our staff, building on the work we have commenced during COVID-19	Jun 2020
Workforce arrangements for delivery of COVID-19 vaccine for our staff	Jun 2021
Regular updated guidance to staff for COVID-19 working arrangements	Mar 2021

Performance measures



Priority	Ambition and progress measure
Retaining our People	Reduce our voluntary staff turnover to 11% by March 2023.
	Reduce the number of staff that leave with less than 12 months service by 50% by March 2022.
Training and Clinical Education	Complete a review of our learning and development programme, and make sure there is sufficient training and clinical education provision to meet the needs of our workforce now and in the future and to make sure these programmes are equally and easily accessible to all staff. We will deliver our plan by the end of quarter three 2021.
	Develop and execute a strategy to increase our recruitment pipeline through clinical student placements, staff conversion programmes, apprenticeships, and international nurse programmes so that we have a minimum 50 extra clinical candidates per year available for recruitment into various workforce roles.
Wellbeing and Rewards	Increase the percentage of people reporting that the organisation takes positive action on health and wellbeing in the Staff Survey from 33% in 2019 to at least 55% by 2022 and to be best in class for the health and wellbeing theme in the Staff Survey within the next 3 years.

Performance measures

continued...



Priority	Ambition and progress measure
Just Culture	Reduce the number of disciplinary cases that involve BAME staff from 65% in 2019 to 30% by 2022 as first step to reducing any unwarranted disciplinary action and disproportionate sanctions for all staff, whatever their characteristics
Talent and Leadership	Increase our position in the NHS Staff Survey to best in class within the 'immediate manager theme' by focusing on improving the leadership behaviours in those areas of our trust with lower leadership scores to ensure that Berkshire Healthcare is a great place to work for everyone.
Differentials in Experience	No one in our trust experiences bullying or harassment and our first step towards achieving this and by 2023 we have eliminated the differential in experience between staff with identified inequalities in comparison to the rest of our people.
Remote Working	Develop and implement a new Remote Working Strategy in 2021
Digital Systems Transformation	Agree and deliver a plan to streamline those people processes that involve the most waste, duplication of effort or potential for error, releasing the administrative burden on our people and allowing more time to care for our patients.

Outstanding for Everyone



Freedom to Speak Up Guardian


Mike Craissati, the Trust's Freedom to Speak Up Guardian will be attending the meeting to talk about his role as the Freedom to Speak Up Guardian.


An information leaflet about the role is attached for information.



Freedom to Speak Up


There are many ways to **report a concern**:

- 1** 
Verbally


To your line manager	To the Freedom to Speak Up Guardian	To the Divisional Clinical Director	To our Director of Nursing or Medical Director	To a Non executive Director or our CEO
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- 2** 
By phone

To our **Freedom to Speak Up Guardian**: **07920 503352**

To a relevant manager or director

To the Independent whistleblowing service: (CIC) **0800 197 2814**
- 3** 
Online

Find out more on **Nexus** under '**My Space - Report a concern**'

Direct to relevant manager or director, or use the '**Speak up for safety**' button on **Nexus**, under 'My Tools'
- 4** 
By email

Freedom to Speak Up Guardian: **speakup@berkshire.nhs.uk**

Independent whistleblowing service: **blowingthewhistle@cic-eap.co.uk**

The Role of the Guardian:

- Promote awareness of FTSU amongst staff at all levels
- Help create a "Speak Up" & "Listen Up" culture
- Ensure concerns will be listened to and addressed in confidence
- An alternative reporting route to their line manager
- Help ensure the voice of staff is heard at a senior level and hold Trust to account (monthly meeting with Exec's & Board attendance)
- Provide feedback to staff
- Report FTSU data to the National Guardian's Office quarterly

Patient Experience

Quarter Three 2020-21 Report

Presented by: Heid Ilsley, Deputy Director of Nursing

Quarter Three – Patient Experience Report (October to December 2020) Report

1. Introduction

This report is written for the board and contains the quarterly patient experience information for Berkshire Healthcare (The Trust) incorporating; complaints, compliments, the Friends and Family Test (FFT), Patient Advice and Liaison Service (PaLS) and our internal patient survey programme (which is collected using paper, online, text, kiosks and tablets).

From mid-March 2020, to align with national guidance and directives, the active collection of the FFT was suspended; National data collation for FFT is recommencing in December 2020 ready for reporting in January 2021, ahead of this local collation has recommenced during September 2020.

2. Complaints received

2.1 All formal complaints received

Table 1 below shows the number of formal complaints received into Berkshire Healthcare for years 2019-20 and 2020-21 by service, enabling a comparison. During Quarter three 2020-21 there were 51 complaints received (including re-opened complaints). This is a decrease compared to 2019-20 where there were 68 for the same period. The total number of complaints received in Q1, Q2 and Q3 2020-21 is 9% lower than the total received in Q1, Q2 and Q3 2019-20.

There were 125,884 reported contacts and discharges from our inpatient wards, giving a complaint rate of 0.04%.

Table 1: Formal complaints received

Service	2019-20						2020-21						
	Q1	Q2	Q3	Q4	Total for year	% of Total	Q1	Q2	Change to Q2	Q3	Q3 % contacts	Total for year	% of Total
CMHT/Care Pathways	8	10	6	13	37	16.02	4	11	↓	7	0.04%	22	14.01
CAMHS - Child and Adolescent Mental Health Services	10	8	8	4	30	12.99	2	3	-	3	0.03%	8	5.1
Crisis Resolution & Home Treatment Team (CRHTT)	2	2	4	6	14	6.06	4	2	↑	3	0.02%	9	5.73
Acute Inpatient Admissions – Prospect Park Hospital	5	3	7	6	21	9.09	7	4	↓	1	0.90%	12	7.64
Community Nursing	4	3	6	2	15	6.49	2	1	↑	5	0.01%	8	5.1
Community Hospital Inpatient	6	1	5	3	15	6.49	5	6	↓	3	0.60%	14	8.92
Common Point of Entry	2	6	2	2	12	5.19	1	1	↑	3	0.20%	5	3.18
Out of Hours GP Services	0	1	7	1	9	3.9	4	0	↑	3	0.02%	7	4.46
PICU - Psychiatric Intensive Care Unit	0	0	1	0	1	0.43	2	0	-	0	0	2	1.27
Urgent Treatment Centre	1	1	1	0	3	1.3	1	0	↑	1	0.02	2	1.27
Older Adults Community Mental Health Team	1	0	0	0	1	0.43	1	1	-	1	0.01%	3	1.91
15 other services in Q3	11	19	21	22	73	31.6	11	33	↓	21	-	65	41.4
Grand Total	50	54	68	59	231		44	62	↓	51	0.04%	157	

Five of the 21 (other complaints, not specified) were about Health Visiting, two related to TILS and were from the from the same person. The remaining 14 were from across a range of Trust services.

3 out of the 51 formal complaint received were about Covid, these were:

- The Community Nurses going into nursing homes not having regular testing (this was received prior to the lateral flow tests)
- A delay in a patient receiving oral surgery at the Community Dental Service
- The lack of communication with the family of a patient who was Covid-19 positive and transferred from the Oakwood Unit to the Royal Berkshire Hospital

Complaints are reported against the geographical locality where the care was received which is the most meaningful way of recording. The following tables show a breakdown of the formal complaints that have been received during Quarter three and where the service is based. Complaints relating to end of life care are considered as part of the Trust mortality review processes.

Appendix one contains a listing of the formal complaints received during Quarter three.

2.2 Adult mental health service complaints received in Quarter three

21 of the 51 (41%) complaints received during Quarter three were related to adult mental health service provision.

Table 2: Adult mental health service complaints

Service	Geographical Locality							Grand Total
	Basingstoke	Bracknell	Reading	Slough	WAM	West Berks	Wokingham	
Adult Acute Admissions - Daisy Ward				1				1
CMHT/Care Pathways		2	1	1	2	1		7
CMHTOA/COAMHS - Older Adults Community Mental Health Team						1		1
Common Point of Entry			1			2		3
Complex Treatment for Veterans/TILS			2					2
Criminal Justice Liaison and Diversion Service	1							1
Crisis Resolution and Home Treatment Team (CRHTT)			1	1	1			3
IMPACTT			1					1
Older adults inpatient service - Rowan Ward			1					1
PMS			1					1
Talking Therapies			1					1
Traumatic stress service			1					1
Grand Total	1	2	10	3	3	4	0	23

2.2.1 Number and type of complaints made about a CMHT

5 of the 51 complaints (10%) received during Quarter three related to the CMHT service provision, detail below. In Quarter two there were 11 complaints. There were 12,988 reported attendances for CMHT and the ASSiST service during Quarter three, giving a complaint rate of 0.04% compared to 0.08% in Quarter two and 0.02% in Quarter one.

Table 3: CMHT complaints

	Geographic Locality						
Main subject of complaint	Bracknell	Reading	Slough	West Berks	WAM	Wokingham	Grand Total
Access to Services							
Attitude of Staff							
Care and Treatment		1	1	1	1		4
Communication	2				1		3
Confidentiality							
Medication							
Grand Total	2	1	1	1	2	0	7

There were no complaints received about the CMHT based in Wokingham.

There were no specific trends about complaints for the other localities.

2.2.2 Number and type of complaints made about CPE

There were three complaints received about CPE. This is an increase from Quarter two and Quarter one.

Table 4: CPE Complaints

	Geographic Locality						
Main subject of complaint	Bracknell	Reading	Slough	West Berks	WAM	Wokingham	Grand Total
Care and Treatment		1					1
Communication				2			2
Grand Total	0	1	0	2	0	0	3

There were 1,707 contacts with CPE during Quarter three, giving a complaint rate of 0.2%, which is an increase from Quarter two of 0.05%.

2.2.3 Number and type of complaints made about Mental Health Inpatient Services

During Quarter three, 2 of the 51 complaints (4%) related to Adult Acute mental health inpatient wards. This is a reduction to numbers received in Quarter two and Quarter one. One complaint was for Daisy Ward and one was for Rowan.

There were 229 reported discharges from mental health inpatient wards during Quarter three giving a complaint rate of 0.9% compared to 1.52% in Quarter two and 2.81% in Quarter one.

2.2.4 Number and type of complaints made about Crisis Resolution/ Home Treatment Team (CRHTT)

In Quarter three, 3 of the 51 complaints (6%) were attributed to CRHTT, an increase from 2 in Quarter two.

There were 16,057 reported contacts for CRHTT during Quarter three giving a complaint rate of 0.02% compared to 0.01% in Quarter two and 0.02% in Quarter one.

Table 5: CRHTT complaints

	Geographic Locality						
Main subject of complaint	Bracknell	Reading	Slough	West Berks	WAM	Wokingham	Grand Total
Attitude of staff			1				1
Care and Treatment		1				1	2
Grand Total	0	1	1	0	0	1	3

2.3 Community Health Service Complaints received in Quarter two

During Quarter three 16 of the 51 complaints (31%) related to community health service provision. The table below shows further details.

Table 6: Community Health service complaints

	Geographical Locality						
Service	Bracknell	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	Grand Total
Henry Tudor Ward					1		1
Oakwood Ward		2					2
Community Respiratory Service		1					1
IPASS						1	1
District Nursing (Community Nursing)	1	2	1			1	5
Out of Hours GP		2		1			3
Phlebotomy				1			1
Urgent Treatment Centre				1			1
Community Dental services				1			1
Grand Total	1	7	1	4	1	2	16

2.3.1 Community Health Inpatient Ward Complaints

During Quarter three, 3 of the 51 complaints (6%) received related to inpatient wards. There were 501 reported discharges from community health inpatient wards during Quarter three giving a complaint rate of 0.6%, compared to 1.10% in Quarter two and 0.81% in Quarter one.

Table 7: Community Health Inpatient complaints

	Ward					
Main subject of complaint	Donnington	Henry Tudor Ward	Jubilee Ward	Oakwood Ward	Windsor Ward	Grand Total
Care and Treatment		1		1		2
Communication				1		1
Attitude of staff						
Grand Total	0	1	0	2	0	3

There are seven community health inpatient wards and the top theme for Quarter three was care and treatment (2 complaints) and this was across two wards.

2.3.2 Community Nursing Service Complaints

District Nursing received the most complaints for community health services in Quarter three, with five complaints being received. This was an increase of one complaint received in Quarter two and two received in Quarter one. Three of the five related to care and treatment.

There were 76,442 reported attendances for the Community Nursing Service during Quarter three giving a complaint rate of 0.006%, compared to 0.001% in Quarter two and 0.004% in Quarter one. This continues to be a very small complaint rate well below the Trust overall rate of complaints per contact.

Table 8: Community Nursing Service complaints

	Geographic Locality						
Main subject of complaint	Bracknell	Reading	Slough	West Berks	WAM	Wokingham	Grand Total
Attitude of staff	1						1
Care and Treatment		1	1			1	3
Communication	1						1
Grand Total	2	1	1	0	0	1	5

2.3.3 GP Out of Hours Service (WestCall) Complaints and Urgent Care Centre

There were 15,341 reported attendances for WestCall in Quarter three and three complaints were received giving a complaint rate of 0.02% for Quarter three compared to 0% in Quarter two. Two were related to care and treatment and one to confidentiality.

There was one complaint for the Urgent Care Centre and with 4,916 attendances, the complaint rate was 0.02%.

2.4 Children, Young People and Family service Complaints

2.4.1 Physical Health services for children complaints

During Quarter three, 6 of the 51 complaints (12%) were about children's physical health services. Five related to Health Visiting, and two of these were from the same person (the same person who had raised eight complaints in Quarter two)

Table 9: Children and Young People service physical health service complaints

Service	Geographical Locality			Grand Total
	Bracknell	Reading	Wokingham	
Children's Speech and Language Therapy - CYPIT		1		1
Health Visiting	2	2	1	5
Grand Total	2	3	1	6

2.4.2 CAMHS complaints

During Quarter three, 3 of the 51 complaints (6%) were about CAMHS services (including CPE and Willow House). There were 8,751 reported attendances for CAMHS during Quarter three giving a complaint rate of 0.034%, compared to 0.06% for Quarter two and 0.04% for Quarter one.

Table 10: CAMHS Complaints

Service	Main subject of complaint				Grand Total
	Access to services	Care and Treatment	Communication	Waiting Times	
CAMHS - ADHD				1	1
CAMHS - Anxiety and Depression Pathway		1			1
CAMHS - Specialist Community Teams		1			1
Common Point of Entry (Children)		1			
Grand Total	0	3	0	1	3

Care and Treatment related to individual circumstance was the most common reason for the complaints. Waiting times was the cause for the complaint received regarding CAMHS ADHD

2.5 Learning Disabilities

There were no complaints about the community-based team for people with a Learning Disability or Learning Disability Inpatient Ward (Campion Unit) during Quarter three.

3. KO41A return

Each quarter the complaints office submits a quarterly return, called the KO41A.

This looks at the number of new formal complaints that have been received by profession, category, age, and outcome. The information is published a quarter behind. The table below shows the information for Mental Health Trusts over time.

Table 11: KO41A Return

	2017-18		2018-19				2019-20				2020-21	
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Mental Health complaints - nationally reported	3,451	3,653	3,598	3,651	3,391	3,450	3,507	3,502	3,335	3,303	2,058	3,049
2Gether NHS Foundation Trust	15	15	17	14	21	20	24	16
Avon and Wiltshire Mental Health Partnership NHS Trust	63	67	78	72	77	51	56	67	59	63	42	67
Berkshire Healthcare NHS Foundation Trust	56	59	49	45	38	51	47	52	56	51	40	47

Table 11: KO41A Return

	2017-18		2018-19				2019-20				2020-21	
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Cornwall Partnership NHS Foundation Trust	32	34	31	28	20	30	24	22	23	19	12	27
Devon Partnership NHS Trust	43	49	44	56	33	45	52	46	56	49	15	31
Dorset Healthcare University NHS Foundation Trust	74	79	91	90	92	54	61	60	64	88	60	109
Kent and Medway NHS and Social Care Partnership Trust	88	86	87	115	121	118	121	128	124	90	70	111
Oxford Health NHS Foundation Trust	49	70	50	56	58	56	52	61	72	68	44	54
Somerset Partnership NHS Foundation Trust	15	14	17	14	24	18	24	24	17	19	45	90
Southern Health NHS Foundation Trust	79	96	91	95	82	68	73	51	52	51	29	51
Surrey and Borders Partnership NHS Foundation Trust	21	26	26	36	16	26	22	28	32	27	9	27
Sussex Partnership NHS Foundation Trust	169	221	209	192	181	173	178	217	219	194	99	164

4. 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). During Quarter three there were 42 complaints closed compared to 67 in Quarter two and 35 in Quarter one.

4.1 Outcome of closed formal complaints

Table 12: Outcome of formal complaints closed

Outcome	2019-20						2020-21				
	Q1	Q2	Q3	Q4	Total	% of 19/20	Q1	Q2	Comparison to Q2	Q3	% of 20/21
Case not pursued by complainant	0	0	0	0	0	0	1	1	↓	0	1.83
Consent not granted	1	0	0	0	1	0.45	0	0	↑	2	0.45
Local Resolution	1	1	0	0	2	1.92	0	0	-	0	0
Managed through SI process	0	0	0	0	0	0	0	1	-	1	0
Referred to another organisation	1	0	0	0	1	0.45	0	0	-	0	0
Not Upheld	16	20	23	24	83	37.56	9	25	↓	19	33.51
Partially Upheld	17	22	28	23	90	40.72	13	34	↓	20	46.33
Upheld	11	13	10	9	43	19.46	12	6	↓	0	17.88
Disciplinary Action required	0	1	0	0	1	0.45	0	0	-	0	0
Grand Total	47	57	61	56	221		35	67		42	

48% of complaints (20) complaints were either partly or fully upheld in the quarter, these were spread across several differing services. Of these 2 (10%) were about staff attitude, 6 (30%) were in relation to communication and 55% related to care and treatment received and were as detailed in table 13 spread across a number of services.

Table 13: Complaints upheld and partially upheld relating to attitude of staff and care and treatment

Service	Main Subject of Complaint				Grand Total
	Attitude of Staff	Care and Treatment	Communication	Waiting Times for Treatment	
Adult Acute Admissions - Bluebell	1				1
CAMHS - Anxiety and Depression Pathway		1			1
Children's Speech and Language Therapy		1			1
CMHT/Care Pathways		3			3
Common Point of Entry			1		1
Community Dental Services		1			1
Community Hospital Inpatient Service - Oakwood Ward		1	1		2
Criminal Justice Liaison and Diversion			1		1
District Nursing		1	1		2
Health Visiting	1				1
Phlebotomy				1	1
Talking Therapies - Admin/Ops Team		2			2
Urgent Treatment Centre		1			1
Veterans TILS Service			2		2
Grand Total	2	11	6	1	20

4.2 Response Rate

The table below shows the response rate within a negotiated timescale, as a percentage total.

Weekly open complaints situation reports (SITREP) are sent to Clinical Directors, as well as on-going communication with the Complaints Office throughout the span of open complaints to keep them on track as much as possible.

Table 14 – Percentage response rate within timescale negotiated with complainant

2020-21			2019-20				2018-19				2017-18				2016-17			
Q3	Q2	Q1	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
100	99	100	100	98	100	100	100	100	100	100	100	100	100	100	100	100	100	100

All complaints closed in Quarter three were closed within an agreed timescale.

5. Characteristic data

5.1 Ethnicity

One of the ways that the Trust can monitor the quality of its services is by seeking assurance through the complaints process, that people are not treated negatively as a result of their ethnicity or other protected characteristic.

The tables below show the characteristics of patients who have had complaints raised about their care between 1 October and 31 December 2020. This does not include where a different organisation was

leading the investigation but does include re-opened complaints. The population data has been realigned to the information provided in 2019 Berkshire population data.

Table 15: Ethnicity

Ethnicity	Number of patients	%	Pop Data %
Asian - Bangladeshi	1	1.96	13.59
Other Asian	1	1.96	
Black British	1	1.96	3.64
Mixed - White and Black Caribbean	2	3.92	3.18
Mixed - White Asian	1	1.96	
Other Mixed	2	3.92	
Not Stated	14	27.45	0
Other ethnic category	1	1.96	0.99
Other White	6	11.76	6.31
White British	22	43.14	72.29
Grand Total	51		

As a way of improving ethnicity recording information is sent back to services where this is not documented on RiO. The Complaints Office also discuss the importance of capturing this information when delivering the Complaint Handling Training.

5.2 Gender

There were no patients who identified as anything other than male or female during Quarter three.

Table 16: Gender

Gender	Number of patients	%	Pop Data %
Female	32	62.75	49.5
Male	19	37.25	50.5
Grand Total	51		

5.3 Age

Table 17: Age

Age Group	Number of patients	%	Pop Data %
Less than 1	2	3.92	1.0%
1 to 4	2	3.92	4.8%
5 to 9	2	3.92	7.3%
10 to 14	2	3.92	6.6%
15 to 19	5	9.80	6.3%
20 to 24	3	5.88	5.7%
25 to 29	2	3.92	5.8%
30 to 34	2	3.92	6.7%
35 to 39	6	11.76	7.6%
40 to 44	3	5.88	8.1%

Age Group	Number of patients	%	Pop Data %
45 to 49	1	1.96	7.5%
50 to 54	3	5.88	7.0%
55 to 59	4	7.84	6.1%
60 to 64	2	3.92	4.9%
65 to 69	3	5.88	4.0%
70 to 74	1	1.96	3.8%
75 to 79	1	1.96	2.7%
80 to 84	3	5.88	2.0%
85+	4	7.84	1.9%
Grand Total	51		

6. Parliamentary and Health Service Ombudsman

6.1 The Parliamentary and Health Service Ombudsman (PHSO) activity related to the Trust

The Parliamentary and Health Service Ombudsman (PHSO) are independent of the NHS and facilitate the second stage of the complaints process.

There have been no new formal investigations taken on by the PHSO in quarter three, but there have been a number of enquiries where that have asked for further information or sought for us to seek local resolution with the complainant. These are detailed in the table below.

Table 18: PHSO activity

Month open	Service	Month closed	Current Stage
Dec-18	Psychological Medicines Service	Open	Investigation Underway
Nov-19	CAMHS	Open	PHSO have requested information to aid their decision on whether they will investigate
Jan-20	CMHT/Care Pathways	n/a	PHSO not proceeding as Local Resolution had not been exhausted with the Trust
Mar-20	CMHT/Care Pathways	Open	Underway
Sept 20	CPE	Open	PHSO have requested information to aid their decision on whether they will investigate
Oct 20	CMHT/Care Pathways		PHSO have requested information to aid their decision on whether they will investigate
Oct 20	CMHT/Care Pathways		PHSO have requested information to aid their decision on whether they will investigate
Oct 20	Community Inpatient Services		PHSO have requested we have a final meeting with family
Nov 20	CMHT/Care Pathways		PHSO have requested we attempt to reach resolution with mother of patient who has not given consent to share

The PHSO has published the draft Complaints Standard Framework: Summary of core expectations for NHS organisations and staff. The final framework is due to be published in Spring 2021, the Complaints Team will reassess the service to ensure that it aligns with the draft standards and provide an update in Quarter four.

7. Multi-agency working

In addition to the complaints detailed in the report, the Trust monitors the number of multi-agency complaints they are involved in but are not the lead organisation (main area of complaint is about another organisation and therefore that organisation takes the lead). There were two complaints received that were led by another organisation during Quarter three, one led by Frimley Health (about inpatient care on Henry Tudor ward) and one by NHSE (about Out of Hours GP service).

8. MP enquiries, locally resolved complaints and PALS

8.1 MP enquiries

In addition to raising formal complaints on behalf of their constituents, Members of Parliament (MPs) can also raise service and case specific queries with the Trust.

Table 19: MP Enquiries

Service	Main theme of enquiry					Grand Total
	Access to Services	Care and Treatment	Communication	Environment	Waiting Times for Treatment	
CAMHS - AAT		1				1
CAMHS - ADHD					2	2
CAMHS - Child and Adolescent Mental Health Services					1	1
CMHT/Care Pathways	1					1
Common Point of Entry (Children)					1	1
Community Dental Services		1				1
Other				1		1
District Nursing		1	1			2
Grand Total	1	3	1	1	4	10

There were 10 MP enquiries raised in Quarter three, an increase from 8 in Quarter two and 5 in Quarter one.

8.2 Local resolution complaints

The complaints office will discuss the options for complaint management when people contact the service, to give them the opportunity to make an informed decision as to whether they are looking to make a formal complaint or would prefer to work with the service to resolve the complaint locally. Some concerns are received and managed by the services directly and the complaints office is not involved. These are called Local Resolutions and services log these so that we can see how services are doing at a local level.

Table 20: Concerns managed by services – Local Resolution complaints

Service	Number of concerns resolved locally
Children's Speech and Language Therapy - CYPIT	2
CMHT/Care Pathways	1

Service	Number of concerns resolved locally
CMHTOA/COAMHS - Older Adults Community Mental Health Team	2
District Nursing	2
East Berkshire Wheelchair Service	1
Health Visiting	2
Immunisation	2
Other	1
Physiotherapy Musculoskeletal	1
PICU - Psychiatric Intensive Care - Sorrel Ward	1
Podiatry	5
Grand Total	20

There were 20 local resolution complaints logged in quarter three. This is a decrease from 27 in quarter 2. Access to services was the most common theme for the local resolutions that were logged.

8.3 Informal complaints received

An informal complaint is managed locally by the service through discussion (written or verbal) and when discussing the complaints process, this option is explained to help the complainant to make an informed choice.

There have been eight informal complaints received during Quarter three, which cover various aspects of care and communication with CAMHS, Health Visiting, CMHT, Immunisation and our IT.

8.4 NHS Choices

There were ten postings during Quarter three; eight were positive, two were negative. PALS responded to these with contact information and the offer of a further conversation about their experience. It was also sent on to the services for their attention.

Service	Feedback
Early Intervention in psychosis – Prospect Park Hospital (1)	<p><i>"My son attempted to take his life in Reading last year whilst studying at the town's University. Berkshire Healthcare NHS Foundation Trust urgently referred him to a team called Early Intervention in Psychosis based at Prospect Park Hospital, Honey End, Reading, RG30 4EJ. The staff member (my son's care coordinator) was exceptional during these difficult times, his voice was extremely soothing and very informative all throughout. This staff member tried his best to make my son comfortable, never isolated and he did this whilst he was at his vulnerable living in university halls all alone over the summer vacation period. While I was 80 miles away, he managed to calm my worries down via the phone and review meetings to make the entire situation a better experience. I will never forget how his approachable professionalism adapted me to believe my son was in trustworthy hands and able to receive the care he needed. Any questions I needed answers to, he had the answer... Any concerns, he always had the right things to say. I cannot thank him enough for his support throughout one of the hardest situations of my life. Now my son is back at home with the whole family, thanks to the support of this staff member, he sorted a hassle-free transfer to a university closer by and further support from an Early Intervention in Psychosis team situated at our local general hospital.</i></p> <p><i>Grateful Parent"</i></p>

Podiatry-Upton Hospital (2)	<p><i>The podiatry team were fantastic. I required in-grown toe nail removal on both feet. The staff were extremely kind, highly professional, reassuring and cheerful. They ensured I was comfortable from start to finish. Post-op care was provided to a very high standard. I received excellent care.</i></p> <p><i>I am not happy with the podiatry department I last visited in March 2020 and haven't been able to get an appointment since as they keep cancelling my appointments. I am a diabetic and I do have problems with my feet which I need help with. I feel abandoned as they have not given a future appointment I'm and now wanting to be referred somewhere else as this service at Upton hospital Slough is totally ridiculous.</i></p>
Westcall OOH GP service (2)	<p><i>I know how easy it is to complain when you feel that you have been wronged but forget in the turmoil of everyday life to thank the real heroes. I met one yesterday and I don't even know his name. We had already had a tough week; grandad died and our first grandchild was born. Then within a few hours my daughter went from being perfectly okay to shivering with fever. A really reassuring and calm doctor from Westcall came and in a very short time diagnosed her with Sepsis. He started intravenous antibiotics straight away, called the ambulance and kept treating her until the ambulance crew took over. The hospital doctors repeatedly expressed how impressed they were by this doctor's fast action which possibly saved my daughter's life. She would have left behind a distraught husband, family and new born baby. Instead she is recovering well with no lasting damage. I so wish I could track down this doctor and thank him.</i></p> <p><i>Fantastic service .I phoned 111 on Boxing Day. The lady was extremely helpful and informative. Within an hour a doctor had phoned me and within 2 hours I was at a clinic seeing a doctor.</i></p> <p><i>It's the only time I've had the need to call for help and I was incredibly impressed. Thank you to all the health care professionals.</i></p>
Windsor Ward Wokingham Hospital (1)	<p><i>My sister was admitted by ambulance to Royal Berkshire Hospital 10 days ago, she had fallen over as her legs had given way and could not support her body. After an overnight stay she was transferred to Windsor Ward, Wokingham Hospital for rehabilitation. She's still there as her knee replacement has now been postponed for a couple of weeks but they are keen to keep the physio going to help her. I get updates regularly on her progress and she has found everyone so helpful and sympathetic especially as she has been struggling for a while during Lockdown. Well done Wokingham Hospital.</i></p>
Oakwood Unit-Prospect Park Hospital. (1)	<p><i>Contact with Mother</i></p> <p><i>For three days I have attempted to call my mother and discuss her recovery from a broken hip, I find it impossible to connect with my mother. It was her birthday 9/11 and I was unable to connect to wish her 83 years birthday wishes. Its a disgusting setup internally concerning family visits and rehabilitation concerning family aspect of ongoing support and allowing family to keep those in that prison system up to date with world events. They call this a rehabilitation unit. It is more like a mind disturbance unit concerning family members. An absolute disgrace concerning family and mindset. I don't want your robotic response about my post. Chat amongst your human resource department and employ staff with ability to understand. Covid is not an excuse in any response. If anyone has the ability to get your family member closer to home or a suitable rehabilitation unit. find it and use it thus stopping RBH from passing a elder to this impossible to connect to elder unit.</i></p>
Urgent Care Centre-WBCH (2)	<p><i>111 and MIU were a great combination. Found a tick in a delicate spot and since I had been having flu like symptoms for two weeks wanted some advice. Called 111 who were very helpful and confirmed this needed attention. They made me an appointment that was less than an hour from my call time. Car park is good (and free at weekends), an easy walk into the unit. After some confusion over checking in I was seen promptly. Tick removed and after consultation with other staff, good advice given with a clear explanation. Excellent job all round. I will now always call 111 instead of heading for A&E</i></p> <p><i>I attended UTC unaware that it is appointment only due to Covid restrictions. The receptionist was very understanding and sympathetic to the pain I was in and got me in as soon as possible. The nurse I saw was also very caring and kind. Great work and attitude during this difficult period . Thank you.</i></p>
Sorrell/Rose	<p><i>"I was very sceptical, worried and concerned when my son was detained under section 136 of the Mental Health Act and sent to Prospect Park Hospital. Initially treated in the Sorrell unit (high</i></p>

Wards - PPH	<i>security) and later transferred to Rose ward (acute treatment). The experience for me as a parent and subsequently for my son was extremely positive. Both wards were caring and built trust with us both. They were respectful and understanding. His recovery under the professional team within Rose ward was managed well, speedy and with care. Building 'Trust' was the key requirement and was quickly achieved. I was kept informed, contacted by various team members, updated and personally supported. Thank you all for what you have achieved. Next steps will be community based and as yet we are to see how this pans out. So far, so good"</i>
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8.4.1 PALS Activity

PALS has continued to provide a signposting and information service throughout the pandemic response.

PALS have continued to facilitate the Message to Loved One service (collating messages for patients that are then hand delivered on the ward) that was available across all inpatient areas. This PALS have held regular meetings with Advocates who would ordinarily be based at PPH and ensured that updated information on advocacy support was circulated to the wards.

There were 462 PALS contacts during Quarter three (compared with 473 last quarter). In addition, there were 267 contacts which were related to non-Trust services. The main reasons for contacting PALS were:

- Concerns and enquiries about how to access services and communication

(such as asking for updates on waiting times, people trying to get hold of services or specific staff members and queries about how to access services)

- Concerns about Care and Treatment

(such as worries about being discharged from a CMHT, concerns about support in a mental health crisis and worries about patients feeling isolated on the wards)

Of the 462 PALS contacts, 36 were about Covid-19. The majority of these enquiries were:

- 9 were about accessing services (25%)
- 8 were asking for information (22%)
- 5 contacts had concerns with communication (14%)

9. The Friends and Family Test

The NHS Friends and Family Test (FFT) gives an opportunity for patients and their carers to share their views in a consistent way across the Health Service. Berkshire Healthcare has aligned its Strategic Objectives to support a 15% response rate for the FFT in both physical and mental health services. The results of the NHS England national review of the FFT have been published and the FFT question was due to change from April 2020 to *Overall, how was your experience of our service.*

NHSE/I issued a national pause on the mandatory active collection and reporting of the FFT in March 2020. The Trust has continued to collect the FFT via non-contact methods such as SMS, online link and by telephone for local learning and service development. The Patient Experience Team has worked with wards in both physical and mental health services, to telephone patients who have given consent to be telephoned after their discharge. The feedback has been positive, and staff were able to also speak with family members and carers on several calls. From May 2020, in addition to the FFT, patients were prompted to share their experience of being in hospital during the pandemic (Q2: *Please can you tell us why you gave your answer?* (Prompt to find out more about PE, feeling safe, assured, hand hygiene, visiting restrictions).

NHSE have said that the FFT reporting will formally start again from January 2020. When the FFT is reinstated, it will be the new FFT question (rating of care rather than recommendation to others) which was due to be launched from 1 April 2020 (and paused). The Trust started the

new FFT locally from 1 September 2020 in readiness for the NHSE launch. The response rate is low (4% Trust wide for December 2020) and the Patient Experience Team are working with services to overcome their individual challenges with collecting this.

Examples of the feedback received from the telephone calls are:

"It was nice I was able to be contacted by my family" (family used the Message to a Loved One service)

"The nurses and tea ladies all very good, I only had to ask for something and it was there. Good service"

"I was happy with the nurses and I was looked after well. The physio was good too. I was not in hospital as a sick patient as I was in there for physio. At times I felt lonely but that was because nurses were looking after sick patients which is good logic"

"I have no complaints, I was well looked after"

The feedback was shared anonymously to the wards.

Wards are continuing to promote the Message to a Loved One service which is well used and receives positive feedback.

10. Our internal patient survey

The existing patient survey programme was paused from mid-March, alongside the collection and reporting of the FFT. Some services have continued to collect this information for internal service monitoring and development use, but the use of handheld devices to collect feedback has now recommenced. The Patient Experience Team has liaised with colleagues in Infection Prevention and Control, and wherever possible cards will be reintroduced by services locally scanning and emailing cards across.

Development of the new Patient Experience Measurement tool is currently within the procurement phase, the aim of the new tool is to improve Berkshire Healthcare's measurement, analysis and dissemination of patient feedback across all Community and Mental Health Services, this will complement the Friends and Family Test.

11. Learning Disabilities survey

As this is part of our Internal Patient Survey, this was paused during Quarter three as part of the pandemic response.

12. Updates: Always Events and Patient Participation and Involvement Champions, Healthwatch

There is no activity to report for Always Events, Patient Participation and Involvement Champions and 15 Steps as these were not carried out as part of the pandemic response.

The quarterly Healthwatch meeting has been suspended. There have been open and regular channels of communication between the Patient Experience Team and the Healthwatch organisations across Berkshire, on individual cases and for sharing communication with communities. Monthly check-in meetings will be starting from January 2021.

13. Compliments

There were 1010 compliments reported during Quarter three. The services with the highest number of recorded compliments are in the table below.

Table 21: Compliments

Service	Number of compliments
Talking Therapies - Admin/Ops Team	451
District Nursing	152
Intermediate Care	35
Cardiac Rehab	29
Community Hospital Inpatient Service - Windsor Ward	26
Community Respiratory Service	24
Criminal Justice Liaison and Diversion Service - (CJLD)	20
Physiotherapy Musculoskeletal	19
Children's Speech and Language Therapy - CYPIT	15
CMHTOA/COAMHS - Older Adults Community Mental Health Team	15
Heart Function Service	15

Table 22: Examples of compliments received during Quarter three

<p>CAMHS - ADHD</p> <p><i>"I wanted to send you a brief message to thank all involved at the Berkshire Healthcare NHS Foundation Trust for resolving my complaint. Every person I was in contact with, throughout the process, was helpful, kind, considerate and professional."</i></p>	<p>Community Hospital Inpatient Service - Windsor Ward</p> <p><i>Relative of patient thanked us for our excellent care in providing rehab for her sister. She was impressed with the cleanliness and the fact we provided disposable masks for visitors to the hospital.</i></p>
<p>Diabetes</p> <p><i>"Employ more people like (XX). She was very polite and caring with me. I want her to be promoted. thank you".</i></p>	<p>Integrated Care Home Service</p> <p><i>"Nurse supported me with the process following a death, verifying, relatives and who to inform. I was very stressed, and she made the experience calm and educational. I was so grateful for her kindness and time.</i></p>
<p>District Nursing</p> <p><i>"I would like to express how wonderful the Falkland District Nurses Team are."</i></p>	<p>CMHTOA/COAMHS - Older Adults Community Mental Health Team</p> <p><i>Carer stated how grateful she was for everything that the Consultant Psychiatrist had done for her Father and commented how good the Memory Clinic service was, and how reassured she was.</i></p>
<p>Criminal Justice Liaison and Diversion Service - (CJLD)</p> <p><i>"I was very grateful as I felt some one cared about me."</i></p>	<p>Mental Health Inpatients</p> <p><i>Patient's mother said that every time she had seen her son over the past year it had always ended in difficulty, but that visiting him on the ward she had a lovely, positive experience and that she was very thankful for this positive change.</i></p>
<p>Out of Hours GP Service</p> <p><i>I know how easy it is to complain when you feel that you have been wronged but forget in the</i></p>	<p>Mental Health Inpatients</p>

<p><i>turmoil of everyday life to thank the real heroes. I met one yesterday and I don't even know his name. We had already had a tough week; grandad died and our first grandchild was born. Then within a few hours my daughter went from being perfectly okay to shivering with fever. A really reassuring and calm doctor from Westcall came and in a very short time diagnosed her with Sepsis. He started intravenous antibiotics straight away, called the ambulance and kept treating her until the ambulance crew took over. The hospital doctors repeatedly expressed how impressed they were by this doctor's fast action which possibly saved my daughter's life. She would have left behind a distraught husband, family and newborn baby. Instead she is recovering well with no lasting damage. I so wish I could track down this doctor and thank him.</i></p>	<p><i>"To all the doctors, nurses and support staff wishing you all a happy Christmas and let's hope the next year will be better. And a big thank you to you all for getting me well and happy for the future.</i></p> <p><i>P.S. I will miss you all but I promise not to be back"</i></p>
<p>Community Respiratory Service</p> <p><i>"No one ever has explained to me how inhalers work and how should I take it as you did. Now I understand. I am very grateful for your help and thank you that you came to visit me."</i></p>	<p>Children's Speech and Language Therapy</p> <p><i>"Wow. Thank you so much for such a detailed response! I know I have said it before, but you have such a good understanding of X's needs already. Thank you."</i></p>
<p>Continence</p> <p><i>"Thank you so much for your support and advice, it has made such a difference and taken all the angst out of the issue at home and made a much more positive approach to the whole issue, she is feeling very pleased with herself as she should."</i></p>	<p>Podiatry</p> <p><i>"The podiatry team were fantastic. I required in-grown toenail removal on both feet. The staff were extremely kind, highly professional, reassuring and cheerful. They ensured I was comfortable from start to finish. Post-op care was provided to a very high standard."</i></p>
<p>Sexual Health</p> <p><i>"She was so lovely and reassuring, she really helped me understand a lot more about my body. We need more lovely people like you. Thank you again for such a great service."</i></p>	<p>Rapid Response</p> <p><i>"Thank you. I cannot praise enough you and all the team that attended to my dad. Your efforts are greatly appreciated."</i></p>

Table 23: Compliments, comparison by quarter

	2018/19					2019/20					2020/21		
	Q1	Q2	Q3	Q4	18/19	Q1	Q2	Q3	Q4	20/21	Q1	Q2	Q3
Compliments	1,008	1878	1,670	1,409	5,965	1,404	1,389	1,437	1,436	5,666	873	975	1,010

14. Changes as a result of feedback

Mental health Service User Network (SUN):

'As part of the Trust's new SUN project (part of IMPACTT) we did a pilot from Sept-Dec. For the duration of that pilot we encouraged our members and also potential members who referred to us but

decided not to join to give us feedback on the service to help us shape the service to best meet the members needs and make us as accessible as a service as possible for when we moved to full launch this month.

The two themes that were raised frequently were that they felt we needed a later start to the morning groups and that we needed a middle of the day group offer on the programme for parents with school age children that didn't impact on school pick up or drop off times.

So at the end of the pilot, when we met as a team to decide on the new timetable for the launch we took this on board and moved the morning groups back to start later and put two new middle of the day groups in to accommodate members who would be unable to attend otherwise due to childcare commitments. We then made sure we emailed the new timetable to all existing members and all members who had felt they couldn't attend due to timings to let them know we appreciated their feedback and had made changes in line with this.

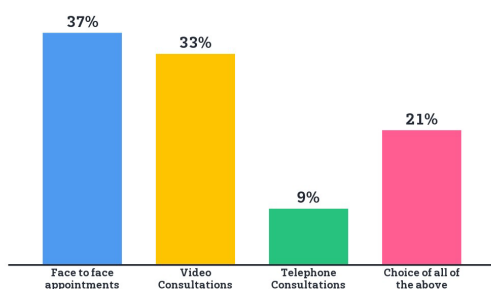
Our numbers continue to grow in SUN and we plan to continue to canvas members and potential members for their feedback, particularly in this our first year of SUN, to continue to use the feedback as a guide to steer us in the right direction for our members to get the best from the service.

We are now planning to meet as a team again in 3 months' time, before we increase out timetable again and will again consult our members and their feedback before considering the next steps for the service roll out.'

Several services across the Trust are reviewing the patient experience of the differing service delivery methods used during the pandemic. CYPF appointments have continued (where clinically appropriate) to be delivered via video and telephone calls and the division has been undertaking a survey to gather feedback from young people and their families regarding future appointments . To the 7th January 1486 responses had been received; the graph below shows responses and services have been working to set up a process whereby young people and their families are given a choice of the method through which they receive their appointments in the future.

If it was an option for the future, which appointment methods would you like to access for your consultations?

NHS
Berkshire Healthcare
NHS Foundation Trust



Elizabeth Chapman

Head of Service Engagement and Experience

Formal Complaints closed during Quarter three 2020/21

Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
Reading	CAMHS - AAT	Minor	Complainant unhappy with assessment by subcontractor. Believes a parent was left out of the process and it has had a detrimental affect on the child	Not Upheld	No consent received	Communication
West Berks	Talking Therapies - Admin/Ops Team	Low	Pt felt therapist asked too many question and they asked them to stop. Notes were put on medical records which were sent to the GP and pt wishes this removed.	Partially Upheld	Review training on medical legal writing of letters. Audit letters leaving the service. Ensure that at assessment confidentiality is explained and what information is passed to the GP.	Care and Treatment
West Berks	Community Hospital Inpatient Service - Donnington Ward	Low	Family communication whilst pt was in West Berks was poor and they wish to understand why psychotic medicians were administered	Not Upheld	No consent received	Communication
West Berks	CMHT/Care Pathways	Low	Complainant unhappy that a year from previous complaint nothing has changed with pt care and calls are not responded to	Partially Upheld	Allocated CC with complete a care/management plan collaboratively to ensure clarity regarding intervention and reduce risk of miscommunication – this will be available on her clinical documentation and the patient will receive a copy. An MDT discussion will be held with wider team and documented in progress notes. A discussion will also be held in triage meeting with the Integrated Psychological therapies team. All clients during COVID Restrictions will be provided with at least monthly contact to monitor mental state, risk and discuss care plan CC will clarify that current intervention will be reviewed at 4 weeks and that on-going support will continue and be dependent on collaboratively agreed review of efficacy of treatment so far. An OPA has been organised to review mental state and discuss medication. A review of diagnosis will also be considered.	Care and Treatment
Wokingham	CMHT/Care Pathways	Low	Pt treatment in session, explanation required into future sessions and procedures when a person is on a supervision order.	Not Upheld		Care and Treatment
Slough	CMHT/Care Pathways	Minor	Husband is complaining about the mismanagement and failing of duty of care to his wife, the patient. Over the 15 years she has been under case, things have gone from bad to worse. He has listed many issues in his complaint email, which is attached here.	Partially Upheld	IO speak regularly with pt to work things through	Care and Treatment
Bracknell	Health Visiting	Low	Child missed out on 2 yr check due to services being closed during COVID	Not Upheld		Access to Services
Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Low	Pt wishes to see evidence from previous response ORIGINAL COMPLAINT Pt wishes to show evidence that he staff illegally entered their home when there was no evidence of mental illness, eel they were mentally harassed and coerced to accept.	Not Upheld		Care and Treatment
West Berks	Out of Hours GP Services	Low	Pt unhappy they were not referred to Maxillofacial team following treatment of glue and steristrips to a head wound.	Serious Untoward Incident Investigation		Care and Treatment

Bracknell	Complaints	Low	Complainant unhappy the emails have been files and not responded to following a letter sight the complainant as unreasonably persistant.	Not Upheld	The process for citing as unreasonably persistent was appropriate. A review of the decision has shown that this was also appropriate in this case and that the complainant was given a clear rationale and information on the appeals process.	Communication
Reading	Adult Acute Admissions - Bluebell Ward	Low	Complainant unhappy with response believes many of the points that you have been responded to, are simply not true. ORIGINAL COMPLAINT General attitude of staff on the ward during the pt's stay, 14 points raised	Partially Upheld	All staff reminded in staff meeting that they need to introduce themselves to patients at each interaction. Continue the implementation of Safe Wards interventions to coach and support staff in communications skills to improve care and outcomes for patients. All staff reminded of the importance of making sure that all information is correct when talking with patients and recording in notes eg mental health act status.	Attitude of Staff
Reading	Talking Therapies - Admin/Ops Team	Minor	Following telephone assessment in July 2019 pt had to chase in feb 2020 as had heard nothing. Pt wishes to know why they were not told you could not have 2 forms of therapy, why not notification to change was given.	Partially Upheld	It was appropriate to discharge the patient when they informed the Therapist that they were also on a pathway elsewhere in the Trust. The learning is that we are developing a system to check this and to make sure that patients are aware that it is not clinically effective to be open under two pathways.	Care and Treatment
Reading	Podiatry	Low	Complainant disputes the response and would like a full timeline of events and a video meting to discuss when digested ORIGINAL COMPLAINT care from staff over a 13 month period including issues with the RBH	Not Upheld	Clinical care was appropriate.	Care and Treatment
Slough	CMHT/Care Pathways	Low	Pt unhappy with response thinks we are lying ORIGINAL COMPLAINT Pt says they are not receiving any help for services	Not Upheld		Care and Treatment
West Berks	CMHT/Care Pathways	Low	Pt does not agree with diagnosis or treatment plan. Feels psychiatrist has treated them with distain and lack of respect not taking history into account	Not Upheld		Attitude of Staff
Reading	Traumatic Stress Service	Low	Pt believes they have not been offered a proper assessment or treatment. Believes we have broken the equality act in July 2018 when we discharged due the DNA	Not Upheld		Care and Treatment
Wokingham	Integrated Pain and Spinal Service - IPASS	Minor	Clinic has sent a letter containing patient information to an incorrect address	Not Upheld	Formal complaint withdrawn as Local res sort	Confidentiality
Reading	Health Visiting	Low	Complainant was not invited to participate in ASQ:SE-2 60 months	Not Upheld		Communication
Reading	Common Point of Entry	low	Family unhappy that service told pt to call a different area rather than help directly.	Not Upheld	consent not received	Care and Treatment
Basingstoke	Criminal Justice Liaison and Diversion Service - (CJLD)	Low	Complainant unhappy with the content of the assessment report written when they were seen, wishes for the report to be withdrawn as there are factual inaccuracies.	Partially Upheld	A further letter can be sent to the GP clarifying the above points and highlight to the GP the difference in opinion that the assessment does not reflect true character. Take all feedback to our team and complete a learning exercise for all staff in order that they consider the wording they use with our service-users as well as how they record information in order to reduce future miscommunication. In future CJLD will be asking those we work with their preference for completion of the FFT and asking if individuals are happy to be contacted by someone else after the assessment at a convenient date. Ensure that all our relevant staff are trained in responding appropriately to complaints.	Communication

Reading	Community Hospital Inpatient Service - Oakwood Ward	Low	Believes correspondence sent to PALS has not been looked into. Complainant wishes to know why pt's character totally changed whilst on oakwood, why no MH assessment was done despite requesting and why medication review was done without looking at the contraindications to adding laxatives. Wants an apology from Dr.	Partially Upheld	Improved communication between ward medics and next of kin. Weekly call to provide and discuss patient rehabilitation, care and concerns.	Care and Treatment
Bracknell	CMHT/Care Pathways	Low	Patient is unhappy with a paragraph added in a complaint response by East CCG that says patient continues to attend clinics hosted by BHFT and our offer of support remains open. patient says this 'is plainly not the case. Indeed, whoever has made such a statement has plainly knowingly and deliberately misled the CCG. Further, assuming the said individual was a medical professional, it is reasonable to believe they have acted dishonestly and committed an act of serious professional misconduct, which, based on the egregious and unethical behaviour I have been subjected to by yourselves, would come as no surprise'. Patient has also submitted a further complaint that he does not consider it appropriate that our mental health team participate in meetings about his care	Not Upheld		Communication
Wokingham	District Nursing	Low	Catalogue of events when the DN visited the pt involving infection control and attitude	Partially Upheld		Care and Treatment
Reading	Out of Hours GP Services	Low	Patient has complained as a GP called her parents landline and left a message detailing her medical information. There was no attempt made to mobile before leaving the message.	Not Upheld		Confidentiality
West Berks	Phlebotomy	Low	Complainant unhappy with appt system for phlebotomy.	Partially Upheld	We have acknowledged the delays in appointments at WBCH, which are a result of covid.	Waiting Times for Treatment
Reading	CAMHS - Specialist Community Teams	Minor	Complainant unhappy at the Lack of treatment and the request for medication which was withdrawn.	Consent not granted		Care and Treatment
Bracknell	CAMHS - Anxiety and Depression Pathway	Minor	Pt started on A&D pathway in Jan 2020, moved to BEDS following hospital admission. Discharged BEDS as can not deal with Multiple treatment streams, referred to SCT leaving pt with no support in the interim and no one to go to for medication management	Partially Upheld	Discuss issues regarding reformulation with the Team Lead for the Berkshire Eating Disorder Service to consider further reflection by team about the potential impact of these conversations and how to best have them. Ask Team Lead of Specialist Community Team to review acceptance letters that go out to families. Team Lead from the Berkshire Eating Disorder Service to offer some support and to discuss advice regarding current eating difficulties. CAMHS managers to initiate programme of service improvement work around improving transitions of care between different teams. Team Lead for the Berkshire Eating Disorder Service to send autism screening forms, to ensure the autism screening is completed and that any referrals for autism assessment are made, as clinically indicated. Team Lead of the Specialist Community Team to arrange for the duty clinician to complete the actions and call back, as previously agreed.	Care and Treatment
Reading	Veterans TILS Service	Low	Complainant wishes a review of pt records. Feels the content is derogatory written about the complainant. States inaccuracies about AMHT and provides proof the TILS is more than a referrals service.	Not Upheld	Concerns about information documented in malice were found to be unsubstantiated.	Medical Records

Reading	Veterans TILS Service	Low	Complainant does not feel the minutes of the MDT meeting and the points taken reflect the meeting held and states they lack priority around pt TBI.	Partially Upheld	Care and communication was appropriate - concerns about information being recorded in a derogatory were unfounded. An area for improvement is around making carers aware of conversations that will be recorded in patient notes.	Communication
West Berks	Common Point of Entry	Low	Due to response pt has further concerns and asks why they still have not had an assessment despite this being identified as a failing. ORIGINAL COMPLAINT:- Pt referred to service Dec 2019 and states they have not heard anything from services following a nurse triage.	Partially Upheld	Inform all staff about correct referral procedure for CHPS. Audit discharge to GP letters sent. Reflective team session with a focus on proactive follow up.	Communication
West Berks	Urgent Treatment Centre	Minor	Family feel pt was misdiagnosed at UTC and was given no pain relief.	Partially Upheld	Reflective Learning Event to be held with HCA's to consider that escalation should be considered at the point of triage if patient has uncontrolled pain. Pain scoring should be elicited routinely at point of triage. Learning to be disseminated amongst HCA's to ensure analgesia is discussed with patients at triage. Article to be published in Clinical Governance Newsletter and covered as agenda point in all team meetings.	Care and Treatment
Other	Common Point of Entry (Children)	Low	Family feel the sign posting to LA was inappropriate.	Consent not granted		Care and Treatment
Other	Other	Minor	Wife of pt unhappy that DN's going into care homes are not being tested for C19. Believes the Trust has been negligent putting lives at risk.	Not Upheld		Other
Reading	District Nursing	Minor	Patient was discharged from RBH and DN should have visited to change dressing but nothing was set up. Patient is unhappy about attitude of staff, generally negative and emphasising they are not an emergency service.	Partially Upheld	Communication should have been better - advice for wound self care was not correct and has been addressed with the member of staff. There was good practice with advice to contact 111 and dressings left for the patient to use.	Communication
Reading	Community Hospital Inpatient Service - Oakwood Ward	Moderate	Lack of information and communication from the ward to family, Covid present at PPH, pt discharged from Oakwood to RBH with Covid.	Partially Upheld	Clinical care was appropriate - there were missed opportunities for communication with the family from the staff.	Communication
Wokingham	Health Visiting	Minor	Complainant feels staff member became rude and condescending when providing a leaflet about bruising immobile children, feels the staff member showed systemic racism which she feels needs to be addressed.	Partially Upheld	Training on Birth marks to include Blue / Grey spots to be delivered to Heath Visitors, Community Staff nurses and Nursery Nurses	Attitude of Staff
West Berks	Community Dental Services	Moderate	November 2019 Pt needed dental treatment under general anaesthetic but due to C19 wait list were advised at 8 to 12 months for special needs children as community dentist were not doing surgery and RBH wait times were long, GOSH requested RBH send a referral. Subsequent issues with RBH Lyon Ward.	Partially Upheld	We have acknowledged the wait for community dental treatment, which commissioners are aware of. Learning identified in RBH response.	Care and Treatment
Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Low	Family unhappy with the lack of appropriate psychological therapy provided to pt and the lack of involvement and consideration the family are being given.	Not Upheld		Care and Treatment

Bracknell	CMHT/Care Pathways	Low	Patient is unhappy with a paragraph added in a complaint response by East CCG that says patient continues to attend clinics hosted by BHFT and our offer of support remains open. patient says this 'is plainly not the case. Indeed, whoever has made such a statement has plainly knowingly and deliberately misled the CCG. Further, assuming the said individual was a medical professional, it is reasonable to believe they have acted dishonestly and committed an act of serious professional misconduct, which, based on the egregious and unethical behaviour I have been subjected to by yourselves, would come as no surprise'. Patient has also submitted a further complaint that he does not consider it appropriate that our mental health team participate in meetings about his care.	Not Upheld		Communication
Reading	Veterans TILS Service	Moderate	Complainant unhappy BHFT did not send explanation to AMHT regarding referral. Complainant does not see why permission was needed to send this letter. Complainant also unhappy further referral sent without approval from pt and complainant ORIGINAL COMPLAINT Complainant unhappy about information that has been shares about them, wishes to know what support the pt will be receiving	Partially Upheld	<p>Training to TILS team regarding writing referrals to other organisations regarding the accuracy and content of information to be included and discussing with the client in advance. Additional Record keeping training for the team.</p> <p>Inform all team members including admin to check links in emails or correspondence being sent to clients to ensure they work.</p> <p>Inform all team members that when sending information to clients regarding access to medical records, to include the name of the person who this should be sent to for our service (Manager or senior clinician as appropriate).</p> <p>Inform CPE (who accept referrals on behalf of TILS) and TILS team to double check consent is recorded on any referrals received and if not then to check with referrer and record.</p> <p>Inform all OT's working in TILS to ensure all clients are aware that worksheets given out cover a broad range of activities and that not all will be relevant and to leave out any not relevant</p> <p>All TILS clinicians to ensure that all carers are offered a carers assessment and that the offer and response should be recorded on RiO.</p> <p>Meeting to be arranged between TILS, AMHT, Combat Stress and invite VTN to discuss and agree support for client going forward and actions.</p>	Communication
Slough	CMHT/Care Pathways	Low	Husband is complaining about the mismanagement and failing of duty of care to his wife, the patient. Over the 15 years she has been under case, things have gone from bad to worse. He has listed many issues in his complaint email.	Partially Upheld	Care was appropriate at the start of the care period; however there should have been a follow up when discharged from EMBRACE service.	Care and Treatment
Reading	Children's Speech and Language Therapy - CYPIT	Moderate	Family unhappy the pt was discharged because they go to an independent school. would like acknowledgement of failings	Partially Upheld	Communication about service offer needs to be made clearer. Key conversations were not documented fully on RiO.	Care and Treatment

Berkshire Healthcare NHS Foundation Trust

Performance Report to Council

March 2021

Chief Executive Highlights Report

Local

The Royal College of Psychiatrists Serious Incident Review Accreditation Network (SIRAN) has developed a set of 60 standards covering:

- Organisational process around serious incidents
- The incident review process, the serious incident report
- Involvement of staff in the process and
- Involvement of patients and families in the serious incident process.

The aim of these standards is to help ensure that NHS providers carry out serious incident reviews to a high standard. Following submission of evidence and an external peer review in October 2020, the Royal College's Accreditation Committee confirmed on 21st January 2021 that the Trust has met 100% of the standards and therefore has achieved accreditation. The accreditation has only been achieved by one other Trust so far.

- The Trust has signed the Armed Forces Covenant. The Armed Forces Covenant recognises that the whole nation has a moral obligation to members of the armed forces and their families, including veterans and Reservists, and it establishes how they should expect to be treated. For most of the Armed Forces community, the Covenant is about removing disadvantage and ensuring fair treatment. In terms of healthcare, the key principle is that they experience no disadvantage in accessing timely, comprehensive, and effective healthcare and that they receive bespoke services for their particular needs or combat-related conditions.

- The COVID-19 Vaccination Hub at Wokingham Hospital was one of the initial hospital hub sites identified across the Berkshire, Oxfordshire, and Buckinghamshire (BOB) Integrated Care System. Following approval by the national team commenced vaccinations on 15th December 2020. The Hub which now runs 6 days a week is set up to provide vaccinations to staff in priority groups 1 and 2 as set out by the JCVI (Joint Committee on vaccination and immunisation); this is staff working in care homes for older adults alongside health and social care staff including NHS and private healthcare, social care colleagues (predominantly from across the west of Berkshire), dentists, pharmacists and opticians.

A new initiative between Berkshire Healthcare's Liaison and Diversion service, Thames Valley Police and the charity, Alana House has been launched to help women with complex needs and is aimed at reducing the number of women receiving custodial sentences. Alana House, a project run by charity Parents and Children Together (PACT), will provide support with a dedicated worker to help overcome barriers and support with issues including mental health, domestic abuse, drugs/alcohol misuse, poverty, parenting, and employment skills.

Our Research and Development team are currently hosting a study called PRINCIPLE to help find early treatments for COVID-19 which may help people in the community to recover more quickly and hopefully keep them out of hospital. This is an Urgent Public Health study led by the University of Oxford and we are one of many UK sites.

National

The Department of Health and Social Care has published a White Paper- Integration and Innovation: working together to improve health and social care for all which sets out legislative proposals for a new Health and Care Bill. These proposals are an evolution of those initially put forward by NHS England and NHS Improvement in 2019 and 2020, with some further important additions (e.g. the proposals to give the Secretary of State powers to direct the NHS, move powers between arm's length bodies and intervene in local reconfiguration decisions). The new legislation would also put the Integrated Care Systems on a statutory footing.

NHS England and NHS Improvement performance figures show nearly 225,000 people have now waited more than 12 months for routine hospital treatment – the highest number since April 2008. The figures also suggest that cancer activity is recovering.

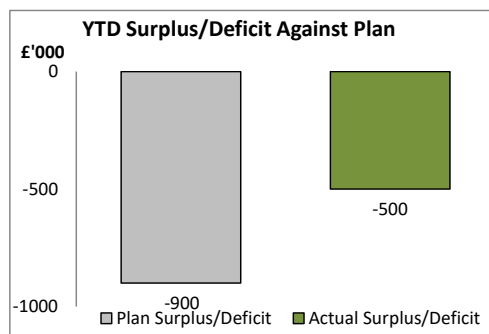
NHS Providers are calling on the Government to maintain pandemic level of spending on the NHS for the next three years because of long-lasting pressure from COVID-19, including a backlog of cases that could take several years to clear.

A survey recently commissioned by Public Health has shown that almost half of adults in the UK feel that the COVID-19 pandemic has negatively impacted on their mental health and wellbeing.

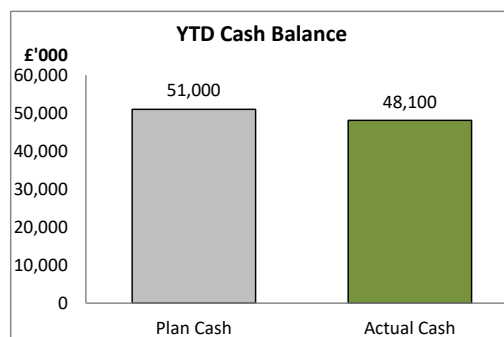
Of the adults who responded to the survey:

- 46% had been experiencing more anxiety
- 44% were feeling more stressed
- 34% reported sleep problems
- 46% have suffered low mood over the course of the pandemic

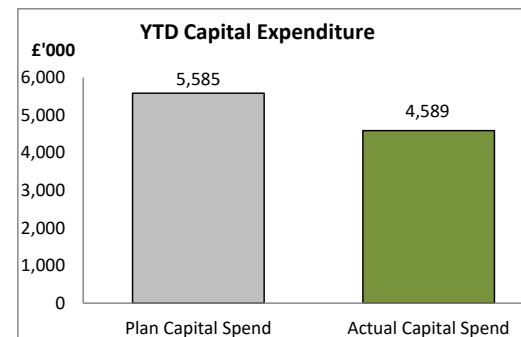
YTD Surplus/Deficit Against Plan (£k's)



Latest Cash Position (£k's)



YTD Capital (£k's)



This surplus or deficit reflects the difference between the Trust spending and the income it receives.

During quarter 3 we continued to operate in a COVID influenced financial regime. Providers were required to report a breakeven position during and up to the end of Q2 made possible by 'Top UP' payments, covering both additional costs incurred in response to COVID and underlying deficits. From October to the end of the financial year the trust spend will be monitored against our submitted NHSi forecast which included planned funding for Covid related costs and 'top up' funding to mitigate the consequence of continued block payment mechanisms.

During this period

- Use of Resource rating is not being monitored
- There is no efficiency requirement, effectively putting our Cost Improvement Programme on hold
- CCG contracts have been replaced by centrally calculated block allocations. During Q1&2 central allocations made provision for inflation only, and no service developments. During Q3&4 block allocations have been adjusted for service development and system COVID and Top Up funding.
- Expenditure is expected to continue per run rate at the end of 19/20 adjusted for inflation only plus costs incurred as a consequence of service developments and COVID response.

YTD Covid costs were £6.9m. YTD NHSE top up payment was £5.6m, System Covid funding was £1.3m and System Top Up Funding was £1.4m. The YTD position pre COVID costs and support was a deficit of £1.9m and after COVID costs and support £0.5m deficit.

The cash surplus shown in the graph supports liquidity and capital expenditure.

In order to ease liquidity pressure on providers, one month's block allocations were continued to be made in advance in Q3, cash held is offset by increased deferred income.

Capital Spend is cash spent on items that last longer than 1 year and have a value of over £5,000. Examples of this are buildings and networked IT. It is important that the trust re-invests in capital items to provide good facilities and equipment for patient care.

The YTD underspend against the planned capital programme was £1.0m. Estates spend accelerated in Q2 bringing it close to plan. The YTD underspend relates to the delay in IM & T programmes which is now expected to catch up in Q4.

Performance Report to Council of Governors – Performance October to December 2020

Friends and Family Test

Indicator		Target
Recommendation Rate	93%	85%

The above number shows the proportion of patients who when surveyed would recommend the Trust services to their friends and family. In Quarter 3 this was 93%.

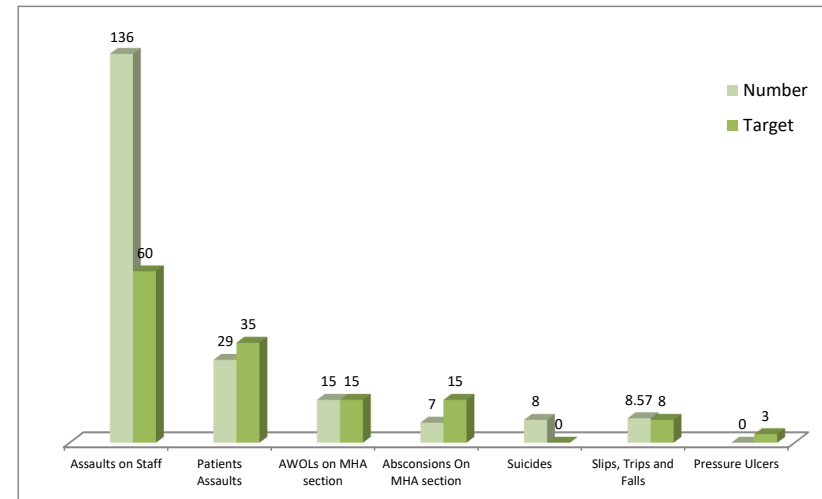
The response rate was 3% in Quarter 3 against a target of 15%.

Safer Staffing

Indicator	RAG Rating
Safe Staffing	

There is a shortage of registered nursing staff available in the Thames Valley area and therefore registered nursing vacancies are hard to fill and good registered temporary nursing staff are equally hard to find. While we continue to actively advertise and take steps to recruit into the registered nursing vacancies on the wards we are using good temporary care staff who are available and know the wards to fill shift gaps because it is safer for patients. Whilst filling shifts with care staff maintains patient safety, having more registered nursing staff once recruited will improve staff morale as there will be greater peer support, more supervision of care staff and ultimately improved patient care.

User Safety



The above chart is showing the December 2020 rolling quarter Actual Vs target. Please note that lower than the stated target means KPI has achieved its target. There has been an increase on assaults on staff and AWOLs for those detained under the Mental Health Act, falls and apprent suicides. There has been a decrease patient to patient assaults, Absconsions of those detained under the Mental Health Act and pressure ulcers due to lapse in care. Falls and Pressure Ulcers are breakthrough objectives for the Trust's Quality Improvement programme.

← Performance Report to Council of Governors – People October to December 2020 →

Staff Turnover

<u>Target</u>	<u>Actual</u>
15.20%	13.6%

Agency Position

<u>Target</u>	<u>Actual</u>
< 6%	1.9%

Sickness

<u>Target</u>	<u>Actual</u>
< 3.5%	4.09%

Note: lower than the stated target means KPI has achieved its target

Appraisals

<u>Target</u>	<u>Completed %</u>
> 95%	88.98%

The target was achieved in July 2020.

Days Taken For Recruitment

Target	<div style="width: 55%;"></div>	55
Days Taken	<div style="width: 73%;"></div>	73

Note: Equal or lower than the stated target means KPI has achieved its target

The Board Assurance Framework sets out the key risks to the Trust achieving its strategy.

Each risk has an action plan, key control and sources of assurance.

The risk summary sets out the risk description and key mitigations.

Risk Description	Mitigations
<p>Risk 1</p> <p>Failure to recruit, retain and develop the right people in the right roles at the right time and at the right cost could impact on our ability to meet our commitment to providing safe, compassionate, high quality care and a good patient experience for our service users</p>	<ul style="list-style-type: none"> •The Trust continues to through with the Integrated Care Systems to maximise the links we have with Health Education England and local universities to support the different pathways into nursing •A new approach to workforce planning has been developed linking workforce, service demands and business forecasting •The Trust's new People and Equalities, Diversity and Inclusion Strategies were approved by the February 2021 meeting of the Trust Board •Our apprenticeship strategy continues to evolve under the oversight of the Strategic People Group, balancing the financial implications of apprentices with our need to identify alternative pipelines for some roles. We are currently working with ICS colleagues on a shared apprenticeship model and have transferred some of our apprenticeship funds to partners in the system to support the development of these roles.
<p>Risk 2</p> <p>Failure to achieve system defined target efficiency and cost base benchmarks lead to an impact on funding flows to the Trust, and underlying cost base exceeding funding. Risk is described in the context of system funding allocations (CCG, spec comm budgets etc) being allocated and controlled at ICS level, flowing to providers on a risk share and/or relative efficiency basis.</p>	<ul style="list-style-type: none"> •The Trust has introduced patient level costing. The working model of cost apportionments is now available, and the user summary reporting is currently being reviewed. •NHS England and Improvement has delayed publishing its financial planning guidance for 2021-22 to enable NHS providers to focus on responding to the COVID-19 pandemic •The Trust has started work on identifying cost improvement programme schemes
<p>Risk 3</p> <p>There is a risk that the Integrated Care Systems may not deliver the transformational change required to meet the healthcare needs of the population because of the need to focus on the COVID-19 response which would impact the pace of the Trust's work to re-model the way services are delivered</p>	<ul style="list-style-type: none"> •Multi-disciplinary working in care homes with primary care networks became operational in October 2020 •The Trust contributed to both the Buckinghamshire, Oxfordshire and Berkshire West and Frimley Health and Care Integrated Care Systems phase 3 planning response to the COVID19 pandemic
<p>Risk 4</p> <p>There is a risk that other providers may acquire the Trust's adult and children's community services which would impact organisational sustainability and reduce the Trust's scope to develop new models of out of hospital care</p>	<ul style="list-style-type: none"> •Agreed by Frimley Health that the Trust would lead the Chronic Pain pathway implementation. •The Trust has robust business and development and horizon scanning processes in place. •The Trust has regular meetings with the Commissioners and plays an active role in the East and West Integrated Care Systems. •Frimley Health and Care ICS has established Place Based Locality Boards with Placed based Local Directors in place •The December 2020 Trust Board approved the Trust's refreshed Three-Year Strategy that sets out its ambitions across all services
<p>Risk 5</p> <ul style="list-style-type: none"> •There is a risk that the changes to Integrated Care Systems and the Commissioning landscape may destabilise the collaborative working relationships with key strategic partners that have been in place resulting in the Trust losing influence in key decisions leading to less effective services for local people •There is a risk that the development of Provider Collaboratives may divert management and clinical time and resources from front line service delivery. There is a risk that not participating in the development of the Provider Collaboratives will weaken the influence of the Trust in future decisions 	<ul style="list-style-type: none"> •The Stakeholder Satisfaction Survey was repeated in the autumn. The Survey provided assurance that the Trust was well regarded as a partner by its stakeholders. •Locality and Regional Directors for East Berkshire have built a strong relationship with the East Commissioners and are members of the Mental Health Programme Board •The Regional Director West is now the responsible officer for Mental Health for the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System •The Trust is contributing to the mental health transformation programme of work in addition to the NHS Long Term Plan Mental Health priorities •The Trust is an active partner in the NHS COVID-19 Recovery and Phase III planning stages

<p>Risk 6</p> <ul style="list-style-type: none"> • There is a risk of a rise in demand for community and mental health services and a lack of available capacity will 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. 	<ul style="list-style-type: none"> • The Trust has good engagement with the developing Primary Care Networks. • Recruitment to challenged services remains good and the vacancy position is improving • Work on the Workforce Strategic Initiative using Quality Improvement methodology has started • New ways of working will increase capacity • The Trust has continued to engage in weekly system meetings in both East and West Berkshire. The Trust is linking with partners on service recovery planning. The Trust is inputting to prioritisation of investments with both Integrated Care Systems • Bed demand action plan developed with bed escalation plans in place • The development of a new Emotionally Unstable Personality Disorder Pathway is progressing and on track with roll out of all elements of new pathway scheduled for Mar/Apr 2021 • NHS 111 mental health pathway now live.
<p>Risk 7</p> <p>Trust network and infrastructure 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.</p>	<ul style="list-style-type: none"> • The Trust has attained national CyberEssentials+ certification in February 2020 • The Trust invited the Information Commissioners Office to conduct an external audit in April 2020. The Information Commissioners Office identified seven recommendations for improvement and these actions will be implemented over the next 12 months.
<p>Risk 8A</p> <ul style="list-style-type: none"> • There is a risk that the Trust may be unable to maintain the standards of safe and high-quality care for patients we aspire to as an organisation because of the challenges of responding during the active phase of COVID-19 and also responding to further waves of COVID-19 with winter pressures. • There is a risk that there may be insufficient staff to provide safe care due to staff to staff transmission and the impact of test and trace on the need for staff to self-isolate 	<ul style="list-style-type: none"> • Weekly updates to staff through the Staff COVID-19 Recovery Briefings • Lateral Flow testing to identify asymptomatic COVID-19 staff is available to all frontline staff • Staff COVID-19 vaccination programme is underway • There are early signs of reduction in COVID
<p>Risk 8B</p> <ul style="list-style-type: none"> • There is a risk that the Trust may be unable to maintain the standards of safe and high-quality care for patients we aspire to as an organisation because of the challenges of managing services during the second wave of the COVID-19 pandemic • Staff in medium and low priority services have been redeployed to support critical and high priority services. • The Recovery programme of work for operational services is currently paused. • The impact of COVID-19 on services and staff and their ability to remain resilient and at work needs to be a continued focus. 	<ul style="list-style-type: none"> • COVID-19 Recovery Communications Plan is in development with external communications aligning with system expectations • BHFT website is regularly updated with the latest service provision information and is also shared with Healthwatch • A demand modelling tool has been built and it currently being populated with community services activity data • Working well with system partners and having conversations of around recovery demand & capacity mapping in preparation for system recovery. • Reducing Health Inequalities action plan drafted & Quality Improvement workshop held

Performance Report to Council of Governors – Oversight Requirements October to December 2020

<u>KPI</u>	<u>Target</u>	<u>Actual</u>	<u>Definition</u>
7 day follow up	95%	98.60%	This is the percentage of Mental Health Patients discharged from our wards who were within 7 days.
DM01 Diagnostics Audiology - 6 weeks	99%	99.70%	This is the % of patients waiting 6 weeks or less for Audiology diagnostic tests.
A&E 4 Hour Waits	95%	98.20%	This is the percentage of patients waiting in the Trust's Minor Injury Unit to treat/discharge or transfer within 4 hours.
RTT Community: incomplete pathways	92%	100.00%	This is the percentage of patients waiting within 18 weeks for their first outpatient appointment in the Trust's Diabetes and Children's Community Paediatric teams.
Data Quality Maturity Index	95%	99.00%	This measures the Trust's completeness of Mental Health Services Data Set data in relation to the 29 fields including: - Ethnic Category, GMC Practice Code, NHS Number, Organisation Code, NHS Number, Organisation Code, Gender, and Postcode. This is the latest score.

Early Intervention in Psychosis New Cases - 2 week wait	56%	97.23%	This is the percentage of patients who present with first episode psychosis, who are assessed and accepted onto a caseload and receive a NICE Concordant package of care.
Inapp Out of Area Placements occupied bed days - East CCGs	38	296	The number of occupied bed days for acute, older adult or PICU patients, from East CCGs who were sent out of area as there was no bed available within the Trust.
Inapp Out of Area Placements occupied bed days - West	36	484	The number of occupied bed days for acute, older adult or PICU patients, from West CCGs who were sent out of area as there was no bed available within the Trust. COVID 19 outbreaks at PPH have increased pressure on beds as some beds have been used for isolation
Improving Access to Psychological Therapies - waiting times for:- Assessment Treatment and Recovery	75% 95% 50%	98% 100% 57.47%	This measures the percentage of IAPT patients who were assessed within 6 weeks, started treatment within 18 weeks, and the percentage of those who have recovered.
Clostridium Difficile due to Lapse In Care - Year to Date	6	1	This measures the number of cases of Clostridium Difficile which were caused by a lapse in care in our inpatient services. 1 Case identified on Snowdrop ward in August 2020.

Cardio Metabolic CQUIN assessment and treatment for people with psychosis in the following settings:-

Inpatient settings	90%	42%
Early Intervention in Psychosis Services	90%	88%
Community Mental Health Patients on CPA	65%	21%

This CQUIN looks to improve health outcomes for those patients with psychosis by sampling a number of cases and calculating the percentage of clients who have received an assessment, and where risks are identified, intervention covering the following:

- . smoking status
 - . lifestyle (including exercise, diet, alcohol and drug use)
 - . body mass index
 - . blood pressure
 - . glucose regulation (HbA1c or fasting glucose or random glucose, as appropriate)
 - . blood lipids.
- This must be clearly recorded in the patients' records.

MRSA	0	0
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This is the number of cases of the infection methicillin-resistant Staphylococcus aureus identified on our wards as occurring due to lapse in care.

Gram Negative Bacteraemia	0	0
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This is the number of cases of infection Gram Negative Bacteraemia cases including, E coli, Pseudomonas and Klebsiella identified on our wards as occurring due to lapse in care. One case occurred on Ascot Ward in May 2019.

MSSA	0	0
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This is the number of cases of the infection Methicillin-sensitive Staphylococcus aureus identified on our wards as occurring due to lapse in care.