Berkshire Healthcare
NHS Foundation Trust

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

TRUST BOARD MEETING

(conducted electronically via Microsoft Teams)

10:00am on Tuesday 14 May 2024

AGENDA

No	Item	Presenter	Enc.
OPENING BUSINESS			
1.	Chairman's Welcome and Public Questions	Martin Earwicker, Chair	Verbal
2.	Apologies	Martin Earwicker, Chair	Verbal
3.	Declaration of Any Other Business	Martin Earwicker, Chair	Verbal
4.	Declarations of Interest i. Amendments to the Register ii. Agenda Items	Martin Earwicker, Chair	Verbal
5.1	Minutes of Meeting held on 12 March 2024	Martin Earwicker, Chair	Enc.
5.2	Action Log and Matters Arising	Martin Earwicker, Chair	Enc.
QUALITY			
6.0	Patient Story – A Liaison and Diversion Service Story	Debbie Fulton, Director of Nursing and Therapies/Pauline O'Callaghan, Liaison and Diversion Service Manager	Verbal
6.1	Patient Experience Report – Quarter 4	Debbie Fulton, Director of Nursing and Therapies	Enc.
6.2	Quality Accounts Report 2023-24	Dr Minoo Irani, Medical Director	Enc.
EXECUTIVE UPDATE			
7.0	Executive Report	Alex Gild, Deputy Chief Executive	Enc.
7.1	Gender, Ethnicity and Disability Pay Gap Report	Alex Gild, Deputy Chief Executive/Jane Nicholson, Director of People	Enc.
7.2	Health and Wellbeing Update Report	Alex Gild, Deputy Chief Executive/Jane Nicholson, Director of People	Enc.
7.3	Reducing, Preventing and Managing Violence and Aggression Assurance Report	Debbie Fulton, Director of Nursing and Therapies	Enc.
PERFORMANCE			
8.0	Month 12 2023/24 Finance Report	Paul Gray, Chief Financial Officer	Enc.

No	Item	Presenter	Enc.
8.1	Month 12 2023/24 Performance Report	Paul Gray, Chief Financial Officer	Enc.
8.2	Finance, Investment and Performance Committee meetings on 21 March 2024 and 17 April 2024	Naomi Coxwell, Chair of the Finance, Investment and Performance Committee	Verbal
STRATEGY			
CORPORATE GOVERNANCE			
9.0	Trust's Annual Report 2023-24*	Alex Gild, Deputy Chief Executive	Enc.
9.1	Audit Committee Meeting - 17 April 2024	Rajiv Gatha, Chair of the Audit Committee	Enc.
9.2	Council of Governors Update	Martin Earwicker, Trust Chair	Verbal
9.3	Use of the Trust Seal Report	Paul Gray, Chief Financial Officer	Enc.
Closing Business			
10.	Any Other Business	Martin Earwicker, Chair	Verbal
11.	Date of the Next Public Trust Board Meeting –09 July 2024	Martin Earwicker, Chair	Verbal
12.	**CONFIDENTIAL ISSUES:** 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	Verbal

*****_It is a legal requirement that an NHS Foundation Trust's Annual Report is not published until the Report has been laid before Parliament. The draft Annual Report is therefore excluded from the Public Trust Board papers on the Trust's website._

Berkshire Healthcare
NHS Foundation Trust

Unconfirmed minutes

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Minutes of a Board Meeting held in Public on Tuesday, 12 March 2024

(Conducted via Microsoft Teams)

Present:	Martin Earwicker	Trust Chair
	Rebecca Burford	Non-Executive Director
	Naomi Coxwell	Non-Executive Director
	Mark Day	Non-Executive Director
	Rajiv Gatha	Non-Executive Director
	Sally Glen	Non-Executive Director
	Julian Emms	Chief Executive
	Alex Gild	Chief Financial Officer
	Debbie Fulton	Director of Nursing and Therapies
	Paul Gray	Chief Financial Officer
	Dr Minoo Irani	Medical Director
	Tehmeena Ajmal	Chief Operating Officer
In attendance:	Julie Hill	Company Secretary
	Jade Hens	CAMHs, Team Lead, Getting Help Team and Mental Health Support Team, Slough *(present for agenda item 6.0)*
	Jane Nicholson	Director of People *(present for agenda item 7.1)*
	Steph Moakes	Health, Wellbeing and Engagement Lead *(present for agenda item 7.1)*
Observers:	None	

24/031	**Welcome and Public Questions** (agenda item 1)
	The Chair welcomed everyone to the meeting.
24/032	**Apologies** (agenda item 2)
	Apologies were received from: Aileen Feeney, Non-Executive Director.

24/033	**Declaration of Any Other Business** (agenda item 3)
	There was no other business.
24/034	**Declarations of Interest** (agenda item 4)
	i. **Amendments to Register** – none
	ii. **Agenda Items** – none
24/035	**Minutes of the previous meeting held on 9 January 2024 –** (agenda item 5.1)
	The Minutes of the Trust Board meeting held in public on Tuesday, 09 January 2024 were approved as a correct record.
24/036	**Action Log and Matters Arising** (agenda item 5.2)
	The schedule of actions had been circulated. **The Trust Board:** noted the action log.
24/037	**Board Story – A CAMHs Getting Help and Mental Health Support Team Story (**agenda item 6.0)
	The Chair welcomed Jade Hens, CAMHs, Team Lead, Getting Help Team and Mental Health Support Team, Slough to the meeting. Jade Hens gave a presentation and highlighted the following points: • The THRIVE Framework conceptualised the mental health and wellbeing needs of children, young people and families into five needs-based groupings: getting advice, getting help, getting more help, getting risk support and thriving. • The Mental Health Support Teams were school based and the Getting Help Team was a community-based team with referrals from GPs, places of worship and local authorities etc. • The Mental Health Support Team provision was a government initiative, the aim of which was for every school and college to have a designated mental health lead by 2025 • The East Berkshire CAMHs Getting Help Service covered three localities: Bracknell, Royal Borough of Windsor and Maidenhead and Slough • In the Slough locality, 24 schools (47% of schools) were covered by the Mental Health Support Team. The remaining schools could access support via the Getting Help Team • The service provided early intervention and prevention for mild to moderate mental health needs. Direct interventions included one to one support for Children, and Young People aged 12 years or over and their families over 6-8 sessions with small group sessions where appropriate. Parent-led interventions was provided in the case of children aged under 12 years • Indirect interventions included: support in multiagency triaging from the Getting Help Team, school staff consultations and reflective practice, joined up working

with professionals (for example, between the local authority and schools), delivering training/workshops and providing consultation to schools on mental health and wellbeing where appropriate and Psychological Perspectives in Education and Primary Care training
- The service provided support for behavioural difficulties, worry management, anxiety, low mood, sleep hygiene, panic management, assessing self-harm and coping strategies and problem solving
- For more serious mental health presentations, for example, chronic depression, social anxiety disorder, extensive phobias, high risk self-harming, PTSD, pain management and historical or current experience of abuse or violence, the Team would recommend that families contact the Trust's Common Point of Entry service for a referral to a specialist CAMHS service.

Jade Hens presented Patient X's story. Patient X was an 8-year-old boy who attended a Special Educational Needs School and had an autism spectrum disorder diagnosis and was waiting for an attention deficit hyperactivity disorder assessment. Patient X was referred to the service by his school because of concerns around food avoidance, fear of sitting down/being dirty and social worries around his appearance, particularly whilst eating.

Ms Hens said that Patient X's mother was apprehensive about her son attending the initial assessment and subsequent sessions as he had never engaged with a service before. The Education Mental Health Practitioner closely worked with the family and found out that Patient X liked Pokémon and devised a Pokémon based system assessment. Patient X engaged well in the process and the Education Mental Health Practitioner was able to complete a full psycho-education session with the child as well as providing sessions for Patient X's mother on how she could support her son to help him overcome his concerns and anxieties.

Ms Hens reported that the interventions had a positive impact on Patient X and said that the family were now confident in going out together and were even planning a holiday now that Patient X was comfortable eating and drinking in public. It was noted that the school had reported huge improvements in Patient X's behaviour and his attendance had also improved.

Ms Hens read out a letter from Patient X's mother in which she praised the service and for the support they had provided to both her and her son and in particular, the Mental Health Practitioner who adapted her practice and used Pokémon as a way to engage with her son. The presentation slides are attached to the minutes of the meeting.

The Chair commented that it was an inspiring presentation.

The Deputy Chief Executive asked whether there were issues with schools around their expectations about the mental health support the team could provide.

Ms Hens said that there were a few teething problems at the start of the Mental Health Support Team initiative but overall, the feedback from schools was very positive. Ms Hens said that the Government was rolling out the Mental Health Support Team service in a phased way and said that schools not yet included in the scheme were sometimes frustrated that they could not assess the service.

The Deputy Chief Executive asked about the behavioural support the Mental Health Support Team provided in schools.

	Ms Hens explained that the Mental Health Support Team could only provide support with behavioural issues if the child/young person had a mental health presentation. Sally Glen, Non-Executive Director asked about the cultural sensitivities around different parenting systems and asked whether the service reviewed referrals on the basis for ethnicity. Ms Hens said that despite a significant ethnic population in Slough, the majority of referrals came from white British people and reported that the service was undertaking a significant amount of work to increase the diversity of referrals, including translating information leaflets in the top three languages in Slough. The Chief Executive asked whether there was more schools could do themselves to support children and young people other than relying on a specialist service provided by the Trust. Ms Hens said that in an ideal world, schools should be able to access Educational Psychologists but there were only two Educational Psychologists covering the whole of Slough and not all schools could afford to pay from a private Educational Psychologist. Ms Hens also pointed out that only a handful of Slough Schools had a dedicated trained Mental Health Lead in the school. The Chair thanked Jade Hens for her presentation.
24/038	**Patient Experience Quarterly Report** (agenda item 6.1)
	The Director of Nursing and Therapies presented paper and reported that the quarter 2 report had highlighted a decrease in performance in relation to the number of patients who felt listened to and reported that the Trust's performance for quarter 3 had gone back up to a more positive level. The Director of Nursing and Therapies reported that the Trust was planning a rapid improvement event in April 2023 to see what more could be done to improve the response rate of the I Want Great Care Tool. It was noted that the 15 Step Visits were on hold at the moment whilst responsibility for administering the 15 Step Visits transferred to the Patient Experience Team. The 15 Step Visits would re-commence in April 2024. **The Trust Board**: noted the report.
24/039	**Freedom to Speak Up Self-Reflection Tool** (agenda item 6.2)
	The Director of Nursing and Therapies presented the paper and reported that it was good practice as detailed by NHS England for the Freedom to Speak Up Self-Reflection Tool to be reviewed by organisations at least every two years to identify and gaps and areas for improvement as well as areas of good practice. The Director of Nursing and Therapies reminded the meeting that the Public Trust Board had last reviewed the Self-Reflection Tool in July 2023. It was noted that following the publication of an updated Self-Reflection Tool document and in light of the Lucy Letby conviction, the Trust had conducted an internal review, the outcome of which was presented to the meeting for approval.

	Naomi Coxwell, Non-Executive Director asked whether the Self-Reflection Tool was useful. The Director of Nursing and Therapies commented that the Self-Reflection Tool was lengthy and was not the easiest to use. The Director of Nursing and Therapies suggested that it was more useful to those Trusts who were below average in terms of the national NHS Staff Survey results around speaking up and raising concerns. Ms Coxwell asked whether there was an opportunity to give feedback on the format of the Self-Reflection Tool to NHS England. The Director of Nursing and Therapies reported that the Trust's Freedom to Speak Up Guardian was the Regional Chair of the Freedom to Speak Up Guardians' Forum and he had provided feedback on the tool. Sally Glen, Non-Executive Director commented that the Tool was very repetitive. Mark Day, Freedom to Speak Up Non-Executive Director Lead reported that he had discussed the outcome of Trust's self-assessment against the Self-Reflection Tool with the Freedom to Speak Up Guardian to test whether he shared the Trust's assessment. Mr. Day said that he was reassured by the Freedom to Speak Up Guardian that the self-assessment was realistic and an honest assessment. **The Trust Board**: approved the Trust's self-assessment against the Freedom to Speak Up Self-Reflection Tool.
24/040	**Quality Assurance Committee** (agenda item 6.3)
	a) Minutes of the Quality Assurance Committee held on 27 February 2024 The minutes of the Quality Assurance Committee meeting held on 27 February 2024 together with the Learning from Deaths and Guardian of Safe Working Hours Quarterly Reports had been circulated. Sally Glen, Chair, Quality Assurance Committee reported that the Committee had received a presentation on the Trust's work to reduce restrictive practices. Ms Glen reported that the aim was to reduce restrictive practices by 15% and this year (2023-24), the Trust's overall performance since August 2023 had been below the threshold. Ms Glen reported that the Committee had discussed the Trust's work around improving sexual safety and said that the Committee would receive an update at the next meeting on the Trust's work in relation to NHS England's Sexual Charter. Ms Glen said that the Committee had also received an update on the Trust's work on the implementation of the National Patient Safety Strategy. **b) Learning from Deaths Quarterly Report** The Medical director reported that this was the last report in the current format. It was noted that future reports would cover all deaths rather than the Mortality Review process being separated from the Serious Incident Reporting process.

	c) Guardian of Safe Working Hours Quarterly Report The Medical Director reported that the Guardian of Safe Hours had received 17 exception reports (from 1 November 2023 to 6 February 2024). The majority of the exception reports related to workload and prioritisation on one acute inpatient ward. A smaller number related to emergency work on one older adult inpatient ward a couple were due to over-running of regional training. The Medical Director said that the Trust encouraged junior doctors to report all incidents of working over their stated hours and this also included travel time to attend training courses. T**he Trust Board:** a) Noted the minutes of the Quality Assurance Committee held on 27 February 2024 b) Noted the Learning from Deaths Quarterly Report c) Noted the Guardian of Safe Working Hours Quarterly Report.
24/041	**Executive Report** (agenda item 7.0)
	The Executive Report had been circulated. **The Trust Board**: noted the report.
24/042	**National NHS Staff Survey Results Report** (agenda item 7.1)
	The Chair welcomed the Director of People and Steph Moakes, Health, Wellbeing and Engagement Lead to the meeting. The Deputy Chief Executive reported that the national NHS Staff Survey Results were published on 7 March 2024 and said that the Trust had another strong set of results which was supported by an increase in the response rate. It was noted that the Trust had performed particularly well in the areas of staff engagement, a great place to work and care of patients being the organisation's top priority. The Deputy Chief Executive pointed out that the staff survey results had also identified areas for further focus. The Director of People reported that NHS England had identified a minor data quality issue in relation to the physical violence questions and therefore this data was being held back until this data results were finalised. The Director of People gave a presentation and highlighted the following points: • The national NHS Staff Survey Results for NHS provider organisations in 2023 were better than the results for 2022 which had seen some of the lowest scores in five years. However, the results for Integrated Care Boards had seen dips in staff satisfaction scores which was not surprising given that the Integrated Care Boards were being re-structured as part of NHS England's drive to reduce the staffing costs of Integrated Care Boards • The Trust's response rate had increased from 65% in 2022 to 67% in 2023. The Trust's response rate was 15% points above the average response rate for Mental

	Health, Learning Disability and Community Combined Trusts (the Trust's peer group) • The Trust's overall engagement score was now 7.45 (the national average was 7.11). The Trust was still achieving the best score in its peer group which had been maintained for four years. • The Trust's scores for the nine themes from the NHS People Promise along with Staff Engagement and Morale theme were above average for combined Trusts in all ten themes • The Trust's top scoring questions included recommending the Trust's as a place to work, my team having a set of shared objectives, care of patients is my organisation's top concern, my organisation acts on concerns raised by patients, my organisation is committed to helping me balance my work and home life, working whilst sick and having adequate resources to do my job • The Trust had statistically significant improvement in 28 questions • Across all the questions asked in both the 2022 and 2023 staff surveys, there were three questions that saw a statistically significant decrease compared with 2022: o Time often/always passes quickly when I am working (77.8% in 2023 compared with 80.5% in 2022) o Feel a strong personal attachment to my team (68.2% in 2023 compared with 70.7% in 2022) o Would feel confident that the organisation would address concerns about unsafe clinical practice • The experience of black and ethnic minority staff was considerably poorer than those who were white and that was not acceptable. The Trust continued to see positive trends across the Workforce Race Equality Standard staff survey indicators. • The past three years had shown between a 0.7% and 7.3% improvement for our ethnically diverse colleagues across all indicators. The Trust's scores remained better than average but there was clearly more work to be done which was being taken forward as part of the Trust's commitment to becoming an anti-racist organisation • Similarly, the experience of colleagues with a disability was considerably poorer than those without and this was not acceptable. Over the past three years, the Trust had seen positive trends across seven of the Workplace Disability Equality Standards staff survey indicators, one decline and one no change. • The Staff Survey Results indicated that colleagues who identify as gay/lesbian/bisexual/other had a poorer experience compared to their heterosexual/straight colleagues and this was not acceptable. Over the past year, the experience of our LGB colleagues had improved across all elements/themes • This year, the survey included new questions around sexual safety in the workplace. Our results showed that we were above average, but the Trust was "not best in class" and therefore there was more work to be done. To support improvements, the Trust had signed the NHS Sexual Charter and had committed to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace and to implement the ten commitments set out in the NHS Sexual Charter by July 2024 • The Trust's areas of focus for 2024 to improve staff experience included: the anti-racism workstream, the "Big Conversations" with staff, violence prevention and reduction, NHS Sexual Safety Charter workstream, refreshed leadership and team development support and targeted support to the service areas who needed it most. Divisional management teams were looking at their individual staff survey results and discussing next steps and developing action plans.

	The Chair congratulated the Trust on its Staff Survey Results for 2023 and commented that there was clarity around the areas which the Trust needed to focus on. Mark Day, Non-Executive Director added his congratulations to the Chief Executive, Executive Team and the Trust's leadership for an excellent set of results. Mr Day endorsed focussing actions on the areas where the biggest difference could be made in terms of the staff experience. Mr Day asked whether there was anything Non-Executive Directors could do to support the Trust's work. The Director of People thanked Mr Day for his offer of help and commented that staff really appreciated Non-Executive Directors visiting services. Sally Glen, Non-Executive Director added her congratulations on an impressive set of staff survey results. Ms Glen referred to the questions around sexual safety and asked whether mental health trusts had more sexual safety incidents than acute and community trusts. The Director of Nursing said that patient on patient and patient on staff sexual safety incidents may be higher for mental health trusts but pointed out that there was a higher prevalence of staff-on-staff sexual incidents in acute trusts and services such as community nursing which involved visiting patients in their own homes. The Director of People added that the Royal College of Surgeons had highlighted concerns around the prevalence of sexual safety incidents occurring in operating theatres. Naomi Coxwell, Non-Executive Directors asked whether the staff survey results were expected. The Chief Executive said that there were no surprises in terms of the staff survey results which had improved year on year over the last decade. Ms Coxwell said that it would be helpful for the Board to review the staff survey results in respect of the other local trusts and integrated care boards. **Action: Director of People** The Chief Operating Officer said that she was particularly interested in this year's staff survey results because there had been significant operational restructuring of the mental health teams during the year. The Chief Operating Officer reported that her senior team would be undertaking a thorough evaluation of structural changes, the results of which would be presented to a future Trust Board meeting. **Action: Chief Operating Officer** The Chair thanked the Director of People and Steph Moakes, Health, Wellbeing and Engagement Lead for attending the meeting. **The Trust Board**: noted the report.
24/043	**Month 10 2122-23 Finance Report** (agenda item 8.0)
	The Chief Financial Officer presented the report and highlighted the following points: • The Trust was reporting a £2.1m surplus year to date, which was £1.9m better than planned. The year-to-date position included £0.6m of additional income which was

	the Trust's share of the additional £800m made available nationally to help bridge the financial gap caused by industrial action. • As a result of the change of accounting treatment for PFI liabilities the Trust had also included a £0.4m reduction in PDC dividend but awaited further guidance from NHS England as to whether this should be an adjustment to our performance • The Trust had increased its forecast outturn surplus to £3.8m following receipt of £0.6m industrial action funding and agreement of £1.3m of elective over performance funding. The forecast also assumed £0.7m of benefit through reduced PDC dividend and depreciation from a project to review the PFI asset values. • Delivery against the cost improvement plan was on track linked to control total compliance. However, there were significant variances in mental health inpatient staffing for which remedial action was underway to improve the run rate into 2024/25. • The 2023/24 Agenda for Change and Doctors pay awards had been made. After accounting for the additional cost and funding, the Trust had estimated a £1m full year pressure due to the way the NHS tariff uplift was calculated. However, this was currently being offset by delays to recruitment against core allocations. • In month, there were an additional 56 (whole time equivalent) members of staff in role, some of the increase was funded from specific investment income. The Trust was closely monitoring the use of temporary staff. The Trust was operating below NHS England's System Agency Ceiling of 3.7% of overall workforce costs with the Trust's agency usage at 3.2% year to date • The average number of Out of Area Placements had remained stable with 24 in December 2023 and 25 in January 2024. Around 40% of Out of Area Placements related to patients requiring a Psychiatric Intensive Care Unit (PICU) bed • Cash was now above plan with Integrated Care Board cash payments in line with contracts. • Our Better Payments Practice Code performance continued to improve with the percentage of non-NHS invoices paid within the deadline now above the target and the value of invoices paid continuing to improve each month. • Capital was underspent against plan year to date mainly due to the phasing of estates projects but with planned expenditure to utilise the CDEL (Capital Departmental Expenditure Limit) element of the plan by the end of the year. Our forecast remained in excess of our CDEL capital allocation, but we were expecting that this would be covered by underspending elsewhere in the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System. The Chair paid tribute to the work of the Chief Financial Officer and his team for their work in delivering the Financial Plan 2023-24 within a challenging financial context. The Chair commented that whatever the outcome of the General Election, money for the NHS was going to be tight and therefore it was imperative that the Trust was as efficient as it could be. **The Trust Board**: noted the report.
24/044	**Month 10 2122-23 "True North" Performance Scorecard Report** (agenda item 8.1)
	The Chief Financial Officer presented the paper and highlighted the following points: • Clinically Ready for Discharge by Wards (including Out of Area Placements) Mental health performance was at 371 bed days against a target of 250 bed days. The number of lost bed days remained high but had decreased over the last three months.

	• Bed Days Occupied by Patients who were Discharge Ready (Community Physical Health) performance was at 888 against a 500-bed day target. Initial findings from the 'voice of the patient' feedback project had identified that wards needed to improve communications around delays to patients and carers. There was now visibility of delays on the Frimley system dashboard with would help focus the issue. • There had been 48 physical assaults on staff against a target of 44. The Trust was continuing to work with Thames Valley Police and to learn from past incidents. Sally Glen, Non-Executive Director commented that staff sickness absence performance was at 4.8% against a target of 3.5%. The Deputy Chief Executive pointed out that the Trust's sickness absence performance was not out of line with previous seasonable sickness levels. The Deputy Chief Executive reported that the Trust had a new sickness workstream which was reviewing the Trust's processes for managing sickness. The Chief Operating Officer reported that the Trust had held a rapid improvement event which had focussed on some of the drivers around sickness and to learn from teams who were managing sickness well. The Chief Operating Officer said that she would share the findings from the work with the Trust Board or one of the Board Sub Committees. **Action: Chief Operating Officer** The Chief Executive referred to the month-by-month sickness absence figures which showed the seasonality of sickness levels and commented that the 3.5% target was a stretch target. **The Trust Board**: noted the report.
24/045	**Finance, Investment and Performance Committee Meeting on 17 January 2024 (**agenda item 8.2)
	The minutes of the Finance, Investment and Performance Committee meeting held on 17 January 2024 had been circulated. Naomi Coxwell, Chair of the Finance, Investment and Performance Committee reported that the Committee was keen to have a discussion about what productivity meant in the context of the Trust. Ms Coxwell reported that the meeting had also discussed the development of the Trust's Financial Plan 2024-25 and had noted that NHS England had not yet published the final national Planning Guidance. The Chief Financial Officer reported that NHS England's Planning Guidance was due to be published later this week and said that there would be an opportunity to discuss the Trust's draft Financial Plan 2024-25 at the Finance, Investment and Performance Committee meeting on 21 March 2024. The Chair reported that there would be an opportunity to discuss productivity as the Trust Board Discursive meeting in June 2024. **Action: Chief Financial Officer** The Chair thanked Naomi Coxwell for her update.
24/046	**Fit and Proper Persons Test Policy** (agenda item 9.0)

	The Trust's Fit and Proper Test Policy had been circulated. It was noted that the policy had been updated to reflect NHS England's Fit and Proper Person Test Framework, published in August 2023. The Company Secretary reported that the policy would be amended further to make reference to NHS England's Board Leadership Competencies Framework published on 28 February 2024. **Action: Company Secretary** **The Trust Board**: approved the revised Fit and Proper Persons Test Policy subject to the Policy being amended to make reference to NHS England's Board Leadership Competency Framework.
24/047	**Annual Health and Safety Report** (agenda item 9.1)
	The Chief Financial Officer presented the report and highlighted the following points: • The Trust had received no Enforcement Notices from either the Health and Safety Executive or the Local Authorities in 2023. • There were eleven incidents reported under the RIDDOR regulations in the year 2023, (with no false reports) showing an increase of seven incidents compared to 2022. The highest number of incidents (six) occurred in the Slips, Trips & Falls category – where all six were staff injuries. • During 2023, the Trust reported 809 physical assaults against staff. This was a decrease of 121 (13%) compared to 2022. The Trust also reported 925 non-physical assaults against staff, a decrease of 152 (14%) on the previous year. • During 2023, the Royal Berkshire Fire and Rescue Service undertook four fire safety visits to ensure that the Trust was compliant with the Regulatory Reform (Fire Safety) Order 2005. • There were two cases of arson reported for 2023 and eleven cases of a risk of fire being identified. Six out of eleven of the incidents were community based with the remainder being on Trust property. Three of the eleven incidents occurred at Prospect Park Hospital which was the same number of Prospect Park Hospital incidents for this category as the previous year. • Compliancy in statutory training: Fire Awareness – the number of staff trained throughout 2023 had averaged 92.71%. This was a 1.04% increase from last year (2022 average = 91.67%). This fell 2.29% short of the Trust's fire training target of 95% compliance. • Compliancy in statutory training: Health & Safety - the number of staff trained throughout 2023 had averaged 96.25 % (0.5 % increase). This was above the Trust's target of 90% compliance. • The overall sickness rate for 2023 was 4.17%, a reduction of 0.5% from 4.68% in 2022. The most common reason for absence remained anxiety/stress/depression, accounting for 29.1% of all sickness in the 12-month period. Absences attributed to musculoskeletal/back problems had remained consistent with 2022, at 10.3%. • The number of full-time equivalent days lost to sickness in 2023 had decreased by 6.4% when compared to 2022. **The Trust Board**: noted the report.

24/048	**Audit Committee Meeting – 17 January 2024** (agenda item 9.2)
	The minutes of the Audit Committee meeting held on 17 January 2024 had been circulated. **T**he Trust Board: noted the minutes.
24/049	**Council of Governors Update** (agenda item 9.3)
	The Chair reported that the Council of Governors meeting on 6 March 2024 had approved the re-appointment of Rajiv Gatha, Non-Executive Director for a second term of office and had extended Mark day's term of office for a further year.
24/050	**Trust Seal Report** (agenda item 9.4)
	The Chief Financial Officer reported that the Trust's Seal had been affixed to lease renewal in respect of the 1st Floor, Thatcham Health Centre, Bath Road. **The Trust Board**: noted the report.
24/051	**Any Other Business** (agenda item 10)
	There was no other business.
24/052	**Date of Next Public Meeting** (agenda item 11)
	The next Public Trust Board meeting would take place on 14 May 2024.
23/053	**CONFIDENTIAL ISSUES:** (agenda item 13)
	The Board resolved to meet In Committee for the remainder of the business on the basis that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.

I certify that this is a true, accurate and complete set of the Minutes of the business conducted at the Trust Board meeting held on 12 March 2024.

Signed……. Date 14 May 2024

(Martin Earwicker, Chair)

NHS
Berkshire Healthcare
Children, Young People and Families services

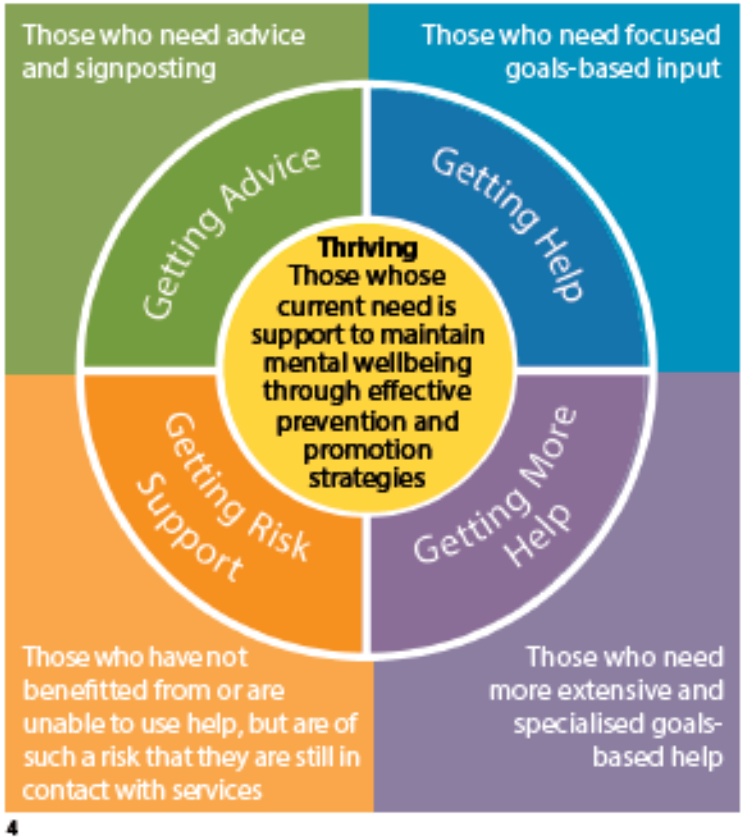
CAMHS Getting Help and Mental Health Support Team

Patient Journey

Jade Hens
CAMHS Team Lead
GHT/MHST, Slough

The THRIVE Framework

The THRIVE Framework conceptualises the mental health and wellbeing needs of children, young people and families into five needs-based groupings:



4

NHS
Berkshire Healthcare
Children, Young People and Families services

8x Education Mental Health Practitioners (EMHPs)*

3x Senior EMPH & Supervisors

MHST 1 & 2
Teams

3x Team Administrators*
(Work across all 3 teams)

2x Senior Clinician & Supervisors*

1x Senior Mental Health Practitioner*

* Due to start or have vacancies

NHS
Berkshire Healthcare
Children, Young People and Families services

2x Children Wellbeing Practitioners (CWPs)

2x Trainee Children Wellbeing Practitioners (CWPs)

Getting Help Team

1x Senior Mental Health Practitioner for GP Primary Care*

1x Senior Clinician & Supervisor*

* Due to start or have vacancies

Service Background

NHS
Berkshire Healthcare
Children, Young People and Families services

- Government Initiative: Transforming Children and Young People's Mental Health Provision: a Green Paper.
- Aim is for every school and college to have a designated mental health lead by 2025.
- Part of East Berkshire CAMHS Getting Help Service- three localities (Bracknell, RBWM and Slough).
- In Slough, the CAMHS Mental Health Support Team 1 has been operational since 2019/2020, with Team 2 joining the team in 2021/2022.
- Across the two MHSTs we are in 24 schools in Slough, this equates to approximately 47% coverage for MHST. The remaining schools fall within our Getting Help Team.

Transforming Children and Young People's Mental Health Quick Read Guide

Our Offer

NHS
Berkshire Healthcare
Children, Young People and Families services

Direct interventions

- Early intervention and prevention for mild-moderate mental health interventions
- 1-1 support for CYP (12 years+) over 6- 8 sessions
- Parent led-interventions (11 years and under) over 6-8 sessions
- Small group sessions (where appropriate)

Indirect interventions

- Support in Multiagency triage (Getting Help Team)
- School staff consultations and reflective practice
- Joined up working with professionals (eg: Local Authority and Schools)
- Delivering training/workshops and providing consultation to schools on mental health and wellbeing where appropriate
- Psychological Perspectives in Education and Primary Care (PPEP Care) Training

PPEP Care Website

What we can support with

NHS
Berkshire Healthcare
Children, Young People and Families services

- ✓ Mild to moderate mental health presentations
- ✓ Behavioural Difficulties (brief parenting support)
- ✓ Worry Management
- ✓ Anxiety e.g. Simple Phobias (Dogs, Heights, Separation anxiety)
- ✓ Low Mood
- ✓ Sleep Hygiene
- ✓ Panic Management
- ✓ Assessing Self Harm and Coping Strategies
- ✓ Thought Management
- ✓ Problem Solving

What we don't support with

Berkshire Healthcare
Children, Young People and Families services

- Conduct disorder/Anger management/Full parenting programmes
- Chronic depression
- Social anxiety disorder
- Extensive phobias e.g. blood, needles, vomit
- Severe, active, high risk self-harm
- PTSD
- OCD
- Pain management
- Historical or current experiences of abuse or violence

If a referral is not accepted, then we can support the referrer to explore where the needs may best be met and identify appropriate/alternative services to signpost to.

Patient X Story Background

Berkshire Healthcare
Children, Young People and Families services

Education Mental Health Practitioner: Evie Brooks

Background Information:

- 8 years old
- Male
- Attends a SEN school (ASD diagnosis and awaiting ADHD assessment)

Reason for Referral:

X was referred by school for concerns around food avoidance, fears of sitting down/being dirty, and social worries around their appearance, particularly whilst eating.

Other Information:

Parent was apprehensive about having X attend the initial assessment and subsequent sessions as he had never engaged with a service before.

Patient X Story Assessment

Berkshire Healthcare
Children, Young People and Families services

Adjustments Created:

- Pokémon Style Assessment to increase engagement (staff member also wore her Pokémon shoes for added effect!)
- Pokémon cards were provided by mum and secretly exchanged so X would think they came from staff member as a way of trust/relationship building.
- First assessment- the clinical room was too hot and small, so decided to reschedule.
- For the reschedule assessment- staff member sourced a different room to accommodate space and temperature concerns.

Intervention Identified:

- Based on the assessment, the presenting problem focused on anxious behaviours shown around eating and drinking.
- Parent led Helping your Child with Fears and Worries (HYC) which provides parents with an understanding of their child's anxiety and how parental anxiety may be heightening this.
- It encourages increasing independence and allowing children to build their confidence, through learning they can cope.
- Parents are taught how to be curious and gather anxious expectations from their children opposed to providing closed reassurance.
- The intervention then focuses on breaking down the identified anxious expectation and create a step-by-step plan to tackle this fear.
- At each step, parents encourage children to reflect on their learning from each step e.g., did what they think would happen, happen.
- Parents are taught how to and encouraged to problem solve any barriers alongside their children to facing their fears.

Patient X Story Outcome

Berkshire Healthcare
Children, Young People and Families services

- Staff completed a psychoeducation session with X.
- Parent completed 4x 1-hour sessions, 2x 30-minute phone calls and 1x 1-hour review.

As a result of this:

- The positive impact of this has been significant, the family are now confident in going out together, doing things, and even planning a holiday as X will now eat and drink.
- School reported huge improvements in behaviour in school, will now sit in some situations and has been able to go on school trips.
- Attendance at school has improved and now attending school on time, with limited anxiety most days.
- Now he snacks in his lessons during the school day.
- No longer sharing a bed with mum.

Parent Feedback

Berkshire Healthcare
Children, Young People and Families services

The staff member received a variety of different feedback from the parent which ranged from the assessment and intervention itself to feedback for our admin team and Fir Tree House reception staff. Please see attached PDF for full review.

“You are the first team of people to make my son and myself not feel like a tick box.”

“The person that answered my first call spoke to me like a human being and reassured me that someone from the team would be in contact asap.”

“I wasn’t going to have to fight to be listened to, my stress levels were lowering already.”

“… realised that you weren’t going to just fob me off with the usual spiel.”

“Your waiting room is one of the easiest we’ve frequented. Having 2 rooms and the film playing really helps. The reception staff are smiling.”

“This has also changed X’s perception of going to see adults he doesn’t know.”

Berkshire Healthcare NHS Foundation Trust

BOARD OF DIRECTORS MEETING 14.05.23

Board Meeting Matters Arising Log – 2024 – Public Meetings

Key:

Purple - completed
Green – In progress
Unshaded – not due yet
Red – overdue

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
11.07.23	23/120	Annual Complaints Report	The Director of Nursing and Therapies to consider adding an additional column in Table 2 in the report which set out the complaint themes to indicate the number of complaints which were upheld, partially upheld and not upheld.	July 2024	**DF**		
09.01.24	24/007	Board Story	The Board to have a discussion about the Trust's approach to outsourcing services at a future	June 2024	**AG**	Scheduled for the June 2024 Trust Board Discursive	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
			Trust Board Discursive meeting.			meeting.	
09.01.24	24/011	"Green Plan" Sustainability Strategy Update	The Finance, Investment and Performance Committee to have a discussion about the sources of available funding for sustainability initiatives in order to take a longer-term strategic perspective.	March 2024	**PG**	A paper on sources of funding for sustainability initiatives was presented to March 2024 Finance, Investment and Performance Committee meeting.	
12.03.24	24/042	NHS Staff Survey Results	The Trust Board to receive the NHS Staff Survey Results for the local NHS trusts and for the two integrated care boards.	May 2024	**JN**	Attached at appendix 1 *(please use the magnifier function to view the spreadsheet)*	
12.03.24	24/042	NHS Staff Survey Results	The Trust Board to receive the outcome of the evaluation of structural changes the Trust's Mental Health services (the One Team).	May 2024	**TA**	An update of the One Team is on the agenda for the meeting.	
12.03.24	24/044	Finance Report	The Chief Operating Officer to share the output of the rapid improvement review event on managing sickness.	July 2024	**TA**		
12.03.24	24/045	FIP Committee Minutes	Productivity to be included on the agenda of the June 2024 Trust	June 2024	**PG**	Productivity is included on the June	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
			Board Discursive meeting.			2024 Discursive Trust Board meeting.	
12.03.24	24/046	Fit and Proper Persons Test Policy	The Fit and Proper Persons Test Policy to be updated to make reference to the recently published NHS England's Leadership Competencies.	May 2024	**JH**	The policy has been updated and published on the Trust's Staff Intranet	

Org ID	Organisation Name	Comparator Group	Response Rate 2023	Theme: Staff Engagement	Theme: Morale	People Promise element 1: We are compassionate and inclusive	People Promise element 2: We are recognised and rewarded	People Promise element 3: We each have a voice that counts	People Promise element 4: We are safe and healthy	People Promise element 5: We are always learning	People Promise element 6: We work flexibly	People Promise element 7: We are a team	Motivation sub-score	Involvement sub-score	Advocacy sub-score	Thinking about leaving sub-score	Work Pressure sub-score	Stressors sub-score	Compassionate Culture sub-score	Compassionate Leadership sub-score	Diversity & Equality sub-score	Inclusion sub-score	Autonomy & Control sub-score	Raising Concerns sub-score	Burnout sub-score	Development sub-score	Appraisals sub-score	Support for work-life balance sub-score	Flexibile working sub-score	Team working sub-score	Line Management sub-score
RWX	Berkshire Healthcare NHS Foundation Trust	MH&LD, MH, LD&Community Trusts	67%	7.449	6.422	7.795	6.600	7.267		6.328	7.088	7.335	7.375	7.355	7.618	6.478	5.949	6.841	7.776	7.592	8.440	7.373	7.369	7.160	5.423	6.946	5.693	7.090	7.091	7.188	7.483
RXQ	Buckinghamshire Healthcare NHS Trust	Acute&Acute Community Trusts	61%	7.033	6.029	7.406	6.144	6.853		5.880	6.341	6.952	7.157	7.023	6.924	6.136	5.402	6.548	7.219	7.169	8.168	7.067	7.114	6.589	5.220	6.590	5.163	6.446	6.235	6.867	7.039
RDU	Frimley Health NHS Foundation Trust	Acute&Acute Community Trusts	59%	7.078	6.067	7.355	6.062	6.816		5.873	6.351	6.871	7.261	6.921	7.058	6.089	5.648	6.462	7.269	7.063	8.062	7.022	7.044	6.589	5.134	6.602	5.141	6.434	6.267	6.848	6.891
QU9	NHS Buckinghamshire, Oxfordshire and Berkshire West I	ICBs	66%	6.354	5.430	6.978	6.073	6.393		4.982	6.946	6.692	6.590	6.678	5.791	5.148	4.877	6.266	6.139	7.135	7.756	6.896	6.666	6.100	5.233	5.570	4.384	6.528	7.359	6.357	7.022
QNQ	NHS Frimley ICB	ICBs	60%	6.960	5.767	7.446	6.616	6.969		5.533	7.324	7.113	6.928	7.489	6.468	5.350	5.362	6.597	6.671	7.563	8.362	7.185	7.286	6.635	5.243	6.482	4.578	6.826	7.832	6.740	7.486
RNU	Oxford Health NHS Foundation Trust	MH&LD, MH, LD&Community Trusts	51%	7.187	6.164	7.719	6.520	7.081		5.996	6.750	7.219	7.193	7.182	7.182	6.284	5.471	6.741	7.397	7.603	8.429	7.433	7.214	6.945	5.338	6.836	5.160	6.744	6.763	7.002	7.433
RTH	Oxford University Hospitals NHS Foundation Trust	Acute&Acute Community Trusts	46%	7.093	6.009	7.387	6.066	6.835		5.904	6.309	6.889	7.158	7.020	7.100	6.065	5.457	6.507	7.303	7.195	8.131	6.921	7.134	6.530	5.179	6.589	5.211	6.304	6.317	6.731	7.044
RHW	Royal Berkshire NHS Foundation Trust	Acute&Acute Community Trusts	60%	7.302	6.197	7.526	6.182	7.082		5.891	6.418	7.006	7.282	7.163	7.463	6.293	5.720	6.580	7.648	7.157	8.248	7.051	7.239	6.923	5.219	6.739	5.018	6.548	6.286	6.987	7.025
RYE	South Central Ambulance Service NHS Foundation Trust	Ambulance Trusts	52%	6.035	5.411	7.017	5.461	5.988		4.993	5.316	6.487	6.367	5.602	6.134	5.614	4.797	5.823	6.514	6.983	7.816	6.749	5.905	6.066	4.455	6.105	3.858	5.396	5.238	6.250	6.725
RYD	South East Coast Ambulance Service NHS Foundation Tr	Ambulance Trusts	60%	5.902	5.572	6.710	5.274	5.792		4.675	5.235	6.220	6.223	5.516	5.967	5.780	5.096	5.838	6.355	6.750	7.400	6.331	5.862	5.726	4.396	5.992	3.347	5.304	5.166	6.006	6.436
RXX	Surrey and Borders Partnership NHS Foundation Trust	MH&LD, MH, LD&Community Trusts	61%	7.326	6.243	7.791	6.608	7.180		6.050	6.921	7.378	7.315	7.369	7.286	6.277	5.590	6.862	7.508	7.742	8.462	7.444	7.369	6.994	5.397	6.961	5.128	6.881	6.962	7.172	7.587

Top score
Second
Third

Berkshire Healthcare NHS Foundation Trust

Trust Board Meeting Paper

Board Meeting Date	14th May 2024
Title	**Patient Experience Report - Quarter 4 (Jan – March 2024)**
	Paper for Noting
Reason for the Report going to the Trust Board	This report is written to provide information to the Board in relation to a range of patient experience data available to us. It also provides assurance in relation to the Trust handling of formal complaints as set out within The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and by the CQC through the Health and Social Care Act 2008 (regulated activities) Regulations 2014: Regulation 16 receiving and acting on complaints. This quarters report includes the 2023 annual NHS community mental health survey benchmark report for information.
Business Area	Trust wide
Author	Elizabeth Chapman, Head of Patient Experience (full report) Debbie Fulton; Director Nursing and Therapies (Highlight Report)
Relevant Strategic Objectives	Understanding the experience of our patients, how we respond to this, capture and learn from all forms of feedback is fundamental to the provision of safe, caring and effective services. **Patient safety** **Ambition:** We will reduce waiting times and harm risk for our patients **Patient experience and voice** **Ambition:** We will leverage our patient experience and voice to inform improvement. **Health inequalities** **Ambition:** We will reduce health inequalities for our most vulnerable patients and communities

Highlight Patient Experience Report
Quarter Four 2023/24

1. Why is this coming to the Board?

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

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

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

2. What are the key points?

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

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

Patient Experience – overall Trust Summary		Target	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Year-end position
Total patient contacts recorded (inc discharges from wards)	Number		216,579	219,999	233,201	244.601	
Number of iWGC responses received	Number	**64,000 year** (based on Q1 contact)	6,450	7,156	7,286	8,337	**29,229**
iWGC Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	**7.5%** by Mar '24	3%	3.3%	3.1%	3.4%	
iWGC 5-star score	Number	**4.75**	4.71	4.79	4.77	4.79	**4.79 average**
iWGC Experience score – FFT (good or very good experience)	%	**95%**	93.8%	94.5%	93.7%	94.8%	94.88%
Compliments received directly by services	Number	Total 22.23 **4522**	1091	1229	1408	1399	**5,127**
Formal Complaints received	Number/ %	Total 22/23 **240 0.043%**	68	64	75	74	281 **0.030%**

Patient Experience – overall Trust Summary		Target	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Year-end position
Formal Complaints Closed	Number	Total 22/23 **247**	53	64	69	71	257
Formal complaints responded to within agreed timescale	%	**100%**	100%	100%	100%	100%	**100%**
Formal Complaints Upheld/Partially Upheld	%	Total 2022/23 **56%** total complaint	62%	55%	52%	58%	56.42%
Local resolution concerns/ informal complaints Rec	Number	Total 2022/23 **134**	36	50	30	33	149 3*
MP Enquiries Rec	Number	2022/23 total **88**	24	11	19	19	**73**
Complaints upheld/ partially by PHSO	Number	Total 2022/23 **0**	0	0	0	0	**0**

1*Increased from Q4 but within quarterly control limits based on previous quarters over last year
2* Number of complaints opened in previous quarter will impact this quarters closure
3* increased number but decrease as % total contacts

The data continues to show only small variations each quarter.

Whilst we have seen an increase in total complaints this year compared to last the number of complaints as a percentage of patient contacts has decreased from 0.043% in 2022/23 to 0.030% in 2023/24

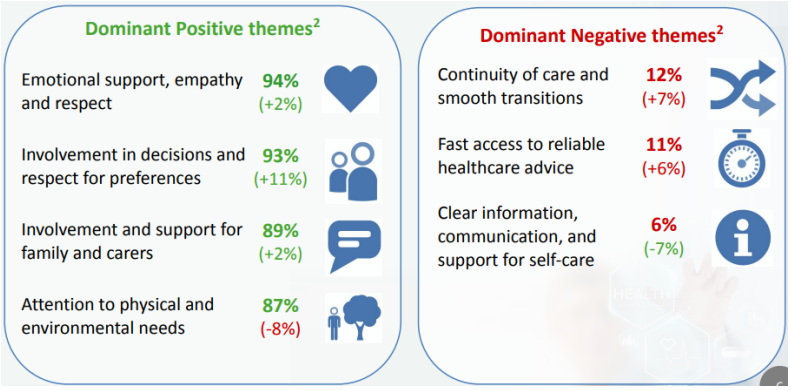
Although we continue to increase the percentage of feedback received through iWGC we have not achieved our aim of 7.5% by year end; there is ongoing work to continue to increase this including a rapid review event taking place in May.

In the quarter two report, it was identified that there had been a significant drop in satisfaction in relation to not feeling listened to across East Mental Health services with 5 star rating having dropped to 3.83 although there was no information available to understand this further and it did not triangulate with other feedback received, during quarter 3 the scores increased back to 4.52 and this quarter it was 4.64 demonstrating stability in satisfaction not consistent with the lower scores in Quarter two.

The lowest sub scores across all divisions is within the mental health inpatient services where feeling involved and listened to has remained lower in terms of star rating through the year. The wards all have ongoing work to support improvement and 3 of our wards are about to commence an NHS England Culture of Care programme which was offered to all Mental Health Trusts as part of their transformation programme. This programme aims to improve the culture of inpatient mental health, learning disability and autism wards for patients and staff so that they are safe, therapeutic and equitable places to be cared for, and fulfilling places to work.

There is work being undertaken across all divisions in relation to highlighted learning and improvements; examples of feedback alongside ‘you said, we did’ improvements can be found in the full report accessed through the hyperlink. There continues to be disparity across the organisation in how services are utilising the tool and there is ongoing work and support being provided to increase both volume and use of the information received; this will include a Rapid Improvement Event using quality improvement methodology which is being undertaken in May to look at how we might further improve uptake of the feedback tool.

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



*Number in brackets shows change from previous quarter

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

We aim to receive feedback that is representative of the diversity across the population. The below table shows the split of both complaint and survey responses by ethnicity. For this quarter we have seen that the percentage of patient survey responses are not representative for some ethnic groups particularly Asian/ Asian British although complaints received by people identifying as this ethnicity are representative, this position is not different to previous quarters.

Ethnicity	% Complaints received	% Patient Survey Responses	% Breakdown of Q4 attendances
Asian/Asian British	10.8	7.6	10.47%
Black/Black British	5.4	3.1	3.29%
Mixed	1.4	2.6	3.33%
Not stated	12.2	9.3	2.33%
Other Ethnic Group	1.4	4.2	2.44%
White	68.9	73.2	78.15%

In terms of gender, for this quarter like previous quarters we have seen a slightly higher percentage of males making formal complaints compared to attendance and a lower percentage of males completing the survey than either females or those identifying as non-binary/ other. We still have around 25% patients not stating their gender when completing the survey, for complaints the gender of all was known.

The 15 steps programme has recommenced from April 2024 following a period of pause and review.

This quarters report includes as an appendix, the annual 2023 NHS community mental health survey benchmark report. This is shared with the mental health division and the mental health transformation programme leads to consider for any areas of improvement.

4. Conclusions and Recommendations for consideration by the Board

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

There has been a small increase in the number of responses received through the patient experience tool and work is ongoing to support further increases; the use of this information for improvement across services does continue to increase. Board members should continue, as part of their contact with services to explore how patient feedback is being used for improvement.

Berkshire Healthcare
NHS Foundation Trust

Patient Experience Report Quarter 4 2023/24

Introduction

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

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

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

From April 2024, the response rate will be calculated using the number of unique clients rather than the total number of contacts. Patients will continue to be offered the opportunity to give feedback at each appointment.

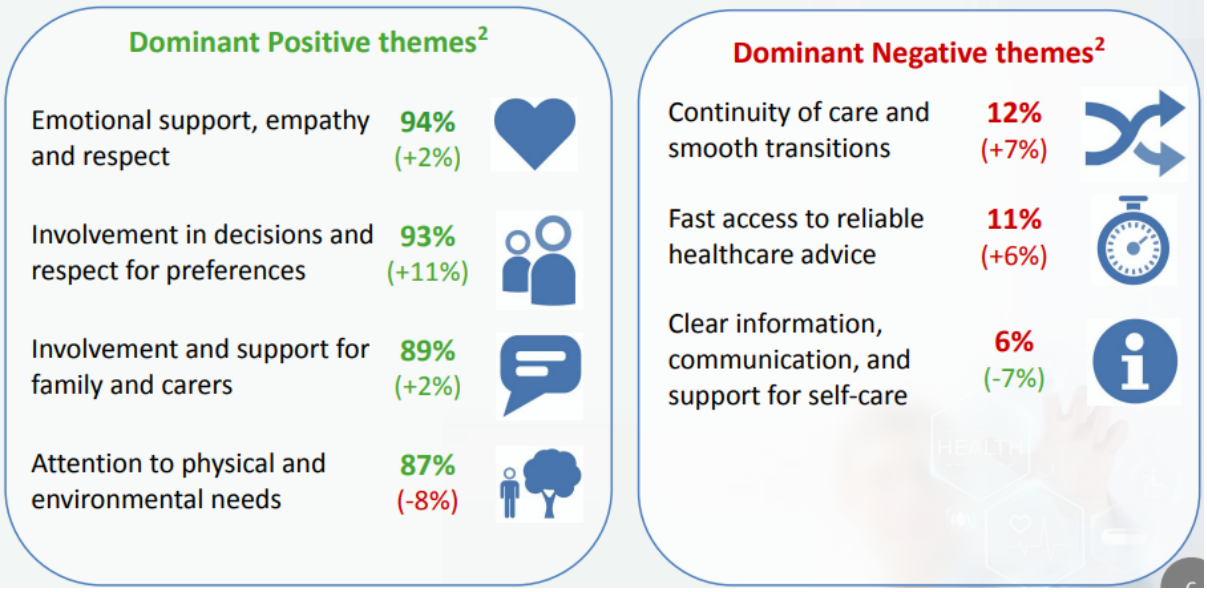
Table 1

Patient Experience – overall Trust Summary		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Total patient contacts recorded (inc discharges from wards)	Number	216,579	219,999	233,201	244,601
Number of iWGC responses received	Number	6,450	7,156	7,286	8,337
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	3%	3.3%	3.1%	3.4%
iWGC 5-star score	Number	4.71	4.79	4.77	4.79
iWGC Experience score – FFT	%	93.8%	94.5%	93.7%	94.8
Compliments received directly by services	Number	1091	1229	1408	1399
Formal Complaints Rec	Number	68	64	75	74
Number of the total formal complaints above that were secondary (not resolved with first response)	Number	11	10	11	10
Formal Complaints Closed	Number	53	64	69	71
Formal complaints responded to within agreed timescale	%	100%	100%	100%	100%
Formal Complaints Upheld/Partially Upheld	%	62%	55%	52%	58%
Local resolution concerns/ informal complaints Rec	Number	36	50	30	33
MP Enquiries Rec	Number	24	11	19	19
Total Complaints open to PHSO (inc awaiting decision to proceed)	Number	3	3	5	9

There are no significant changes identified in analysis of data that differs from previous reports, the highest number of complaints continued to relate to specific care and treatment concerns. The number of MP enquiries received has remained consistent at 19.

There were 2 complaints about parking at West Berkshire Community Hospital, which do not directly relate to Berkshire Healthcare services.

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



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

There has been an 11% increase in patients feeling involved in decisions and respect for their preferences. This shows that the negative theme for continuity of care and smooth transition percentage has increased meaning that dissatisfaction has increased. Whist clear information, communication and support for self-care remains a negative theme, this has improved significantly since the previous quarter.

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

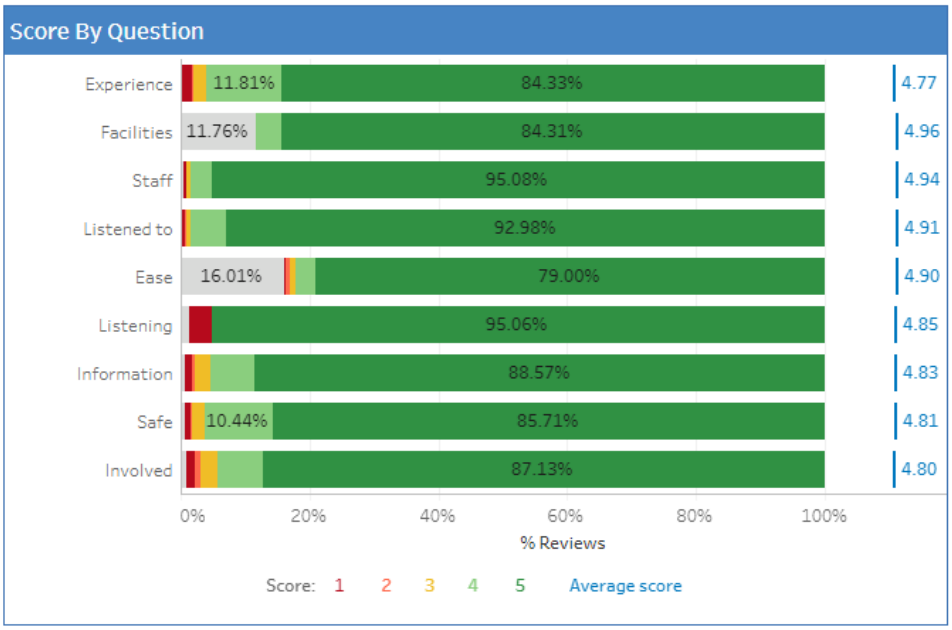
What the data is telling us

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

Children and Young Peoples division including learning disability services.

Table 2: Summary of patient experience data

Patient Experience - Division CYPF and LD		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	556	1169	930	1321
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	2.1%	3.4%	2.7%	3.4%
iWGC 5-star score	Number	4.59	4.7	4.87	4.85
iWGC Experience score – FFT	%	89.3%	96.6%	95.5%	96.1%
Compliments received directly by services	Number	72	55	81	64
Formal Complaints Rec	Number	14	15	9	16
Formal Complaints Closed	Number	14	14	5	17
Formal Complaints Upheld/Partially Upheld	%	93%	57%	80%	76%
Local resolution concerns/ informal complaints Rec	Number	6	14	8	5
MP Enquiries Rec	Number	15	7	4	8



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

Of the 1321 responses, 1239 responses related to the children's services within the division; these received 96.3% positivity score, with positive comments about staff being helpful and kind and a few suggestions for further improvement, this included 8 reviews for Phoenix House where comments about staff being supportive and helpful were very positive and there were some suggestions for further improvement regarding staff attitude and need to separate different patients. 39 of the responses related to learning disability services and 43 to eating disorder services.

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

Children's Physical Health Services

There were 5 formal complaints for children's physical health services received this quarter. 3 for Health Visiting (across 3 different geographical localities), 1 for Children's Occupational Therapy and 1 for the Immunisation service.

1095 of the1239 patient survey responses were in relation to children's physical health services. The 2 services with most responses were the Immunisation West Team and Health Visiting, Bracknell; the Immunisation West team received 335 of these responses which scored positively receiving a five-star rating of 4.80 and feedback included They were really comforting and nice. And answered all my questions. The best vaccine people ever 10/10 deserve a pay rise." *"I was very anxious as I have needle phobia, but they were incredible kind, really helped me and told me everything I wanted to know."*

The School Nursing Team held 2 focus groups with service users this quarter. Children's Community Nursing and Specialist School Nursing: 2 focus/participation group(s) were held with service users across Q3 and Q4. One was held in East Berkshire and one in West Berkshire. Having reviewed the focus group feedback themes included: greater visibility; changes around the NCMP, including links to parental support; introducing workshops for enuresis due to long waiting times. Actions have been taken around these areas.

Child and Adolescent Mental Health Services (CAMHS)

For child and adolescent mental health services there were 10 complaints received (including one for the Key working team and Phoenix House), these were primarily in relation to care, and treatment received and waiting times. Themes around this included clinical care received and long wait for treatment. In addition to this, the service received 5 enquiries via MPs.

There have been 170 responses for CAMHS services received through our patient survey for this quarter. Currently the survey is accessed through paper surveys, one way SMS, online, QR codes or configured tablets in the departments.

In addition to the current feedback tools, 3 focus groups were held with service users from across the Child and adolescent ADHD pathway and Autism assessment team.

Learning disability

There were no complaints received this quarter for Campion Ward or the Community Team for People with a Learning Disability.

Overall, there were 48 responses for all Learning Disability services from the patient survey received, responses were for the Community Teams for People with a Learning Disability. These received a 91.7% positive score, this was skewed by 1 response which had an overall experience score of 1 and no free text comments to explain the score; other feedback included that staff were helpful, "*The team were very helpful and thorough.*", "*I am happy because I had been treated kindly respectfully and you are helping and supported for my health needs.*" and "*Very interactive and educative. Was feel with information which will help me many forwards.*," there were comments for improvements including staff need to listen and patients want more information. 2 of the 4 responses that received with a score below 4 left no comments in the free text boxes, the remaining 2 had comments which included wanting more information, for staff to be polite, respectful, show kindness and treat people with dignity.

Eating disorders

There were no complaints received for either the adult or young people's s Eating Disorder Services.

Of the 43 feedback responses received, 41 scored a 5 with comments such as "*Great care, trusted and listened to. Amazing advice given. Really needed the extra 'push'. It really helped in recovery and to give focus. Going through a troubled time my therapist has helped me a lot!*," "*[name removed] is a very inspirational, Sympathetic and caring mental health practitioner. Amazing advice given and listened well. I felt I was in a safe space to talk and speak freely.*," *"[name removed] has a very kind and understanding approach, letting me discuss things at my own pace, but prompting me professionally and empathetically to help me tell my story. She's helping me through the process in a very supportive way.*" Areas for improvement included better communication and that the waiting time was too long.

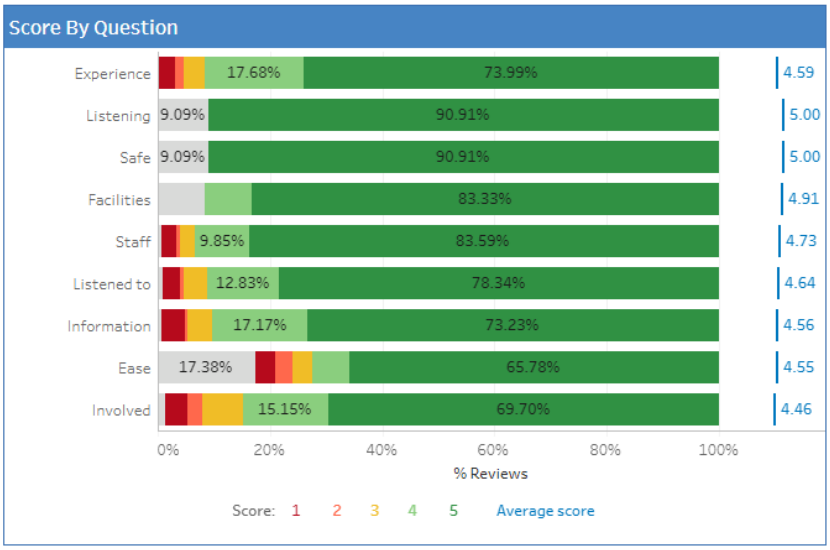
The Adult Berkshire Eating Disorder Service (BEDs) and Children and Young People (CYP) Service invited service users to attend two focus groups (one for each service) during the quarter. Having reviewed the focus group feedback themes included: Improving the reception area; more support during the holiday period; additional support other than group therapy. This feedback is currently being considered.

Mental Health Division

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

Table 3: Summary of patient experience data

Patient Experience - Division MHE		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	**Number**	449	448	492	396
Response rate (calculated on number contacts)	**%**	2.7%	2.2%	2.5%	1.9%
iWGC 5-star score	**Number**	4.64	4.58	4.49	4.60
iWGC Experience score – FFT	**%**	92.7%	89.1%	89.6%	91.7%
Compliments received directly by services	**Number**	37	26	20	21
Formal Complaints Rec	**Number**	16	12	14	12
Formal Complaints Closed	**Number**	16	13	15	12
Formal Complaints Upheld/Partially Upheld	**%**	37%	23%	33%	58%
Local resolution concerns/ informal complaints Rec	**Number**	4	2	2	3
MP Enquiries Rec	**Number**	1	2	0	0



There has been a reduction in the number of responses on the iWGC system this quarter, and a number of the services in the Division have been invited to attend the Rapid Improvement Event planned for May 2024, which will be an opportunity for further targeted support.

12 formal complaints were received into the division during this quarter; in addition, there were 3 informal/locally resolved complaints. 12 complaints were closed during the quarter. 7 of these were either fully or partially upheld and 5 were not upheld; 5 of these complaints related to communication or care and treatment, 1 was about access to services and a further 1 related to the attitude of staff.

The services receiving the majority of iWGC responses were CRHTT East 76 responses, Memory Clinic Bracknell 33 responses and OPMH WAM 21 responses.

Across the CRHTT East survey responses the average 5-star score was 4.19 with 85.7% positive feedback, a decrease in the 5-star score and an increase in the percentage positive feedback from last quarter. 66 of the (overall number of responses received) scored a 4 or 5-star rating with many comments about staff being kind, being helpful, listened, and supportive; "*Very helpful at a difficult time. They dealt well with the problem.*" This quarter, questions relating to feeling involved and ease were least likely to be positive with areas for

improvement and dissatisfaction with the service about feeling like the staff did not care, discharged without being seen and lack of communication.

The Memory Clinic Bracknell received 100% positive score (4.92-star rating) and received positive feedback about staff being kind, listened, caring and friendly. "*It was comfortable. I felt listened to. They were happy to deviate when appropriate (discussing something slightly different if it cropped up). They were thorough but with empathy with what I said. I came away with a plan and some idea and I would be happy to go again. Not at all as expected - more personalised.*"

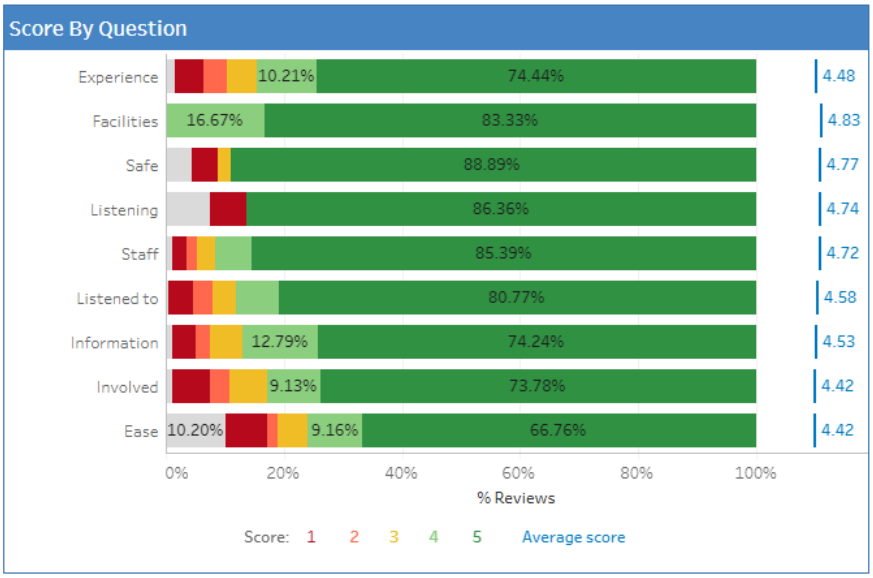
OPMH WAM received 95.2% positive feedback (4.90-star rating), many of the comments were positive about staff listened, were approachable and friendly "*[name removed] [name removed] was very clear and happy to explain things more than once to my parents. She is also extremely approachable and friendly."*

CMHT received 52 responses (Bracknell 17, WAM 16 and Slough 19) with 84.6% positive score and 4.50 star with 8 of the total responses scoring less than a rating of 4; comments included "I don't know why I have a review for 13th March as I was in A&E due to having an overdose. No one has contacted me from Crisis team or CMHT, CMHT now want to see me 8 days AFTER the event. This is not support."; "*Dr [name removed] was amazing, I have been a patient for many years and she has always been kind, helpful and treated me with extreme professionalism, her care has been brilliant.", "Dr. [name removed] was very easy to understand while he was explaining the symptoms and the process of it"* and "*Dr [name removed] listened with great care and without judgement, has a great knowledge and understanding and we covered all of my concerns and medication was changed*.". There were a number of positive comments about being listened to, staff were kind, respectful and helpful. Some of the suggestions for improvement included communication between staff members needs improving. Further work is being carried out with Mental Health services to improve uptake as part of the wider patient experience improvement plan.

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

Table 4: Summary of patient experience data

Patient Experience - Division MHW		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	**Number**	1246	1219	997	1205
Response rate (calculated on number contacts)	**%**	2.5%	2.3%	2.1%	2.2%
iWGC 5-star score	**Number**	4.61	4.58	4.56	4.53
iWGC Experience score – FFT	**%**	89.3%	88.4%	86.4%	84.7%
Compliments received directly by services	**Number**	557	403	312	537
Formal Complaints Rec	**Number**	12	15	12	17
Formal Complaints Closed	**Number**	7	13	15	15
Formal Complaints Upheld/Partially Upheld	**%**	43%	54%	53%	53%
Local resolution concerns/ informal complaints Rec	**Number**	7	5	5	4
MP Enquiries Rec	**Number**	4	0	4	9



There was a significant increase in survey responses in Quarter 4 against Quarter 3. The Mental Health West division has a wide variety of services reporting into it, including Talking Therapy services and Court Liaison as well as secondary mental health services. The 3 services with the most feedback through the patient survey were Talking Therapies 513 responses, PPH Therapies 68 responses and Memory Clinic Wokingham 59 responses.

Within Mental Health West the questions relating to ease and feeling involved to have the least number of positive responses.

This division received 17 formal complaints during the quarter with CMHT receiving 9 and CRHTT receiving 2. There were 15 formal complaints closed with 8 being found to be upheld or partially upheld and 7 not upheld.

Mental Health West also received 4 informal complaint/locally resolved complaints and 9 MP enquiries (3 of the 4 received for CMHT were about the Reading based service).

The Wokingham Memory Clinic received 59 responses with an 96.6% positive score and 4.87-star rating (2 responses scored less than 4) many of the comments were positive about staff being friendly, being kind and professional.

Older adult and memory clinic combined have received 123 patient survey responses during the quarter with a 92.7% positivity rating (4.76-star rating) some of the feedback included *“(Excellent!!) Patient and carers are treated as individuals, with care and respect. We feel we matter to you. The support, friendship, humour is second to none, as is all the care we receive. Thank you!! Keep on doing it.”*

There were 60 responses received for West CMHT teams with 83.3% positivity score and 4.37-star rating, 50 of these were positive with comments received that staff were understanding and helpful, there were 6 negative responses with reviews stating that patients felt like staff didn’t listen, the wait time to see a psychiatrist was too long and help was delayed or no help given.

Talking Therapies received 513 responses during the quarter, their patient survey responses gave a positivity score of 78.4% (4.42-star rating), 111 of the reviews scored less than 4.

The vast majority of comments were still very positive about the staff, including that they listened, were helpful and understanding. A number of the comments/areas for improvement were that the wait was too long, issues with Silver Cloud software and wanting more frequent appointments. For example, *“I wasn't really sure what to expect from Silver Cloud, but I found the experience completely detached and unhelpful. If I wanted a survey to fill in and generic information, I can just do a Google search for it. What I wanted was someone to talk to, that would empathise with me and offer me counsel.”*

Examples of positive feedback about Talking Therapies included, *"Every session was well structured and talked through clearly and kindly. We worked through many techniques and was supported every session. I was made to feel welcomed and listened to every session and any change in times or dates were communicated as early and clearly as possible. I never felt judged and made excellent progress going through therapy. Overall super positive and happy with my experience.,"* "*I was assigned [name removed] and only have good things to say about her. She was extremely easy to talk to, very understanding and motivational in my progress. She really helped me understand what is going on in my body and way to help myself. I would like to come back to talking therapies to speak about another issue and would request her again."* and *"My Therapist ([name removed]) was very understanding and supportive, suggesting approaches that can help with my problems and ensuring I am aware that I can contact her for assistance and advice between our calls. Very reassuring and encouraging to know I have support if I am struggling."* Patients reported that they felt *"My therapist [name removed] was amazing and so understanding. I felt listened to and supported throughout the seasons and great ideas given as to how to help myself. She was kind and I felt valued by her, and it felt like I wasn't alone.,"* I was not sure what to expect but the counsellor put me at ease straight away. A lot of information on the first meeting, not sure how it will work out but I'm glad I have this opportunity. Friendly, professional, and informative.*"" and "I am really happy about the way I have been treated; I was treated with respect and kindness and dignity whereby I felt comfortable and confident in opening up more."*

Op Courage

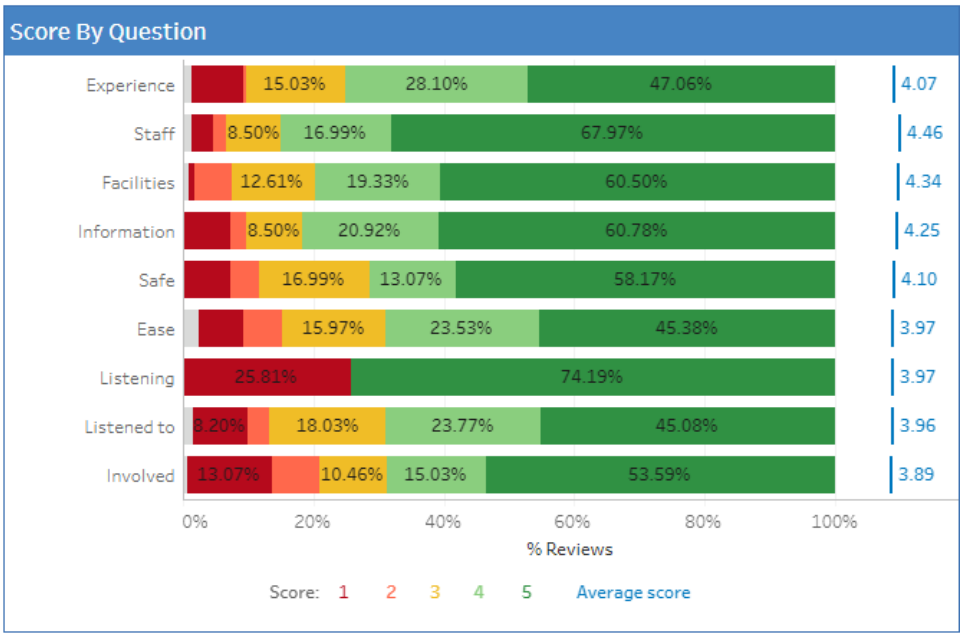
Op COURAGE is an NHS mental health specialist service designed to help serving personnel due to leave the military, reservists, armed forces veterans and their families. During this quarter, the Trust did not receive any complaints about this service.

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

Mental Health Inpatient Division

Table 7: Summary of patient experience data

Patient Experience - Division MH Inpatients		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	**Number**	43	37	44	153
Response rate	**%**	28.3%	28.5%	23.5%	87.4%
iWGC 5-star score	**Number**	4.30	4.05	4.32	4.13
iWGC Experience score – FFT	**%**	88.4%	78.4%	93.2%	75.2%
Compliments	**Number**	12	11	13	11
Formal Complaints Rec	**Number**	10	4	8	9
Formal Complaints Closed	**Number**	5	5	7	5
Formal Complaints Upheld/Partially upheld	**%**	80%	60%	57%	40%
Local resolution concerns/ informal complaints Rec	**Number**	0	0	0	2
MP Enquiries Rec	**Number**	0	0	2	1



There has been a significant increase in the number of IWGC responses received. The Activity Co-ordinators and PALS Volunteer have been on the wards encouraging patients to share their feedback, which has had a positive impact in the response rate.

The satisfaction rate was 75.2% with 36 of the 153 completed questionnaires giving scores of 1-3. The individual question themes would indicate that the question relating to feeling involved received the least positive scores with overall 5-star rating for this question being 3.89 and 47 of the 153 giving a score of 3 or less to this question. Work continues to take place on the wards to improve communication and the involvement of patients making decisions about their care, particularly around managing risk.

For PPH Therapies there were 68 feedback questionnaires completed with an 100% positivity score and 4.68-star rating; with lots of positive comments about enjoying the activities provided, a calming environment and staff were caring, *"It was an open space to relax and explore my creative mind. It gave me the opportunity to be off the ward and in a more calming environment. There was a lot of options to get started and overall was a great experience.;"* some of the areas for improvement included need for more supplies for activities, clear information to be provided about activities available and would like to have more sessions.

There were 9 formal complaints received for mental health inpatient wards during the quarter across Snowdrop, Daisy, Bluebell and Rose wards and the Mental Health Act; they were mainly regarding care and treatment.

There were 5 complaints closed for this division during the quarter and of these 2 were partially upheld and 2 found to be not upheld. One complaint was not pursued by the complainant.

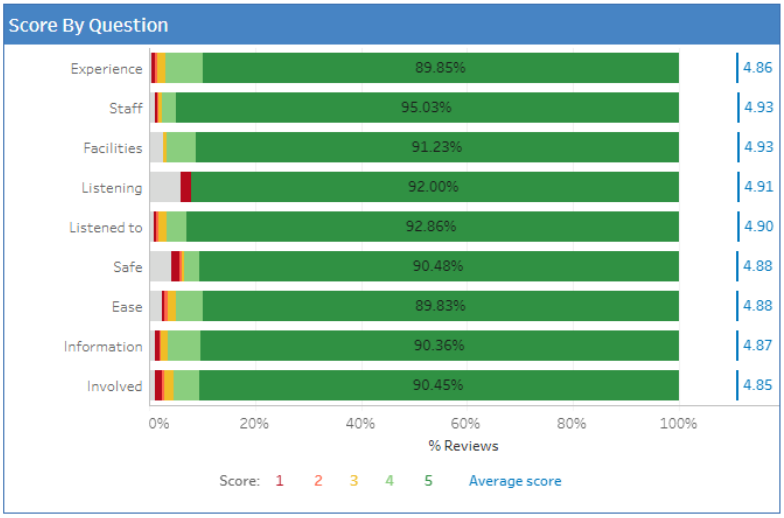
There were many positive comments received in the feedback including comments such as staff were supportive, kind, caring and helpful. There were some comments for improvement about more activities, better communication from staff to patients and better food. Examples of the feedback left are "*Because staff have time to make sure they answer my questions. Since admission I have continued to feel safe in the ward. When I needed the doctor, I was examined on time and my care was explained to me.*" "*The ward team on Rose Ward are fantastic and very sympathetic and professional plus being very caring. They are a credit to the NHS.," "Staff where lovely and where very happy to engage in conversation and wasn't locked in a room"* There was 1 response for a Place of Safety which had an overall experience score of 5.

Community Health Services Division

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

Table 5: Summary of patient experience data

Patient Experience - Division CHE		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	2044	2016	2136	2335
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	5.5%	7.1%	5.3%	4.8%
iWGC 5-star score	Number	4.86	4.88	4.85	4.88
iWGC Experience score – FFT	%	97%	96.7%	95.5%	96.9%
Compliments received directly into the service	Number	217	401	636	1068
Formal Complaints Rec	Number	2	6	10	7
Formal Complaints Closed	Number	2	5	8	6
Formal Complaints Upheld/Partially Upheld	%	50%	40%	62%	50%
Local resolution concerns/ informal complaints Rec	Number	1	8	1	4
MP Enquiries Rec	Number	1	1	0	0



Of the 7 complaints received this quarter, 1 was for Henry Tudor Ward and 2 were for Jubilee Ward (both of these involved aspects of discharge planning). There was 1 complaint about Community Nursing.

There were 6 complaints closed, 3 partially upheld and 1 not upheld 1 not pursued by the complainant and 1 has been progressed as an incident review.

Hearing and balance received 153 responses to the patient experience survey with a 93.5% positive score and 4.85-star rating.

East Community Nursing/Community Matrons received 482 patient survey responses during the quarter with a 99.2% positive scoring, many comments were about staff being caring and kind, for example "*I`m always anxious with catheter change but nurses are so compassionate and kind to me and they always reassure me that everything is going to be ok and if I`m in pain at any time she will stop and continue when I`m ok. Thank you so much.,*" *The nurse that came was very kind and chatty, after doing my wound care they thoroughly explained everything about having a Doppler and the outcome, to help me to improve my circulation and help heal my wounds.,*" "*My nurses who visit me for my drain are absolutely lovely. They are always so kind and they take the time to sit and listen to me at*

every visit." There were also some comments around wanting reminders for visits for example *"If a text message reminder can be sent before the day of visit or on the day."*

The wards received 98 feedback responses (49 responses for Jubilee ward 98% positive score and 49 Henry Tudor ward 95.9% positive score). Most of the comments for improvement were related to staff attitude, staff needing more training and the patient experience of the food was very variable ranging from food needing to improve and limited choice to being impressed with the food. There were many comments about staff being kind, hardworking and helpful.

Within MSK physio in the East, there was a high number of responses to the patient survey and a high positivity score of 95.3 % (4.87-stars), comments were very complimentary about staff being friendly and helpful, *"The therapist was very friendly, she did her job with professionalism, listen to our needs and get us all involved and she was very friendly and helpful and funny whilst maintaining professionalism.".* The reoccurring improvement suggestion for this quarter was for a sooner appointment.

Outpatient services within the locality received a positivity score of 97.3% with 4.90 stars from the 582 responses received. With some very positive feedback including for the UCR & Virtual Community Ward, *"Fantastic service! makes a change from begging the Drs to come but to no avail. Every nurse that visited was polite, very knowledgeable and so helpful in answering all our questions and concerns."*

The diabetes service received 57 feedback responses with 98.3% positivity and some lovely comments including "*I attended a Diabetic educational class for the very 1st time. I found the session very informative. I am definitely more aware of my condition and would like to take control of it by doing more exercise and right food choices.*" Alongside some helpful suggestions for the service to consider around sessions timing such as "*Timing could have been better as the session overran."*

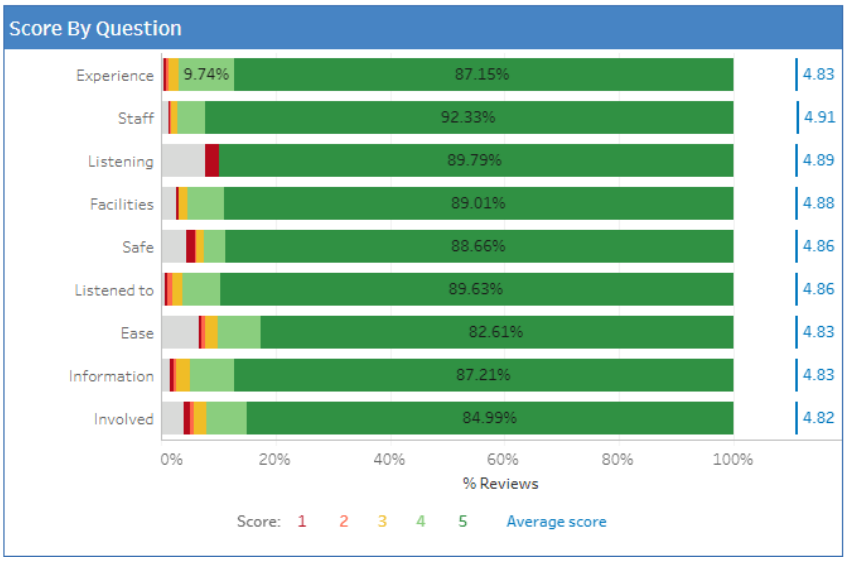
The Assessment and Rehabilitation Centre (ARC) also received positive feedback including "*{Name removed} was very kind and helpful. Lovely and cheerful, explaining what she was doing. Dr. [name removed] the same. Very patient with me. She explained everything and answered my questions. Made me feel involved. Their patience was very calming.*"

Community Health services currently have a project group to improve feedback responses.

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

Table 6: Summary of patient experience data

Patient Experience - Division CHW		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	2056	2239	2659	3245
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	2.5%	2.8%	2.9%	3.2%
iWGC 5-star score	Number	4.81	4.82	4.81	4.85
iWGC Experience score - FFT	%	95.1%	96.3%	96.4%	96.9%
Compliments (received directly into service)	Number	196	298	345	323
Formal Complaints Rec	Number	12	10	16	11
Formal Complaints Closed	Number	7	14	14	14
Formal Complaints Upheld/Partially Upheld	%	86%	86%	57%	57%
Local resolution concerns/ informal complaints Rec	Number	18	25	14	15
MP Enquiries Rec	Number	3	2	4	1



Community Health West saw a significant increase in responses this quarter. Members of the Patient Experience Team have been supporting the Division at monthly drop-in sessions where services have been actively supported with any issues. There are a significant number of services within the division and a generally high level of satisfaction received as detailed in the overall divisional scoring of 96.9% positive satisfaction and 4.85-star rating and the question on staff receiving a 98.1% positive scoring from the 3245 responses received.

There were 11 formal complaints received during the quarter (a reduction from 16 in Q3), these were split across several different services. Of these the Out of Hours GP service (WestCall) received 4. Of the 4 complaints for the Out of Hours GP service, 3 related to care and treatment and 1 was about the attitude of staff.

There were 14 complaints closed for the division during the quarter with 2 being upheld, 6 partially upheld, 5 not upheld and 1 has been progressed as a serious incident investigation.

During this quarter, the community hospital wards have received 203 responses through the patient survey receiving an 93.6.% positive score and 4.66-star rating, (13 responses scored 3 and below) questions around information and feeling involved receive the most results of 3 and below; comments include staff were friendly and caring, "*I was treated with cheerful happy helpful people. A friendlier bunch of people I've yet to find. I wish to thank them all, and for their help and kindness. I'm glad to get home but would have been happy to stay longer because of the help and kindness of everyone. From the humble nurse to the highest consultant. All I can say is THANK YOU. [name removed], Staying at the Donnington Ward. It was Two week, but it was a nice experience. Again, Thank You.*," "*From the moment I entered oak ward the atmosphere was calm welcoming, my introduction to each day was orderly for both the medial and social side. The meals were to time and of good choice the service friendly. All medical treatment has achieved its aim, and I am going home well and confident to cope?*" And "*The staff were superb and treated me with a great respect very impressed with all on time of my being here.*," there were some individual comments where patients were less satisfied, with comments including need for improvement in food, long wait for the toilet, long waits for help and more physio.

WestCall received 36 responses through the iWGC questionnaire this quarter (91.7% positive score, 4.66-star rating, 3 scores received below 4. Positive comments included *"My visit to RBH Outpatients 1 today was excellent. A slight wait and then a very attentive male Doctor sorted my problem with efficiency, respect, knowledge and humour. I came out feeling so much better and looking forward to getting better soon. We arrived at the Department at 12.10 and were seen before 1.00pm. Thank you thank you for your services today very much appreciated. [name removed]." "There was fresh water when I needed it, and it was warm in the room. The doctor really spoke kindly and directly asking my*

experience and reassured with words I could understand. The doctor was making me very comfortable and gave me all the time I needed." WestCall received 6711 contacts during the quarter.

Podiatry services received 222 patient survey responses. Most responses were very positive receiving 5 stars (overall 98.2% positivity 4.91-star rating) with examples including "*Everyone listened to me and gave opportunities for me to ask any questions, which I did, and they were answered carefully and respectfully.*" and "*The podiatrist was very polite, helpful, professional and had good communication skills. The treatment was excellent. The podiatry area was organised and had good hygiene standards."*

There was 1 complaint for Community Nursing, and this is now being managed as part of the Patient Safety Incident Review Framework.

To provide some context across our East and West District Nursing teams combined there were 60,962 contacts this quarter. Lots of comments included nurses were professional, helpful, and friendly, "*We are so lucky that you girls are here for us. I know I can call when I need you. They are so smart, and I know he is getting the best care.," "She wasn't even home from hospital, and they already called to arrange a visit. Nurses were so helpful. We have been so well supported since she came home. So glad this service exists for people in this situation." and "Both [name removed] and [name removed] have always been so helpful, sympathetic and understanding. They are so good at what they do."* There were several positive comments about nurses being caring and there were very few suggestions for improvement, would like to know when nurse is visiting and to let patient know if visit is cancelled.

MSK Physio has received no complaints in the quarter. The service has received 565 patient survey responses with a 98.2% positive score (4.91-star rating), very few areas for improvement were included in the feedback there were a few suggestions including parking, provide more sessions and have more privacy in the rooms and the overall feedback was extremely positive with lots of comments about staff were friendly, professional, kind and listened.

Community Health services currently have a project group to improve feedback responses.

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

Table 8: Ethnicity

Ethnicity	% Complaints received	% Patient Survey Responses	% Breakdown of Q4 attendances
Asian/Asian British	10.8	7.6	10.47%
Black/Black British	5.4	3.1	3.29%
Mixed	1.4	2.6	3.33%
Not stated	12.2	9.3	2.33%
Other Ethnic Group	1.4	4.2	2.44%
White	68.9	73.2	78.15%

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

prompts to complete this are not inhibiting feedback representative of the community and our patient attendance.

Table 9: Gender

Gender	% Complaints received	% Patient survey responses	% Breakdown of Q4 attendance
Female	50.0	41	55%
Male	50.0	32.1	45.33%
Non-binary/ other	0.0	2.6	0.02%
Not stated	0.0	24.2	0%

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

Table 10: Age

Age Group	% Complaints received	% Patient Survey Responses	% Breakdown of Q4 attendance
0 to 4	5.4	8.80%	7.25%
5 to 9	4.1		2.21%
10 to 14	5.4		3.51%
15 to 19	5.4		4.87%
20 to 24	9.5	4.20%	3.07%
25 to 29	5.4		3.08%
30 to 34	2.7	5.30%	3.09%
35 to 39	9.5		3.58%
40 to 44	6.8	7.20%	3.58%
45 to 49	5.4		3.43%
50 to 54	4.1	11.90%	3.99%
55 to 59	6.8		5.31%
60 to 64	6.8	14.30%	5.26%
65 to 69	1.4		4.88%
70 to 74	1.4	16.10%	6.03%
75 to 79	5.4		8.71%
80 to 84	5.4	15.50%	9.76%
85 +	5.4		18.40%
Not known	4.1	16.70%	0%

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

Ongoing improvement

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

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

Many of the teams are starting to use the feedback and improvement suggestions received through the iWGC tool, services like wards and outpatient departments are also starting to display these for services users and their loved ones to see. We are holding a Rapid Improvement Event in May 2024 to support services further with any challenges they are having and making the best use of the iWGC patient feedback tool.

Some examples of services changes and improvements are detailed below.

Service	You spoke	We did
Community Paediatricians	Parents have shared that they found the process for how blood test results were fed back to be unclear	As a result, the service now has an action to ensure parents understand how results will be fed back when investigations are requested: This information will be included (and made clear) in the initial clinic letter to all families accessing the service.
Berkshire Eating Disorders (BEDS) Adult Service	It is so important for us to see 'Encouragement and promotion of diversity and inclusion to make the service a welcoming and safe space for all.'	A new BEDS diversity champion has been identified. A participation group was run to hear how about service users experience and their engagement with BEDS regarding diversity and inclusion. Staff participated in a CPD session on equality, diversity, and inclusion. An ongoing audit is being undertaken to look at the discrepancy between the population ethnic demographic of Berkshire versus the ethnic demographic of patients referred to BEDS.
Health Visiting	Access to breast feeding support.	New breast-feeding drop-ins have been set up.
Adult Autism and ADHD teams	The Autism team's post-diagnostic group ended too abruptly.	The programme for the group has been reviewed and one additional session, focused on 'What now?' has been added, and the schedule adapted to reflect this.
	After completing the ADHD group, some clients felt that there was some 'information overload' with too much information on the slides to keep up with.	Based on this feedback, the team reviewed the information and reduced the amount of extra information in the resources to make it more accessible and concise.

Service	You spoke	We did
	This quarter the team has been working from a different site with unfamiliar rooms and there has been verbal feedback from clients relating to the temperature and comfort of clinic rooms.	The team had discussions with the estates team in order to make the rooms cooler and more comfortable.
OAPs (Out of Area Placement Service)	Placement Reviewing Team – Improved communication around annual reviews.	From direct patient/carer feedback- we are implementing better processes for communication prior to annual reviews are completed. Our new RiO form will enable this to happen.
Talking Therapies Service	“I would have preferred to have face to face meetings”	If a client requests face to face this will now be offered for the next available appt. regardless of locality to give client choice. We have updated our searches to make this easier for both admin and clinical teams to book and see face to face availability across localities.
	‘’Email address not accepted so no communication received’’.	Admin team has been reminded to double check email addresses and to tell clients to check their spam or junk folder. A prompt has also been added to the admin script.
	“More frequent conversations.”	We are in the process of planning for Psychological Wellbeing Practitioners (PWPs) to move from fortnightly sessions to weekly sessions. All trainee PWPs, once competent will offer weekly treatment sessions from the outset.
	“6-month waitlist”	We have merged waitlists for some treatment pathways and work across Berkshire instead of within individual localities. Clients will now be offered the next available treatment appointment regardless of location in Berkshire. This has reduced treatment wait times.
Barkham Day Hospital/Memory Clinic	There are signs on the hospital site that signpost to Barkham Day Hospital and signs for Memory Clinic which causes some confusion.	After consultation with the team and after discussion with our Carers group, we are changing the name to The Barkham Clinic. The name retains Barkham and provides confidentiality for the whole OPMH service as they are not just a Memory Clinic.

Service	You spoke	We did
		This will also provide clarity and consistency in signage, and we will update all our letter headings to match.
CRHTT West	The service needed a space to complete physical observations with patients and rooms that were comfortable for face-to-face sessions. The main driver of this work was our Lived Experience Lead, so the redecoration was driven by patient feedback.	We now have a dedicated 'clinic area' we are in the process of purchasing the equipment and rooms have been decorated and furnished with more comfortable chairs etc.
Oakwood Ward	We received several complaints about the quality of the beef and difficulty chewing it.	This was escalated to our catering teams and has now been removed from the menu.
Wokingham Community Hospital	Patients reported (in post fall debrief/interviews with patients) the reasons for falls in bathrooms due to foot pedal on normal waste bin.	These have been changed to open bin after liaising with our Infection Prevention and Control Team.

15 Steps

There were no 15 step visits this quarter due to the Head of Patient Experience leading an end-to-end review of the 15 Steps programme, looking at how these are planned, reported, and how any improvements are implemented. Our review is providing information into to national NHSE review of the 15 Steps programme. Insight from our services, Governors and Non-Executive Directors has been integral to this piece of work. The programme has restarted in April 2024.

Annual CMHT Survey Results

The CQC published the benchmarking reports containing the results of the 2023 Community Mental Health Survey. This is attached as Appendix 3. The Mental Health Division will review and monitor actions through their Performance, Patient Safety and Quality meetings.

Summary

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

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

Formal Complaints closed during Quarter Four 2023/24

ID	Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
9269	Wokingham	CAMHS - Specialist Community Teams	Low	Parent felt undermined by clinician and felt they did not recognise the safeguarding issues the patient is exposed to with online grooming. Parent also suffering the effect of YP's trauma.	Partially Upheld	Feedback to be given to the Specialist Community Team in CAMHS about the importance of care plans being communicated in writing to families.	Care and Treatment
9309	Reading	Early Intervention in Psychosis - (EIP)	Low	Complainant believes the service did not keep the patient safe and did not listen to their repeated concerns.	Not Upheld		Care and Treatment
9252	Windsor, Ascot and Maidenhead	Community Hospital Inpatient Service - Henry Tudor Ward	Low	Incident on the ward regarding a patient aged 94. The family are not happy with the way it was handled.	Partially Upheld	Effective Communication: Staff to speak clearly and professional – be aware of volume and tone of their voice. To be monitored on an ongoing basis. Clear Documentation and Handover: In the event of untoward incidents – there must be clear documentation on RIO Notes and a full handover given to the NIC. An incident report should be completed if needed. Prompt feedback to patient and NOK – WM/NIC to speak to patient and acknowledge incident and listen to their side of events. WM/NIC to speak to NOK to ensure duty of candour and reassure them that the incident will be fully investigated (depending on the incident). Once investigation completed then NOK and patient to be updated.	Care and Treatment
9265	Reading	Adult Acute Admissions - Daisy Ward	Low	The patient feels their autism needs are not being met and is unhappy with moving wards as the now feels unsafe as they are being attacked on the ward	Partially Upheld	Implementation of the Trust's neurodiversity strategy. Develop care plan with patient for support after incidents.	Abuse, Bullying, Physical, Sexual, Verbal

9248	Reading	School Nursing	Minor	Mark found on young person's leg, Nurse referred to Social Services informing parents. There was no follow up information to parents which they found extremely distressing.	Partially Upheld	An immediate plan has been in place since 23rd November providing nursing cover until the end of term as the School Nurse is currently on sick leave. The suction risk assessment for was reviewed and updated on 23/11/23 and this has been amended to allow them to be on site with a nursery nurse without a school nurse on site as well. An action plan is in place for all Special School Nurses across the team to spend time with the patient and be signed off as competent to care for her tracheostomy. You will be providing the team with some dates for the nurses to visit the patient at home to support with this and complete a trachy change, as they are only in school for limited periods. All of the team should be upskilled and confident to support the patient in school by the end of the Spring term. An update/ training session on the bruising protocol will be given to all CCN's/ SSN's within BHFT at the next development day. Bruising Protocol now saved to local Teams Channel.	Communication
9264	Bracknell	CAMHS - Specialist Community Teams	Low	Family state that many professional have said the young person needs to be seen urgently. They have Autism with learning disabilities and the family feel their rejection is discriminatory	Partially Upheld	Discussion with Frimley ICB regarding process of CETR's and CAMHS inclusion when not presently open to CAMHS Clear process in place for referrals to LD CAMHS or CAMHS CPE. Regular meetings to stay in touch. Suggestion link in with CAMHS RRT meetings with CPE. Consider LD CAMHS linked into Leads Meetings on Thursday mornings for streamline referral discussions CPE to consider discussions with referrers to get a clear picture of requests and present needs Ensure CAMHS have reasonable adjustments in place for children that are neurodiverse and have communication or sensory processing needs to not disadvantage them in the referral process	Waiting Times for Treatment
9336	West Berks	Urgent Treatment Centre	Low	Complainant reports that a staff member was very rude and made mother feel 'horrible'. After the appointment her 7 yr old daughter asked why the nurse wasn't very nice to her.	Not Upheld		Attitude of Staff

9321	Slough	Assessment and Rehabilitation Centre (ARC)	Low	Extension of 8634 - Following LRM on 5 Dec 2023 further concerns were raised regarding the handling of the complaint by the complaints department. They complainant wishes to know why they were told they could not make any additions.	Not Upheld		Attitude of Staff
9274	Bracknell	CMHT/Care Pathways	Low	Patient reports being unhappy with their psychiatrist. They would like to change to a new clinician and not be discharged as they are pregnant and still wishes to take their medication	Partially Upheld	Feedback to medic: More explanation around referral routes, what the perinatal service is and why certain questions are asked may be useful in avoiding confusion.	Care and Treatment
9296	West Berks	Out of Hours GP Services	Low	The patient was not informed of any impairment following their ECG after attending WestCall in May 2021. Pt found out they had a RBBB (right bundle branch block) following a 3rd ECG despite it allegedly showing up in the one in May 2021.	Partially Upheld	Patient's clinical care was appropriate, incidental findings were not shared with the patient as they did not impact the clinical decision making, however it is acknowledged that it later caused concern to the patient when informed of them at a later date by another Trust.	Care and Treatment
9286	Windsor, Ascot and Maidenhead	Continence	Low	Patient relies on catheters and is reliant on equipment deliveries and orders being placed correctly. They were unable to contact anyone after 2:30 as the service is closed and questions why orders are taking so long to be placed.	Partially Upheld	To ensure that in the event of telephony issues or lack of admin staff support, that the service is able to maintain service provision through call divert to COBWEB to support patient prescription queries and support. To ensure that patients are aware of the lead times for ordering supplies including when ordering emergency supplies. To create and share patient information on when to restock supplies to reduce the risk of running out before the next delivery.	Support Needs (Including Equipment, Benefits, Social Care)
9267	Bracknell	Children's Occupational Therapy - CYPIT	Minor	The complainant report the clinician was not understanding of the patients Autism. They are also concerned that the clinician requested the patient to do an exercise resulting in them falling forward and hitting their chin	Partially Upheld	The clinician has indicated for future sessions with autistic children and young people, he will make sure that there are regular breaks to allow for sensory regulation and that language needs to be kept clear and simple. Add an alert to the patients record to indicate he has an Autism diagnosis Operational Leads to flag at CYPIT East team meetings/supervision that all clinicians need to be mindful of discussing diagnoses in front of children and young people. Agreed that the Physiotherapy team will offer x2 handover sessions (clinic/school) of the exercise programme to provide reassurance to complainant prior to discharge.	Discrimination, Cultural Issues
9310	Windsor, Ascot and Maidenhead	Hearing and Balance Services	Low	Complainant unhappy that ptatientneeds to wear hearing aids and wonders if things would have been different if the service had been in contact in the last 8 years	Serious Untoward Incident Investigation	Moved to Patient Safety	Care and Treatment

9218	West Berks	Eating Disorders Service	Low	Transition from CAMHS to adult services, family feel the pt is left with no help and now not able to receive ECT. Patient has autism and this is not accounted for	Upheld	The Standard Work on Transitions helps provide a structure and time scale for transitions, Need a reminder to circulate and request locality groups follow these steps. While there are a number of complexities in this instance, had the process been followed by all parties, a proportion of the complaint could have been avoided. CAMHs should remain as named contact until named adult worker identified. If this is delayed beyond the recommended times in the Standard Work it should be escalated to the locality transitions group – then service manager and CAMHs / Adults Transition lead then Service Lead if still not resolved. Having a named adult professional, even if they are not providing direct care, is important to identify ASAP in the transition process. Ideally need to improve the speed that this professional is identified . The Rio review of progress notes highlighted that the majority of the entries were from CAMHs. While these mentioned discussions or conversations with Adult services, the content was not always explicit as the e-mails/ telephone conversations were not logged from Adult side. This did not reflect the consideration or involvement that Adult services had in developing the care plan. If this is a 'Rio' issue, need to allow all parties involved to enter	Care and Treatment
9302	West Berks	Urgent Treatment Centre	Low	Patient did not wait to be seen by UTC, went to their place of work (Donnington Ward) for immediate care. Sister and HCA sent for an x-ray and UTC applied a sterile strip. Due to pain pt went to Basingstoke Hospital where they were given 12 stitches. As a result of incorrect dressings the pt got an infection. Very unhappy, would like compensation	Not Upheld		Care and Treatment
9289	Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Minor	GP referral to CMHT April 23, complainant advised by a third party in November the case was closed with no further action but later was advised that a referral was being made to CTPLD - none of this confirmed directly to the family.	Upheld	changes regarding how referrals are managed and responded to. Whoever looks at the referral will take it to the referrals meeting and will write to the referrer explaining the outcome.	Access to Services
9276	Windsor, Ascot and Maidenhead	CAMHS - Rapid Response	Low	DECEASED Pt, Questions as to why the parents were not contacted earlier in the yr when the pt was referred to CAMHS, why were they discharged. Why were they not involved at all?	Not Upheld		Communication
9318	Reading	Neuropsychology	Low	pt unhappy an admin questioned them regarding being on the ADHD assessment waiting list	Upheld	Letter sent from clinician following conversation with agreed plan Nite added to medical record to reduce risk of being discharged inappropriately in future.	Communication

9234	West Berks	CMHT/Care Pathways	Low	Some elements have not been answered and there are some slight errors in the report ORIGINAL COMPLAINT BELOW Wish to know why there was a delay in treatment? Why denied therapy in 2022? Why denied early access in 2023? why referral were not made in a timely manner? Decisions made re the pt without seeing the pt	Partially Upheld	To share recommendation that assessment decisions by IPT are completed and communicated following initial referral within 28 days or following formulation provided by inpatient Psychology. To request IPT complete assessment of patient with a view to recommending therapy pathway. To request face to face meeting with complainant and patient to explore suitability for service support by OP Courage. To request Adult social care prioritise carers assessment	Care and Treatment
9239	Bracknell	Other	Low	Complainant feels emails are not being forwarded on and they feel there have been serious breaches of GDPR	Not Upheld	No breach of GDPR.	Communication
9311	West Berks	Urgent Treatment Centre	Minor	lack of care and empathy from the staff following a broken knee from a horse riding accident. Full plaster cast applied, later told this was incorrect	Partially Upheld	Plaster update for MIU staff to be arranged with RBH	Care and Treatment
9305	Bracknell	CMHT/Care Pathways	Low	Family feel the patient was discharged too early from Cygnet Hospital, due to consent the family do not know what care is in place now for the pt but they are concerned that the pt has now deteriorated and has isolated themselves with screaming and banging day and night	Partially Upheld	upheld point 4. Service to be reminded of carer responsibilities.	Care and Treatment
9307	Windsor, Ascot and Maidenhead	Psychological Medicine Service	Moderate	pt has presented at A&E on a number of occasions, family are questioning why they have never been sectioned or taken to a MH hospital but discharged back to the family who are struggling to support the pt, they also question why it takes so long for the service to see the pt.	Not Upheld		Care and Treatment
9313	Reading	PICU - Psychiatric Intensive Care - Sorrel Ward	Low	general conditions of Sorrel & Daisy ward. No access to wheelchairs and Zimmer frames. Pt wishes the service to be inspected	Case not pursued by complainant		Care and Treatment
9288	Reading	CAMHS - Common Point of Entry (Children)	Low	Family of Autistic YP would like access to specialist services to obtain an assessment and diagnosis for LD, plus a Functional Assessment by a PBSS to create a support plan and access to specialist eating disorder services	Not Upheld		Access to Services
9241	Windsor, Ascot and Maidenhead	Crisis Resolution and Home Treatment Team (CRHTT)	Low	Family unhappy with the Dr who visited to do an assessment. Felt the assessment was too long and not all of it was appropriate	Not Upheld		Attitude of Staff

9254	Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Minor	Pt feels their confidentiality was breached by not asking people present to leave during personal discussions. Further questions regarding entries on their medical records. ORIGINAL BELOW Pt received their medical records to find many inaccuracies. Now feels they can not reach out for help going forward due to what has been written about them	Upheld	records to be amended as per investigation	Medical Records
9083	Reading	A Place of Safety	Low	further review into the incident at Burgess Hill required ORINGIONAL BELOW Pt unhappy at being taken to POS and attitude and actions of staff. Unhappy that police broke into his home when he had an assessment booked at PPH the following day.	Not Upheld		Attitude of Staff
9259	West Berks	Estates	Low	Unhappy with the outcome ORIGINAL BELOW Relative sat in their car while pt was receiving a blood test, received a parking fine. Complainant is stating there are no 'no waiting' signs, there was no time to appeal and not enough time given in the letters to pay on time so as not to incur further cost penalties	Not Upheld		Communication
9246	Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Low	would like to look into past care for the pt following discharge from S3, and if s117 would have changed the actions of the 30th Oct. Family do not understand why patient was not deemed ill enough to be in hospital ORIGINAL BELOW CMHT not replying to emails sent	Not Upheld		Communication
9206	Reading	CMHT/Care Pathways	Low	Complainant wishes a formal response despite local resolution - Family want to know what support the pt will get when discharged from RBH to prevent a further suicide attempt	Upheld	Pt did not receive appropriate level of care from CMHT	Care and Treatment
9327	West Berks	Community Hospital Inpatient Service - Donnington Ward	Low	Discharged on a Friday , advised with a package of care which did not materialise, no carers, no key safe. Catheter bag was full	Not Upheld		Discharge Arrangements

9212	Windsor, Ascot and Maidenhead	CAMHS - Specialist Community Teams	Moderate	complainant feels the service have not properly safeguarded the pt, have not provided sufficient advice around medication reduction, psychiatrist not attending a meeting, reasonable adjustment has not been taken into consideration for the pt's disability, recommendations from the CETR panel have not been met. 10 points to answer	Partially Upheld	Service would benefit with full staffing complement, especially psychiatry in this instance. Continue with recruitment to cover gaps/ vacancies CETR did not include specific/ SMART recommendations and poorly formatted. Feedback quality issues to ICB Key working to provide specific examples of appropriate reasonable adjustments to CAMHs team. Team to review and incorporate. Look at process for invite reminders, do they incorporate re scheduling and cancelling notifications Request for a Call from psychiatrist to review medication and re state care plan (Potentially) may have avoided hospital admission and subsequent Rapid team involvement and /or complaint. Explore in MDT cross cover arrangements in this instance.	Care and Treatment
9341	Reading	Adult Acute Admissions - Rose Ward	Low	felt staff member antagonized, tormenting and provoked the pt, with holding pain relief. believes staff members were asleep on duty. States a member of staff gave false info at a tribunal, thus their illegal detention	Partially Upheld	Staff will have to be reminding patient in their one to one interactions that all medications brought into the ward will be kept in the clinic room and not on their person. And also discuss this in patient's community meetings on the ward.	Attitude of Staff
9324	Bracknell	CMHT/Care Pathways	Minor	Dr previously ill prepared and then felt not listened to and shut down felt disrespected and insulted. Felt the Dr followed a script and did not engage in 'normal' dialogue. believes further training is needed. wishes to see a different psychiatrist	Not Upheld		Attitude of Staff
9393	Reading	Talking Therapies - PWP Team	Low	Calls come through as number withheld, pt does not want to be scammed	Not Upheld		Communication
9355	Windsor, Ascot and Maidenhead	Crisis Resolution and Home Treatment Team (CRHTT)	Moderate	Pt presented at A&E Wexham, PMS discharged to Crisis, 6 days later still no call.	Upheld	CRHTT will accept all referrals from EBPM	Care and Treatment
9322	West Berks	CMHT/Care Pathways	Minor	-Concerns the pt will not be able to reach dosage level of medication - Why was the medication changed - How can CMHT make an accurate assessment of needs without making any notes when the discussion with the team could take place 2 weeks later - why were personal note s requested when notes are not important - no handover took place before assessment as clinician did not know all the relevant information	Partially Upheld	Staff have been reminded of the need to take notes during sessions, especially assessments so we can ensure we capture accurate and relevant information.	Care and Treatment

9332	Reading	Out of Hours GP Services	Minor	terrible experience with the Dr not listening to any concerns relating a pregnant pt who was bleeding and then felt dismissed when they spoke the next day	Upheld	Lead to discuss at next clinical meeting to raise awareness of issues surround bleeding and pain in early pregnancy	Attitude of Staff
9357	Slough	CMHT/Care Pathways	Low	Originally requesting compensation, Pt is unhappy with historic diagnosis from the Priory and Cygnet that they believe will be overturned by BHFT Dr in May	Not Upheld		Care and Treatment
9339	Reading	Psychological Medicine Service	Low	Unhappy with the care and treatment received from PMS team at the RBH. Feels discriminated against as has autism	Partially Upheld	Clinicians need to adapt certain skills to work with clients who are neurodivergent. IO will share this with her team, which in hand will help increase further awareness around neurodiversity.	Care and Treatment
9272	Reading	CAMHS - Anxiety and Depression Pathway	Low	114 points to address in writing, unhappy with the engagement with the service	Partially Upheld	Although we have not agreed with the concerns that you have raised, it is clear that there is further improvement that we need to make in supporting staff to improve communication with services users who have autism and other neurodivergent conditions. We will be taking this forward through our Neurodiversity Strategy work.	Care and Treatment
9388	Wokingham	Health Visiting	Low	complainant unhappy at the alleged inaccuracies on the children's records and needs this investigated before it is taken to the ICO	No Further Action		Medical Records
9347	Reading	Psychological Medicine Service	Low	Pt believes they were wrongly sectioned (MHA S.2) following incorrect treatment at A&E on thurs 30th Nov and Fri 1st Dec 23	Not Upheld		Care and Treatment
9354	West Berks	Intermediate Care	Minor	Family state staff member disclosed personal patient data without consent from the NOK, they also feel being hassled to return medical supplies following the death	Upheld	Staff to ensure their training in information governance and data security is revisited to ensure clarity on gaining clear consent when dealing with patient and relative information. Administrator involved in the complaint raised to contact the patient to apologise for any distress and upset caused. Intermediate Care West Berkshire to review their process in supporting relatives of those who have passed away while on our service. Implementing a new process in relation to gaining written consent when passing information over to third parties.	Confidentiality

9315	West Berks	CMHT/Care Pathways	Minor	Unhappy with a recent report, missing several diagnoses and stating nonfactual information.	Partially Upheld	Reinforce to all staff, the need to review previous documentation to gain a view and understanding of the patients' needs and diagnosis. Also, explore with the team, the use of 'capacity to treatment' and how this is communicated to patients Further discussion with Dr to explore points around restricted eating/drinking being due to self-harm Follow up on Oxford Sleep Clinic's suggestion of referring to neurology sleep clinic. Discussion with the patient, regarding the Clonazepam hindering the possible prescribing of Melatonin and explore what support she may with this.	Medical Records
9323	West Berks	CMHT/Care Pathways	Minor	•Referrals declined for provision of a direct service. (Two referrals by Dr Featherstone GP, two by A&E Consultants). •Dissatisfaction with a joint working approach (CMHT and BEDS). •Dissatisfaction with service provided by two members of BEDS staff. •Lack of specific eating disorder diagnosis •Being told she is 'treatment resistant' •Lack of any BEDS service over 7 months •Autism not factored in	Partially Upheld	BEDS head of service to discuss with staff, terminology used to avoid distress to patients. Adaptation of treatment for people with neurodiverse needs to be explored at the assessment appointment. Future plans of care to be discussed with the patient following her assessment. This will include any complimentary support provided by CMHT and her care agency. Consideration to be given to process for teams within Berkshire Healthcare joint working and identifying roles for each service.	Care and Treatment
9326	Reading	Out of Hours GP Services	Minor	Mother feels Dr misdiagnosis their 4 month old which ultimately has led to seizures and a referral to RBH and then JR oxford	Partially Upheld	IO To Discuss Case at WestCall Clinical Meeting	Care and Treatment
9299	Wokingham	CMHT/Care Pathways	Low	Family of a pt with multiple MH conditions want to know why no one will help. The pt also has drug and alcohol issues and last Saturday set light to their house burning all the complainants things. Questions are why have they not been sectioned for longer than the 28 days in the past and why are they in RBH at the present time without any help from BHFT	Not Upheld		Care and Treatment
9331	Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Low	Telephone appt's booked and no call received and no apology- twice	Partially Upheld	Where possible pt will be offered face to face appointments instead of telephone Pt will be allocated back to their Doctor for her care and treatment. Husband will be offered carer support.	Care and Treatment

9272	Reading	CAMHS - Anxiety and Depression Pathway	Low	114 points to address in writing, unhappy with the engagement with the service	Partially Upheld	Although we have not agreed with the concerns that you have raised, it is clear that there is further improvement that we need to make in supporting staff to improve communication with services users who have autism and other neurodivergent conditions. We will be taking this forward through our Neurodiversity Strategy work.	Care and Treatment
9270	Reading	Podiatry	Minor	Unhappy with the response, wish a review ORIGINAL BELOW Podiatrist removed part of a ganglion having asked the pt if he should remove it 2 years ago. Family say pt has been suffering since this, is diabetic and has been advised worse they may lose their foot.	Partially Upheld	To ensure that Clinicians are taking good quality digital images of wounds or a deteriorating foot to assist in the measurement of healing and/or deterioration. Talk to clinicians about the importance of good record keeping. Foot Protection Leads and Podiatry Team Leaders to conduct more medical record clinical notes reviews at 121s and clinical supervision To present this complaint anonymously at a Podiatry Study day so learning can happen	Care and Treatment
9365	Wokingham	Lower Limb Clinic	Low	Complainant devastated that the Clinic is closing in Wokingham, lists concerns they would like addressed	Not Upheld		Access to Services
9394	West Berks	CAMHS - AAT	Low	Complainant urgently wants anxiety medication for YP, cannot understand why ASD/Autism pt cannot access anxiety pathway, YP self-harms and states they want to die. Feel there are too many meetings with no action	Partially Upheld	IO to provide a response to mother re school supporting her with EHCP application. IO to see whether Early Help can support mother. IO to relay to the team the learning from this complaint re ensuring we are clear with our rationale to families of why we are discharging.	Access to Services
9320	Bracknell	Other		Unhappy with the attitude of the MH clinician when they arrived on the door step of the patient without an appt. complainant wishes to see evidence that an appt had been made. Complainant lacks trust in the clinician and wishes to deal with someone else	Upheld		Attitude of Staff
9348	West Berks	Health Visiting	Low	Unhappy with the action of the HV when they attended the patients house on 25.1.24 without an appointment	Partially Upheld	A reminder to staff re introducing students	Attitude of Staff

9352	Slough	Children's Occupational Therapy - CYPIT	Minor	OT report containing personal Data sent to estranged father instead of mother which has raised safeguarding concerns	Partially Upheld	Reminder to all staff (via Newsletter and at team meetings) (clinical and admin) to check contact details at each contact. This should be done by asking the parent/carer to confirm their details. Staff to update Rio with any changes. Where there are concerns about potential safeguarding issues/parental rights, clinicians should be advised to follow up with parents at a time when the CYP are not present e.g. if a clinic appointment was completed, telephone contact should be made following the appointment at a time when the parent can talk freely. Therapists should be reminded about professional curiosity. This to be added to learning from this complaint via newsletter and team meetings. Prior to sending out reports via email all staff to check that there is consent to share via email. If this cannot be established, then the report should not be shared in this way and should be sent via post. This reminder to be shared via Newsletter and at team meetings. When contacting parents/carers we should be accessing contact details via the contacts page, not the front page to ensure that we are using the most up to date information. In order to support staff (clinicians and administration), training should be provided either at a whole team meeting or via the newsletter/email	Confidentiality
9360	Windsor, Ascot and Maidenhead	CAMHS - Learning Disabilities	Moderate	Family feel the YP person needs to see a psychiatrist but have been told this is not possible for a pt under the age of 6. They do not understand how urgent referrals have been declined by CAMHS and would like some answers	Partially Upheld	HoS is going to advise CPE staff that if additional/new information is submitted during/after a CYP has been referred they should re-review the referral and contact the referring health professional. Paediatricians to be remined to send on blood results (once they are available) in a timely manner.	Care and Treatment
9345	Wokingham	CAMHS - AAT		YP on the wait list for nearly 2 yrs, messages left with the service and no calls returned. Private diagnosis sought at great cost only to have paperwork arrive from CAMHS. Complainant feels they should be reimbursed	Partially Upheld		Waiting Times for Treatment
9284	Wokingham	Community Hospital Inpatient Service - Windsor Ward	Low	Poor communication and the pt did not get any better	Partially Upheld	Communication on ward- Nok confusion- process for this? Date Parkinsons referral sent? Hydration Charts sporadic	Care and Treatment
9424	Slough	CAMHS - AAT	Low	Staff member asked very probing sexual questions, complainant felt very uncomfortable and was devastated to receive a call from social services	Not Upheld		Attitude of Staff

9390	Reading	Out of Hours GP Services	Minor	17 days postpartum, breast feeding pt, no advice on the BP medication, offered flucloxacillin after being told the pt is allergic to penicillin, concerned about the Dr's practice	Not Upheld		Care and Treatment
9359	Reading	Out of Hours GP Services	Minor	Pt experienced a miscarriage and feels the Dr dismissed them at each of the visits	Partially Upheld	To Discuss Management of suspected First Trimester Miscarriages and ensure clinicians are familiar with NICE CKS and EPU referral guidance.	Care and Treatment
9344	Bracknell	Crisis Resolution and Home Treatment Team (CRHTT)	Low	2. Further email stating that CRHTT laughed at the complainant when they begged for them to section the, now deceased pt. 1. Family unhappy that TT is all that has been offered their father who was an alcoholic. - DECEASED	Not Upheld		Care and Treatment
9415	Wokingham	District Nursing		RBH Discharge stated meds to be given up to 9/3/24, DN's gave on 10/3 and wanted to give on 11/3. Complainant concerned DN's do not follow medication instructions	Serious Untoward Incident Investigation	moved to PSM process	Medication
9362	Reading	Other	Low	Unhappy with Sectioning and being transferred to Cygnet in Stevenage without any possessions	Not Upheld		Care and Treatment
9410	Bracknell	District Nursing	Low	Nurse visited without prior warning for blood test, when there was very rude. Due to this the pt strained too much and ended up in hospital. Family do not want the same nurse to visit again	Case not pursued by complainant		Attitude of Staff
9377	Reading	Psychological Medicine Service	Low	Family unhappy the pt was discharged in what they consider to be an unfit mental state. Pt admitted to PPH the following day	Not Upheld		Care and Treatment
9207	Wokingham	CMHT/Care Pathways	Minor	Unhappy with response thinks it is rumours and slander ORIGINAL COMPLAINT BELOW Pt unhappy with the psychiatrist from Wokingham, unhappy with medication given. Very unhappy at the number of police to take them to PPH and the handling of the process, not allowed to take their medication (insulin)	Not Upheld		Care and Treatment

9234	West Berks	CMHT/Care Pathways	Low	Some elements have not been answered and there are some slight errors in the report ORIGINAL COMPLAINT BELOW Wish to know why there was a delay in treatment? Why denied therapy in 2022? Why denied early access in 2023? why referral were not made in a timely manner? Decisions made re the pt without seeing the pt	Partially Upheld	To share recommendation that assessment decisions by IPT are completed and communicated following initial referral within 28 days or following formulation provided by inpatient Psychology. To request IPT complete assessment of patient with a view to recommending therapy pathway. To request face to face meeting with complainant and patient to explore suitability for service support by OP Courage. To request Adult social care prioritise carers assessment	Care and Treatment
9202	Slough	Community Dental Services	Minor	emergency dental treatment, no x-ray was offered, extreme pain before and worse afterwards. Pt ended up needing to stay in the John Radcliffe for 3 days	Partially Upheld	It may be helpful when a patient suspects they have had a swelling or recurrent pain to take a temperature reading Possible improvement opportunity: It may be helpful for the rollout of intra-oral scanners/cameras as clinical imaging of the affected area may be useful for diagnosis and medico-legal purposes. Whilst they would not replace radiography, they may help form part of the clinical picture and back up the narrative in the notes. There would be a cost implication to this.	Care and Treatment

Appendix 2: complaint, compliment and PALS activity

All formal complaints received

	2022/23						2023/24								
Service	**Q1**	**Q2**	**Q3**	**Q4**	**Total for year**	**% of Total**	**Q1**	**Q2**	**Q3**	**Compared to previous quarter**	**Q4**	**Q4 no. of contacts**	**% contacts Q4**	**Total for year**	**% of Tot**
CMHT/Care Pathways	11	10	18	14	53	**22.00%**	16	6	13	↑	14	10019	0.01	49	**17.44**
CAMHS - Child and Adolescent Mental Health Services	4	6	13	10	33	**14.00%**	8	11	7	↑	9	8672	0.10	35	**12.46**
Crisis Resolution & Home Treatment Team (CRHTT)	3	9	6	4	22	**9.00%**	5	10	5	↑	6	13197	0.05	26	**9.25**
Acute Inpatient Admissions – Prospect Park Hospital	13	7	9	6	35	**15.00%**	10	2	4	↑	7	175	4.00	23	**8.19**
Community Nursing	3	0	4	5	12	**5.00%**	3	6	5	↓	3	61104	0.00	17	**6.05**
Community Hospital Inpatient	4	3	2	1	10	**4.00%**	1	2	5	↓	4	265	1.51	12	**4.27**
Common Point of Entry	0	1	3	1	5	**2.00%**	1	3	0	no change	0	12	0.00	4	**1.42**
Out of Hours GP Services	1	0	1	2	4	**1.50%**	1	2	7	↓	4	6711	0.06	14	**4.98**
PICU - Psychiatric Intensive Care Unit	1	2	0	4	7	**3.00%**	0	0	1	↓	0	3	0.00	1	**0.36**
Urgent Treatment Centre	1	0	0	0	1	**0.50%**	1	1	2	↓	1	4265	0.02	5	**1.78**
Older Adults Community Mental Health Team	1	1	0	0	2	**1.00%**	1	2	1	↓	0	5151	0.00	4	**1.42**
Other services during quarter	19	11	15	11	56	**23.00%**	21	19	25	↑	26	135027	0.02	91	**32.38**
Grand Total	61	50	71	58	240	100.00%	68	64	75		74	244601		281	100.0

Locally resolved concerns received

	Month Received			
Division	**January**	**February**	**March**	**Grand Total**
Children, Young persons & Families		1	1	2
Community Mental Health East	1			1
Community Mental Health West		2		2
Physical Health	8	2	7	17
Grand Total	**9**	**5**	**8**	**22**

Informal Complaints received

	Month Received			
Division	**January**	**February**	**March**	**Grand Total**
Children, Young persons & Families	2		1	3
Community Mental Health East	1	1		2
Community Mental Health West		1	1	2
Mental Health Inpatients			2	2
Physical Health		2		2
Grand Total	**3**	**4**	**4**	**11**

KO41a Return

NHS Digital are no longer collecting and publishing information for the KO41a return on a quarterly basis but are now doing so on a yearly basis. We submitted our information when requested however when reviewing the first annual report from NHS Digital, they are no longer reporting to Trust level. The Head of Service Engagement and Experience has queried this and is awaiting a response.

Formal complaints closed

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

Outcome of formal complaints closed

	2022/23				2023/24						
Outcome	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Higher or lower than previous quarter**	**Q4**	**Total for year**	**% of 23/24**
Locally resolved/not pursued	0	0	0	0	0	4	1	↑	3	8	3.11
Not Upheld	23	22	23	38	20	25	30	↓	25	100	38.91
Partially Upheld	21	30	26	25	22	26	24	↑	32	104	40.47
Upheld	12	9	7	8	11	9	12	↓	9	41	15.95
SUI	0	0	0	0	0	0	2	No change	2	4	1.56
Grand Total	**57**	**61**	**57**	**72**	**53**	**64**	**69**		**71**	**257**	**100**

56% of complaints closed last quarter were either partly or fully upheld in the quarter (compared to 52% in Q3 and 55% in Q2). These were spread across several differing services.

Complaints upheld and partially upheld

	Main subject of complaint										
Service	Alleged Abuse	Access	Attitude of Staff	Care and Treatment	Communication	Confidentiality	Discrimination	Medical Records	Support Needs	Waiting Times	Grand Total
Adult Acute Admissions - Daisy Ward	1										1
Adult Acute Admissions - Rose Ward			1								1
CAMHS - AAT		1								1	2
CAMHS - Anxiety and Depression Pathway				2							2
CAMHS - Learning Disabilities				1							1
CAMHS - Specialist Community Teams				2						1	3
Children's Occupational Therapy - CYPIT						1	1				2
CMHT/Care Pathways		1		8				1			10
Community Dental Services				1							1
Community Hospital Inpatient Henry Tudor Ward				1							1
Community Hospital Inpatient Windsor Ward				1							1
Continence									1		1
Crisis Resolution and Home Treatment Team				1				1			2
Eating Disorders				1							1
Health Visiting			1								1
Intermediate Care						1					1
Neuropsychology					1						1
Other			1								1
Out of Hours GP Services			1	3							4
Podiatry				1							1
Psychological Medicine Service				1							1
School Nursing					1						1
Urgent Treatment Centre				1							1
Grand Total	1	2	4	24	2	2	1	2	1	2	41

Care and Treatment complaint outcomes

Care and Treatment complaint outcomes	Case not pursued by complainant	Not Upheld	Partially Upheld	Serious Untoward Incident Investigation	Upheld	Grand Total
CAMHS - Anxiety and Depression Pathway			2			2
CAMHS - Learning Disabilities			1			1
CAMHS - Specialist Community Teams			2			2
CMHT/Care Pathways		3	7		1	11
Community Dental Services			1			1
Community Hospital Inpatient Service - Henry Tudor Ward			1			1
Community Hospital Inpatient Service - Windsor Ward			1			1
Crisis Resolution and Home Treatment Team (CRHTT)		1			1	2
Early Intervention in Psychosis - (EIP)		1				1
Eating Disorders Service					1	1
Hearing and Balance Services				1		1
Other		1				1
Out of Hours GP Services		1	3			4
PICU - Psychiatric Intensive Care - Sorrel Ward	1					1
Podiatry			1			1
Psychological Medicine Service		3	1			4
Urgent Treatment Centre		1	1			2
Grand Total	**1**	**11**	**21**	**1**	**3**	**37**

37 complaints related to care and treatment. Of these 11 were not upheld, 21 were partially upheld and 3 were fully upheld.

PHSO

The table below shows the PHSO activity since April 2023:

Month opened	Service	Month closed	Current stage
Apr-23	CMHT/Care Pathways	Sep-23	LGO not progressing, but now with PHSO to consider
Jul-23	CMHT/Care Pathways	Awaiting update	File sent to PHSO on to aid their decision on whether or not to investigate
Jul-23	CAMHS – Specialist Community Team	Sep-23	PHSO have reviewed file and are not progressing
Sep-23	CRHTT	Awaiting update	File sent to PHSO on to aid their decision on whether or not to investigate
Sep-23	CAMHS	Awaiting update	File sent to PHSO on to aid their decision on whether or not to investigate
Nov-23	Neurodevelopmental services	Awaiting update	File sent to PHSO on to aid their decision on whether or not to investigate
Dec-23	Heart Function	Awaiting update	File sent to PHSO on to aid their decision on whether or not to investigate
Feb-24	CAMHS - Specialist Community Team	Ongoing	Complaint referred to PHSO
Feb-24	CAMHS - Specialist Community Team	Ongoing	Confirmed we will enter into Dispute Resolution process; awaiting update.

CQC

At the point of triage, the Mental Health Act (MHA) complaints team within the CQC will consider whether any of the concerns raised could be dealt with as an early resolution by Trusts.

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

In Q4 we received one complaint via the CQC.

Compliments

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

Year	**2022/23**					**2023/24**				
Quarter	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Received	1076	1119	1403	924	4522	1091	1229	1408	1399	4036

Patient Advice and Liaison Service (PALS)

PALS provides a signposting, information, and support service across Trust services within Berkshire. The service deals with a range of queries with an emphasis on informal resolution. PALS collaborates with the complaints team to triage queries which may merit a formal investigation.

PALS has continued to facilitate the 'Message to a loved one' service, which involves collating messages for patients, which are then delivered on the ward. This is available across all inpatient areas. The PALS Manager continues in the role Armed Forces Service Network champion. PALS is also responsible for responding to postings on the NHS website which refer to Trust services. Arrangements have been made to attend community meetings on wards at Prospect Park Hospital and office space has been identified at Prospect House.

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

There were 488 queries recorded during Quarter four. An increase of 103 since Quarter three. 484 queries were acknowledged within the 5 working day target. The recording of queries has improved with the involvement of other team members. Team members have been working with the PALS Manager to familiarise with the response and recording processes. The volume of calls and e mails coming into the service continues to be high.

The Patient Experience Team has undertaken work to standardize and streamline the PALS process, to make it more user friendly for the wider team and enable the service to be covered consistently during the absence of the PALS Manager.

We have also refined the number of queries which need to be recorded on Datix, replacing this with a method which enables us to record more quickly and efficiently. To do this we have introduced Excel spreadsheets to capture queries which do not necessitate recording on Datix. These include queries relating to HR, Estates/Site Services, Access to Medical Records and Pensions/Finance.

PALS has support from a volunteer on a part time basis, and this has improved direct access to the service. The volunteer is also recording queries which has improved the rate of data collection. Our volunteer has also helped to raise the profile of the service by providing services with publicity and information. The PALS manager has produced a volunteer Role Description in order to standardise the expectations of volunteers and their input.

In addition, there were 459 non-BHFT queries recorded. Another member of the Patient Experience Team is consistently helping with the recording process to improve the rate of data collection.

To improve dialogue with other PALS services and share information and best practice, the PALS Manager has contacted PALS services across Berkshire, with a view to reconvening the Berkshire PALS network.

PALS recorded queries from a wide range of services but the services with the highest number of contacts are in the table below:

Service	Number of contacts.
Work Experience/ placement requests	24
HR queries	21
CMHT/ Care Pathways	21
IT queries	19
Access to medical records	17
CAMHS AAT	17

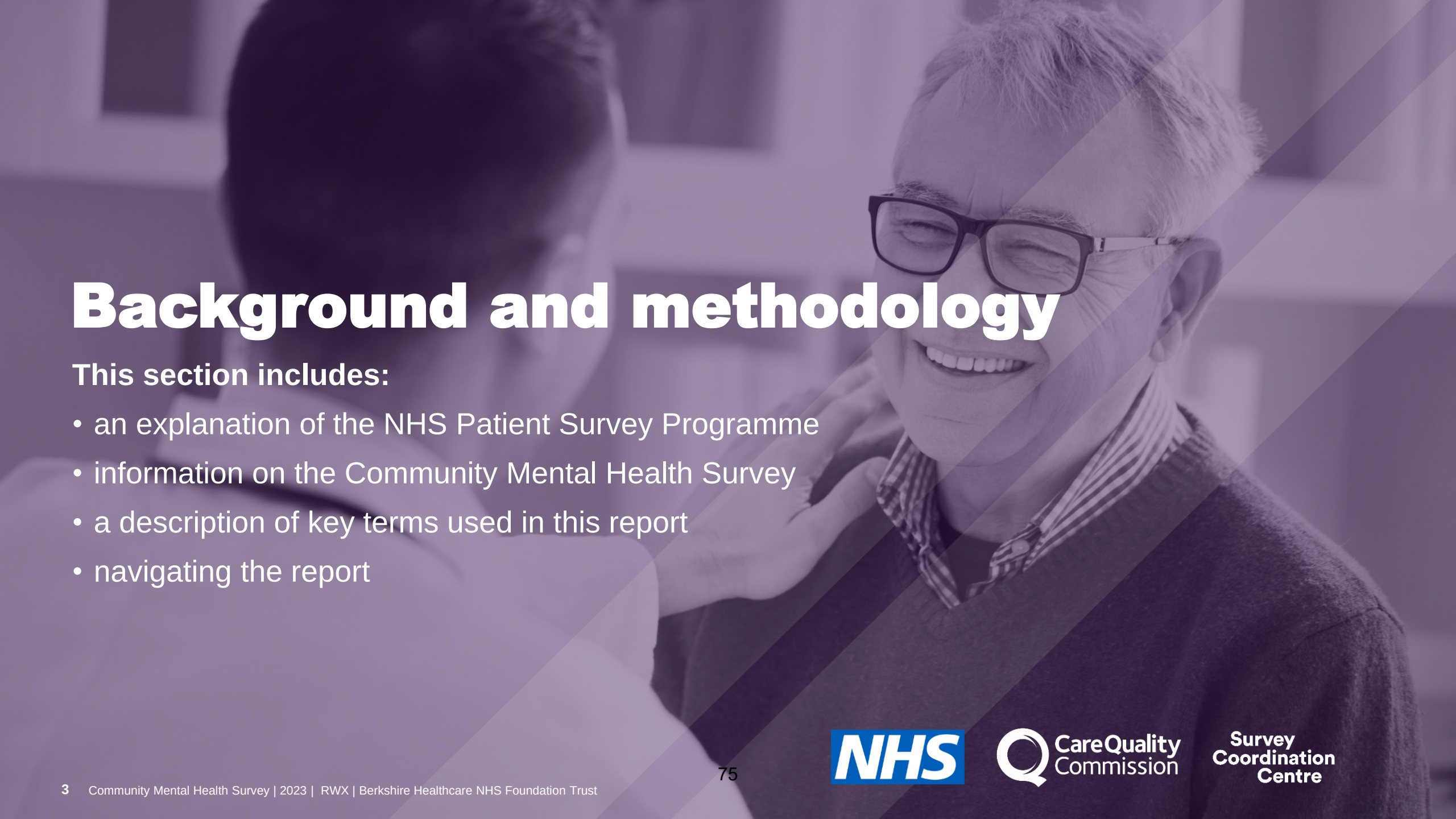
Neuropsychology	9
District Nursing	8
CAMHS ADHD	8

NHS Community Mental Health Survey Benchmark Report 2023

Berkshire Healthcare NHS Foundation Trust

Contents

This work was carried out in accordance with the requirements of the international standard for organisations conducting social research (accreditation to ISO27001:2013; certificate number GB10/80275).



Background and methodology

This section includes:

- an explanation of the NHS Patient Survey Programme
- information on the Community Mental Health Survey
- a description of key terms used in this report
- navigating the report

Background and methodology

The NHS Patient Survey Programme

The NHS Patient Survey Programme (NPSP) collects feedback on adult inpatient care, maternity care, children and young people's inpatient and day services, urgent and emergency care, and community mental health services.

The NPSP is commissioned by the Care Quality Commission (CQC); the independent regulator of health and adult social care in England.

As part of the NPSP, the Community Mental Health Survey has been conducted almost every year since 2004. The CQC use the results from the survey in its assessment of mental health trusts in England.

To find out more about the survey programme and to see the results from previous surveys, please refer to the section on further information on this page.

Community Mental Health Survey

The survey was administered by the Survey Coordination Centre (SCC) at Picker Institute.

The 2023 survey of people who use community mental health services involved 53 providers of NHS community mental health services in England. We received responses from 14770 people, a response rate of 20%.

This year, the survey has moved from a solely paper-based method to a mixed-mode approach, providing participants with the opportunity to complete an online or a paper questionnaire. The change in methodology provided the opportunity to revise and thoroughly redesign the questionnaire, following current policy and practice. As a result, trends have been broken, and trend data is not available for the 2023 survey.

People aged 16 and over were eligible for the survey if they were receiving care or treatment for a mental health condition and were seen face-to-face at the trust, via video conference or telephone between 1 April 2023 and 31 May 2023.

For more information on the sampling criteria for the survey, please refer to the sampling instructions detailed in the 'Further information' section. Fieldwork for the survey (the time during which questionnaires were sent out and returned) took place between August and December 2023.

Further information about the survey

- For published results and for more information on the Community Mental Health Survey please visit the NHS Survey website.
- For published results for other surveys in the NPSP, and for information to help trusts implement the surveys across the NPSP, please visit the NHS Surveys website.
- To learn more about the CQC's survey programme, please visit the CQC website.

Key terms used in this report

The 'expected range' technique

This report shows how your trust scored for each evaluative question in the survey, compared with other trusts that took part. It uses an analysis technique called the 'expected range' to determine if your trust is performing about the same, better or worse compared with most other trusts. This is designed to help understand the performance of individual trusts and identify areas for improvement. More information can be found in the Appendix.

Standardisation

Demographic characteristics, such as age and sex, can influence service users' experience of care and the way they report it. For example, research shows that older people report more positive experiences of care than younger people. Since trusts have differing profiles of service users, this could make fair trust comparisons difficult. To account for this, we 'standardise' the results, which means we apply a weight to individual service user responses to account for differences in demographic profile between trusts.

For each trust, results have been standardised by the age and sex of respondents to reflect the 'national' age-sex type distribution (based on all respondents to the survey).

This helps ensure that no trust will appear better or worse than another because of its profile, and enables a fairer and more useful comparison of results across trusts. In most cases this standardisation will not have a large impact on trust results.

Scoring

For each question in the survey, the individual (standardised) responses are converted into scores on a scale of 0 to 10. A score of 10 represents the best possible result and a score of 0 the worst. The higher the score for each question, the better the trust is performing. Only evaluative questions in the questionnaire are scored. Some questions are descriptive (for example Q1) and others are 'routing questions', which are designed to filter out respondents to whom the following questions do not apply (for example Q19). These questions are not scored. Section scoring is computed as the arithmetic mean of question scores for the section after weighting is applied.

National average

The 'national average' mentioned in this report is the arithmetic mean of all trusts' scores after weighting is applied.

Suppressed data

If fewer than 30 respondents have answered a question, no score will be displayed for that question (or the corresponding section the question contributes to).

Further information about the methods

For further information about the statistical methods used in this report, please refer to the survey technical document.

Using the survey results

Navigating this report

This report is split into five sections:

- **Background and methodology** – provides information about the survey programme, how the survey is run, and how to interpret the data.
- **Headline results** – includes key trust-level findings relating to the service users who took part in the survey, benchmarking, and top and bottom scores. This section provides an overview of results for your trust, identifying areas where your organisation performs better than the average and where you may wish to focus improvement activities.
- **Benchmarking** – shows how your trust scored for each evaluative question in the survey, compared with other trusts that took part; using the 'expected range' analysis technique. This allows you to see the range of scores achieved and compare yourself with the other organisations that took part in the survey. Benchmarking can provide you with an indication of where you perform better than the average, and what you should aim for in areas where you may wish to improve.
- **Appendix** – includes additional data for your trust; further information on the survey methodology; and interpretation of graphs in this report.

How to interpret the graphs in this report

There are several types of graphs in this report which show how the score for your trust compares to the scores achieved by all trusts that took part in the survey.

The two chart types used in the section 'Benchmarking' use the 'expected range' technique to show results. For information on how to interpret these graphs, please refer to the Appendix.

Other data sources

More information is available about the following topics at their respective websites, listed below:

- Full national results; technical document: http://www.cqc.org.uk/cmhsurvey
- National and trust-level data for all trusts who took part in the Community Mental Health Survey 2023 https://nhssurveys.org/surveys/survey/05-community-mental-health/. Full details of the methodology for the survey, instructions for trusts and contractors to carry out the survey, and the survey development report can also be found on the NHS Surveys website.
- Information on the NHS Patient Survey Programme, including results from other surveys: www.cqc.org.uk/content/surveys
- Information about how the CQC monitors hospitals: https://www.cqc.org.uk/what-we-do/how-we-use-information/using-data-monitor-services

Headline results

This section includes:

- information about your trust population
- an overview of benchmarking for your trust
- the best and worst scores for your trust

Who took part in the survey?

This slide is included to help you interpret responses and to provide information about the population of service users who took part in the survey.

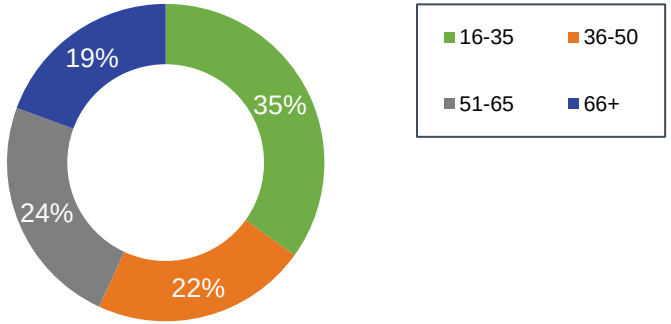
1250 invited to take part

232 completed

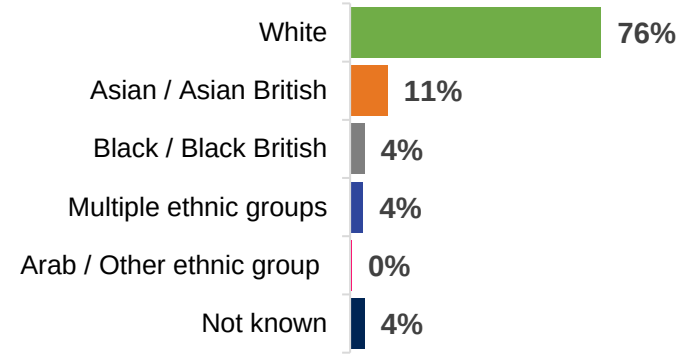
19% response rate

20% average response rate for all trusts

AGE



ETHNICITY



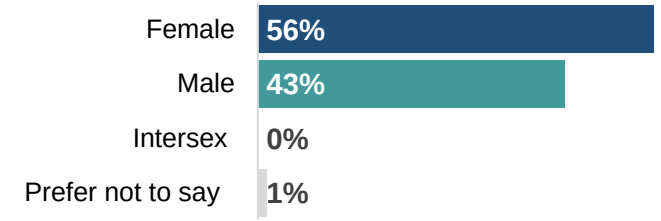
LONG-TERM CONDITIONS

94% of service users have a **physical or mental health condition or illness that has lasted or is expected to last for 12 months or more.**

Number of long-term conditions reported:

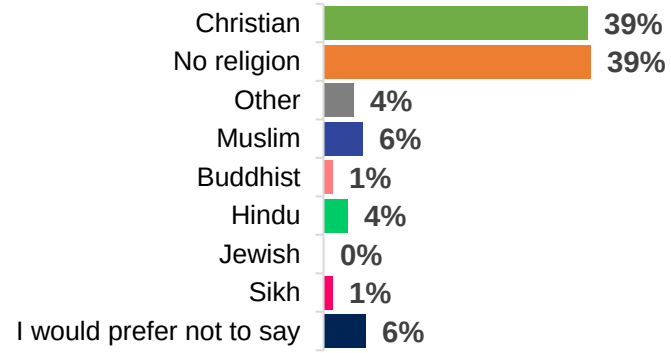
SEX

At birth were you registered as…



4% of service users said their **gender is different from the sex they were registered with at birth**.

RELIGION



Summary of findings for your trust

Comparison with other trusts

The **number of questions** at which your trust has performed better, worse, or about the same compared with all other trusts.

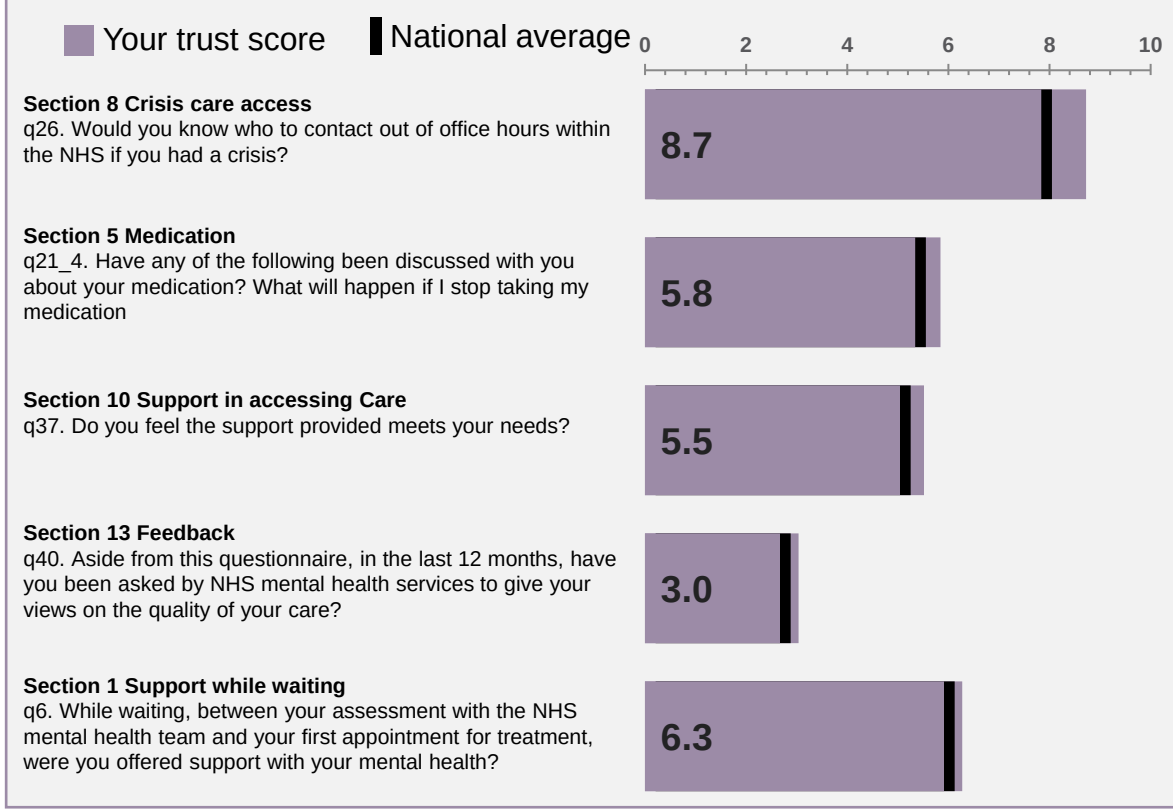
For a breakdown of the questions where your trust has performed better or worse compared with all other trusts, please refer to the appendix sections "your trust has performed much worse" , "your trust has performed worse" , "your trust has performed somewhat worse", "your trust has performed somewhat better", "your trust has performed better", "your trust has performed much better" .

Best and worst performance relative to the national average

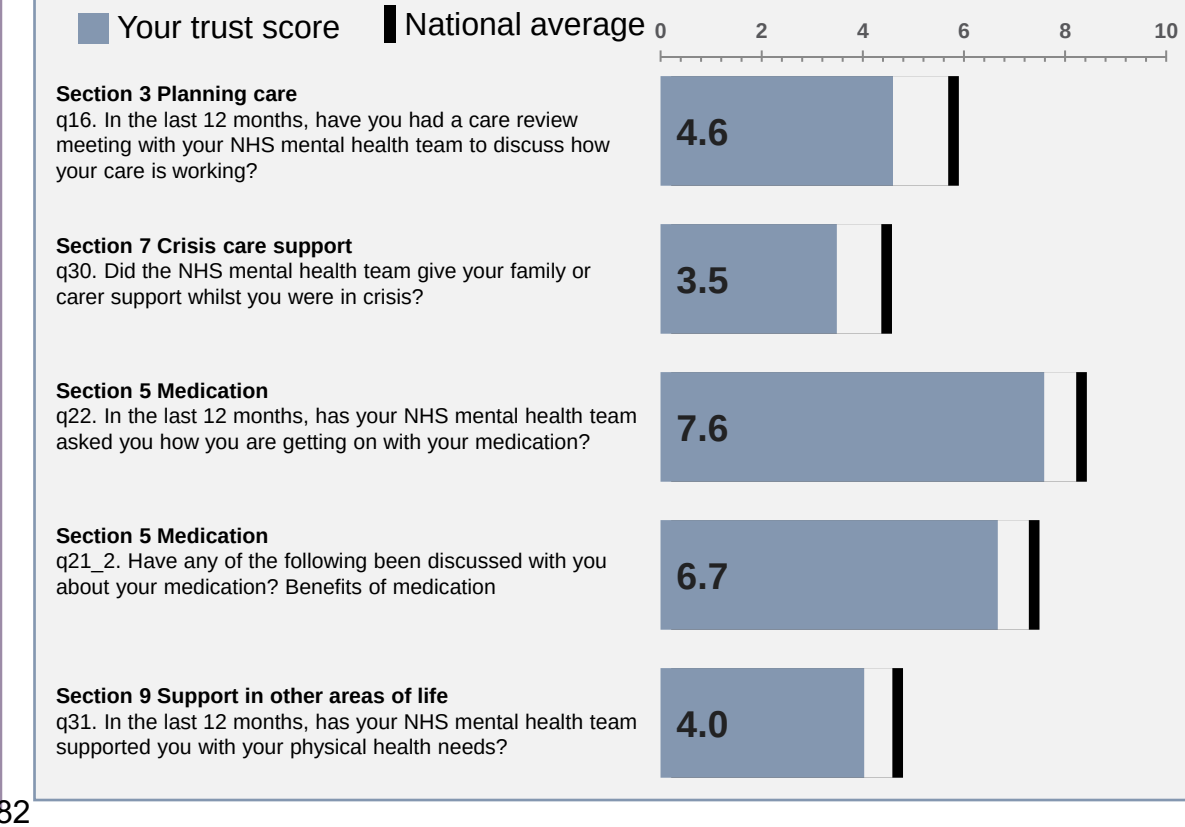
These five questions are calculated by comparing your trust's results to the national average.

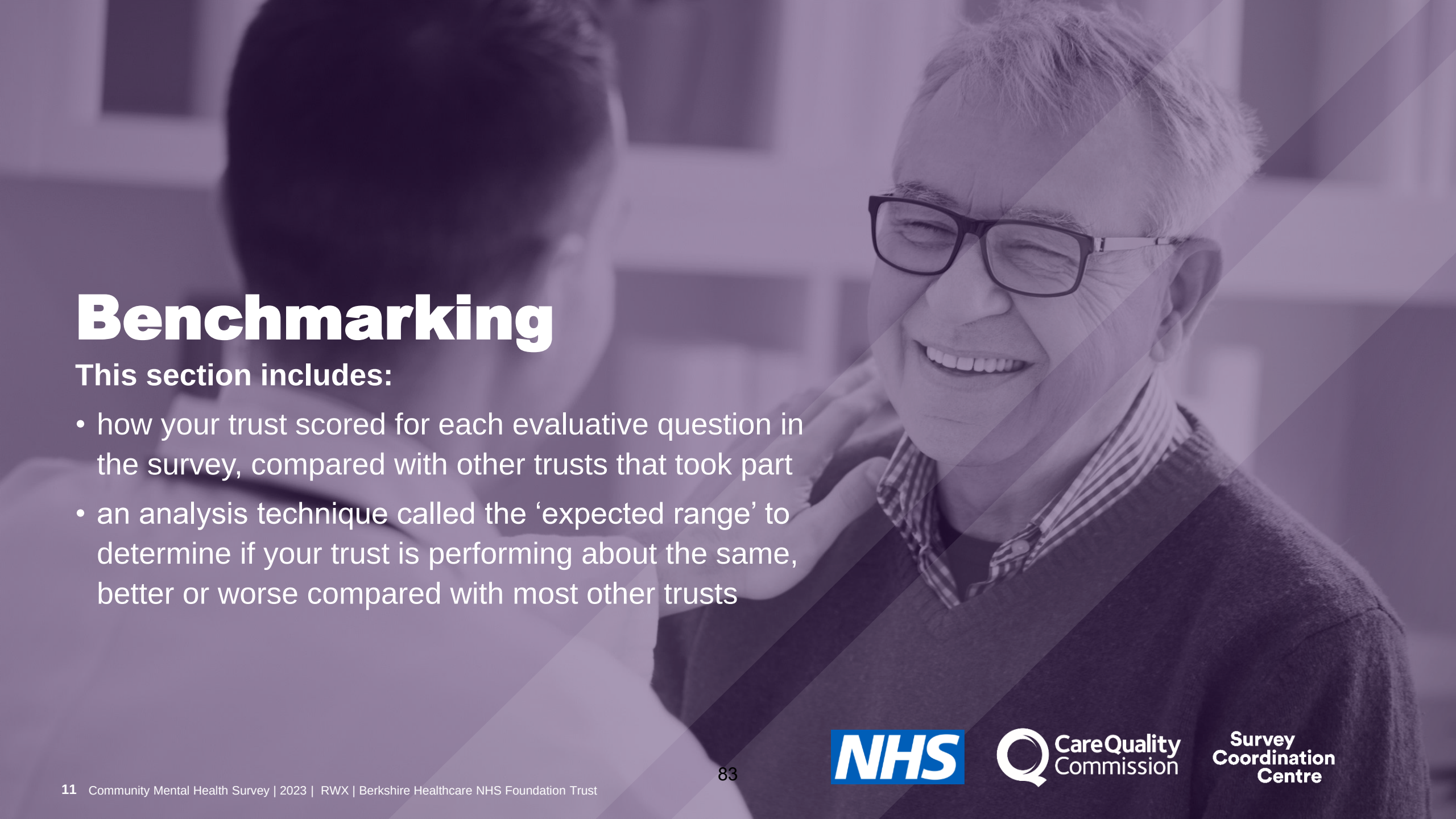
- **Top five scores**: These are the five results for your trust that are highest compared with the national average. If none of the results for your trust are above the national average, then the results that are closest to the national average have been chosen, meaning a trust's best performance may be worse than the national average.
- **Bottom five scores:** These are the five results for your trust that are lowest compared with the national average. If none of the results for your trust are below the national average, then the results that are closest to the national average have been chosen, meaning a trust's worst performance may be better than the national average.

Top five scores (compared with national average)



Bottom five scores (compared with national average)





Benchmarking

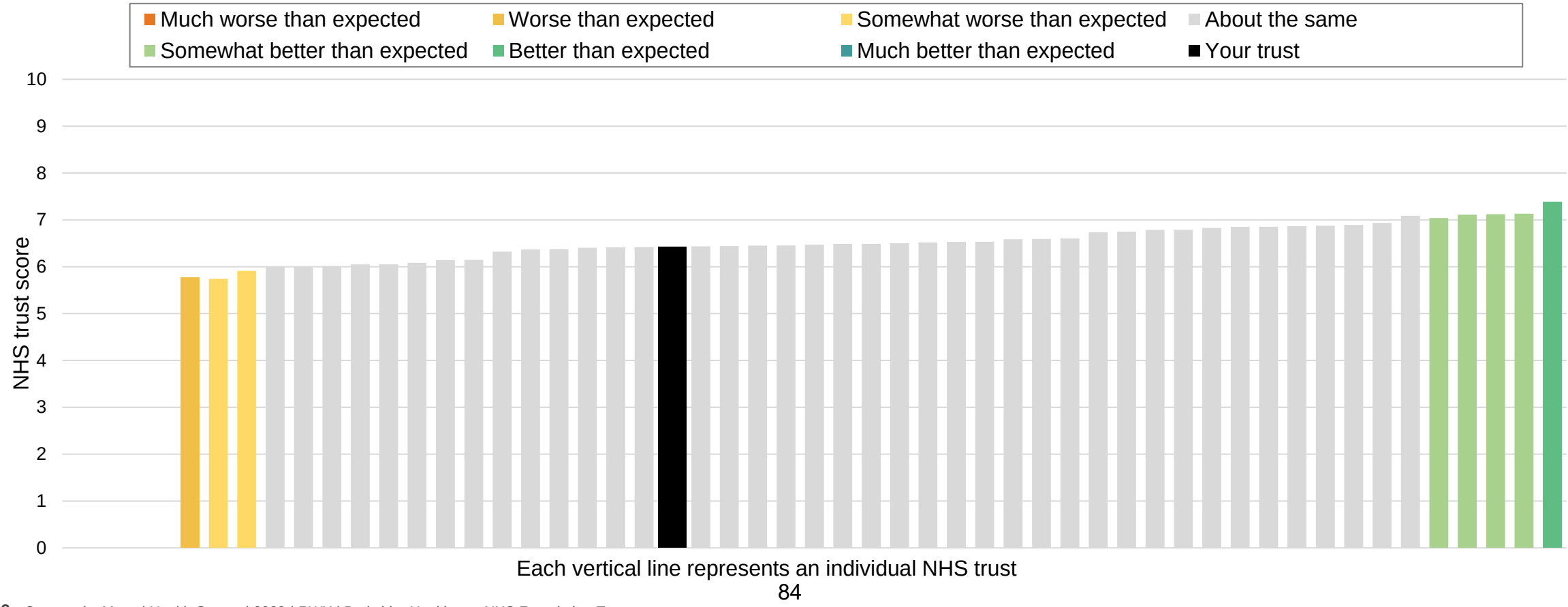
This section includes:

- how your trust scored for each evaluative question in the survey, compared with other trusts that took part
- an analysis technique called the ‘expected range’ to determine if your trust is performing about the same, better or worse compared with most other trusts

Section 1. Support while waiting

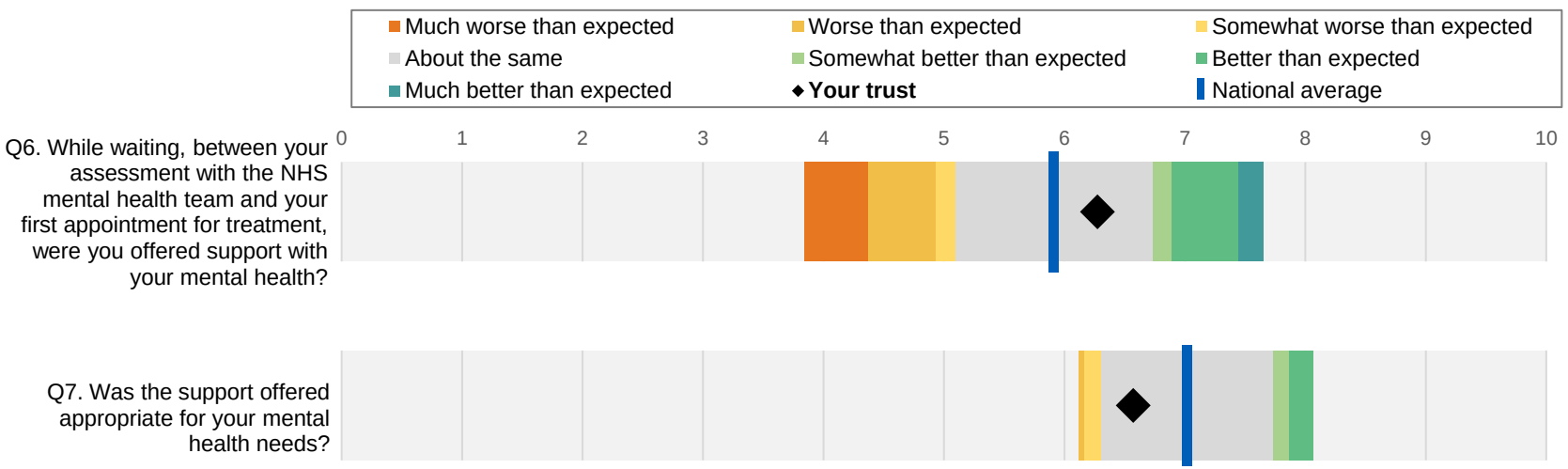
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the ‘expected range’ analysis technique used, a trust could be categorised as ‘about the same’ whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 6.4 About the same



Section 1. Support while waiting (continued)

Question scores

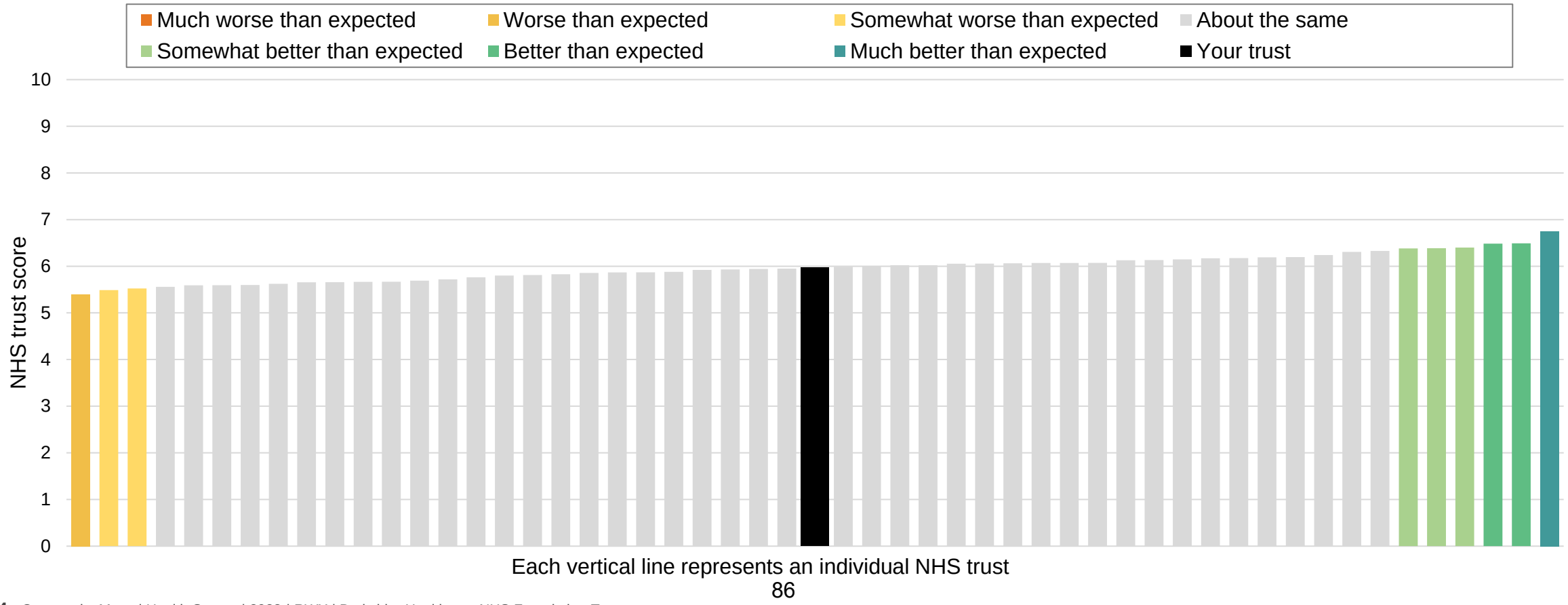


		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
About the same				
98	6.3	5.9	3.8	7.7
About the same				
60	6.6	7.0	6.1	8.1

Section 2. Mental Health Team

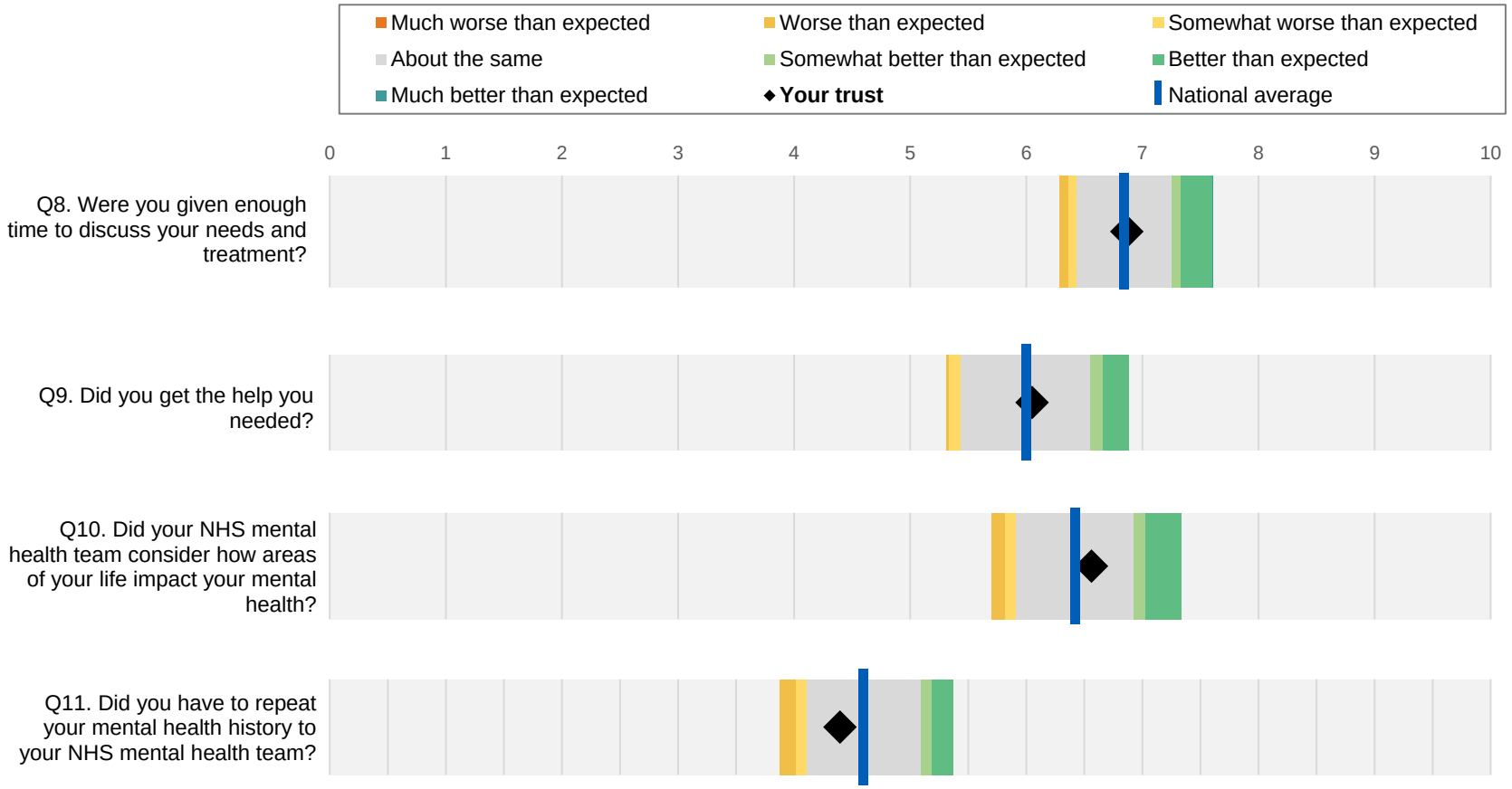
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 6.0 About the same



Section 2. Mental Health Team (continued)

Question scores

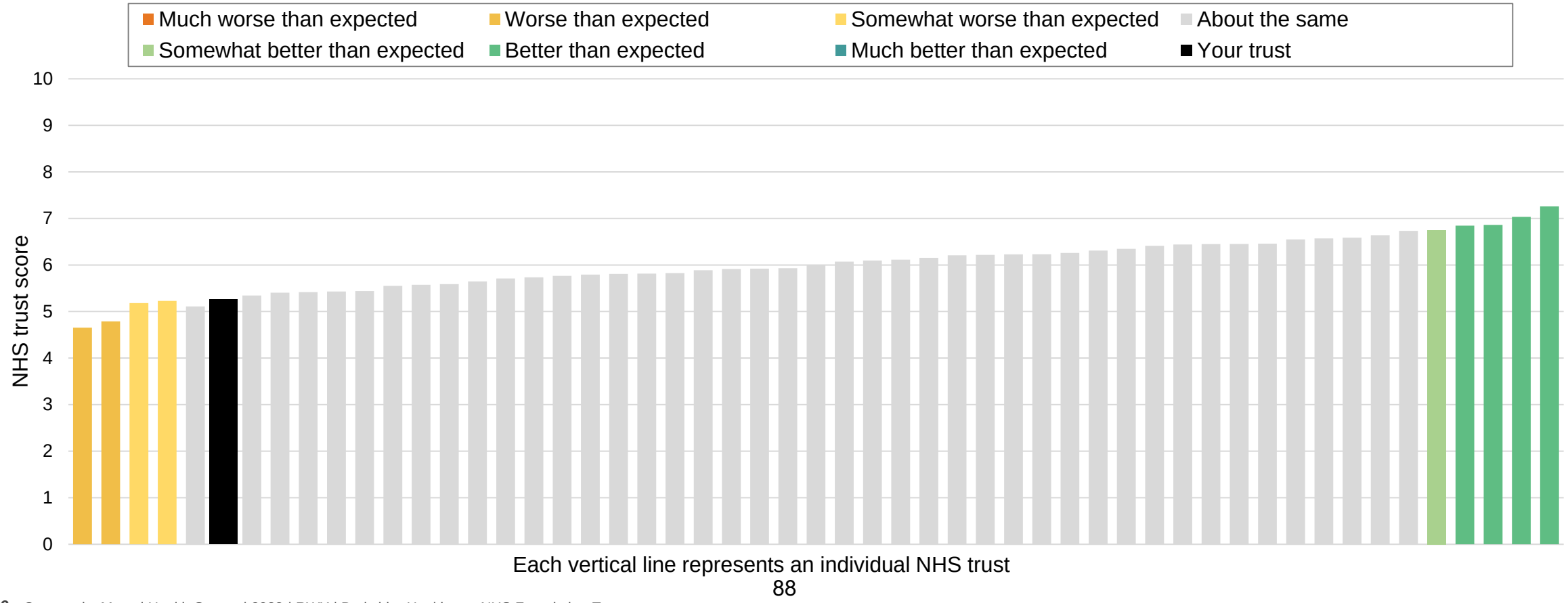


		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
About the same				
224	6.9	6.8	6.3	7.6
About the same				
223	6.0	6.0	5.3	6.9
About the same				
219	6.6	6.4	5.7	7.3
About the same				
212	4.4	4.6	3.9	5.4

Section 3. Planning care

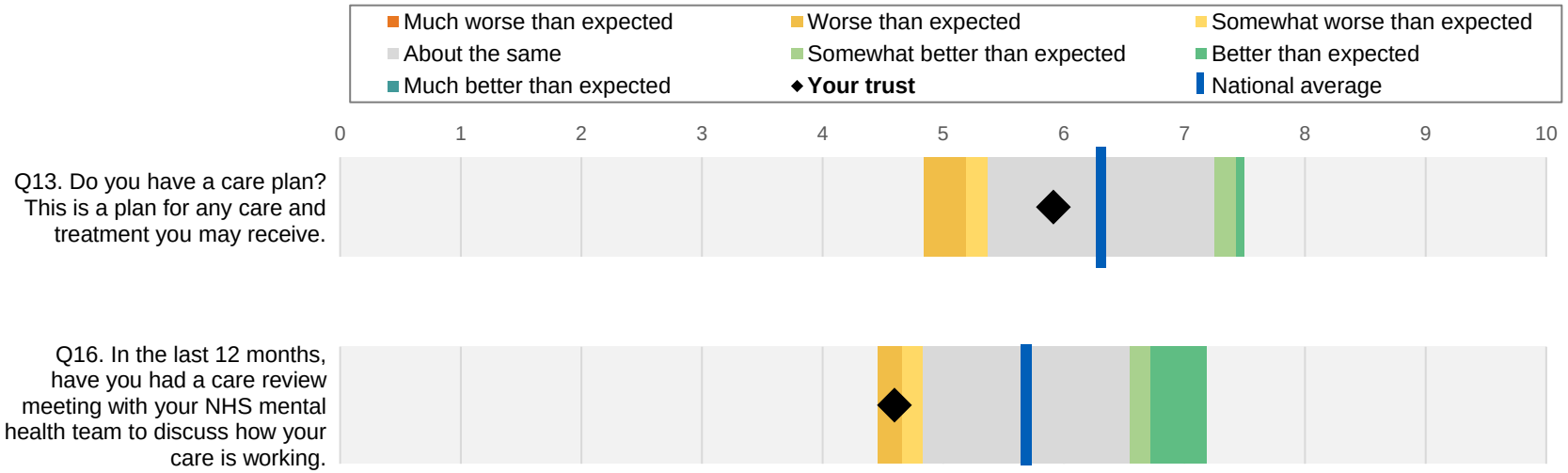
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the ‘expected range’ analysis technique used, a trust could be categorised as ‘about the same’ whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 5.3 About the same



Section 3. Planning care (continued)

Question scores

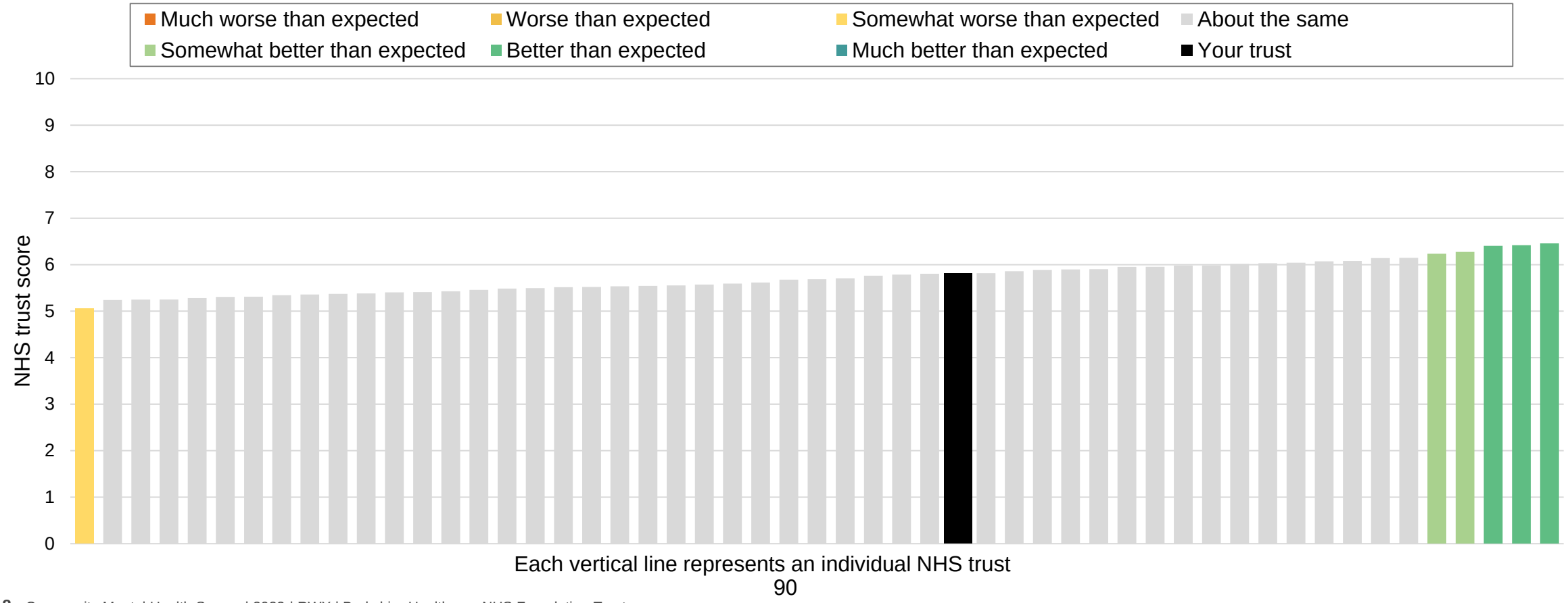


			All trusts in England		
	Number of respondents	Your trust	National average	Lowest score	Highest score
About the same	181	5.9	6.3	4.8	7.5
Worse than expected	150	4.6	5.7	4.5	7.2

Section 4. Involvement in care

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the ‘expected range’ analysis technique used, a trust could be categorised as ‘about the same’ whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 5.8 About the same



Section 4. Involvement in care (continued)

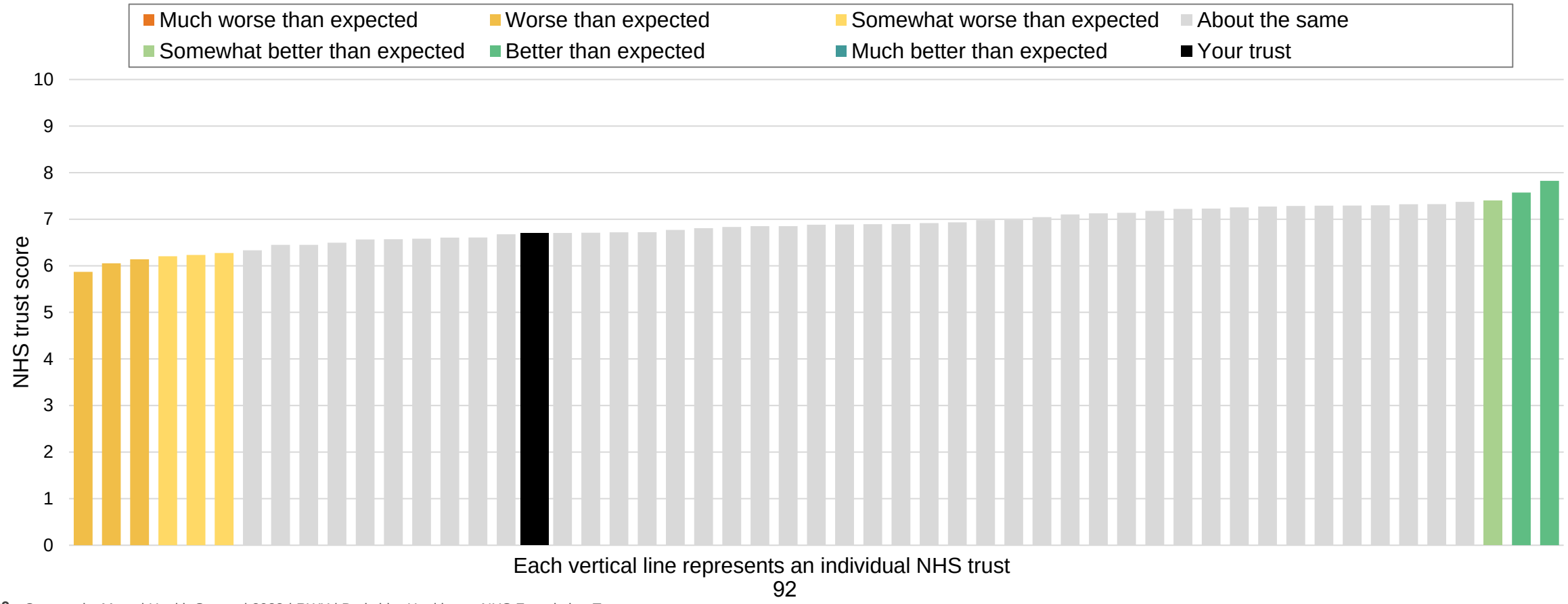
Question scores

		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
About the same				
216	6.2	6.0	5.4	6.7
About the same				
214	6.1	6.0	5.1	6.9
About the same				
199	5.1	5.2	4.5	6.0

Section 5. Medication

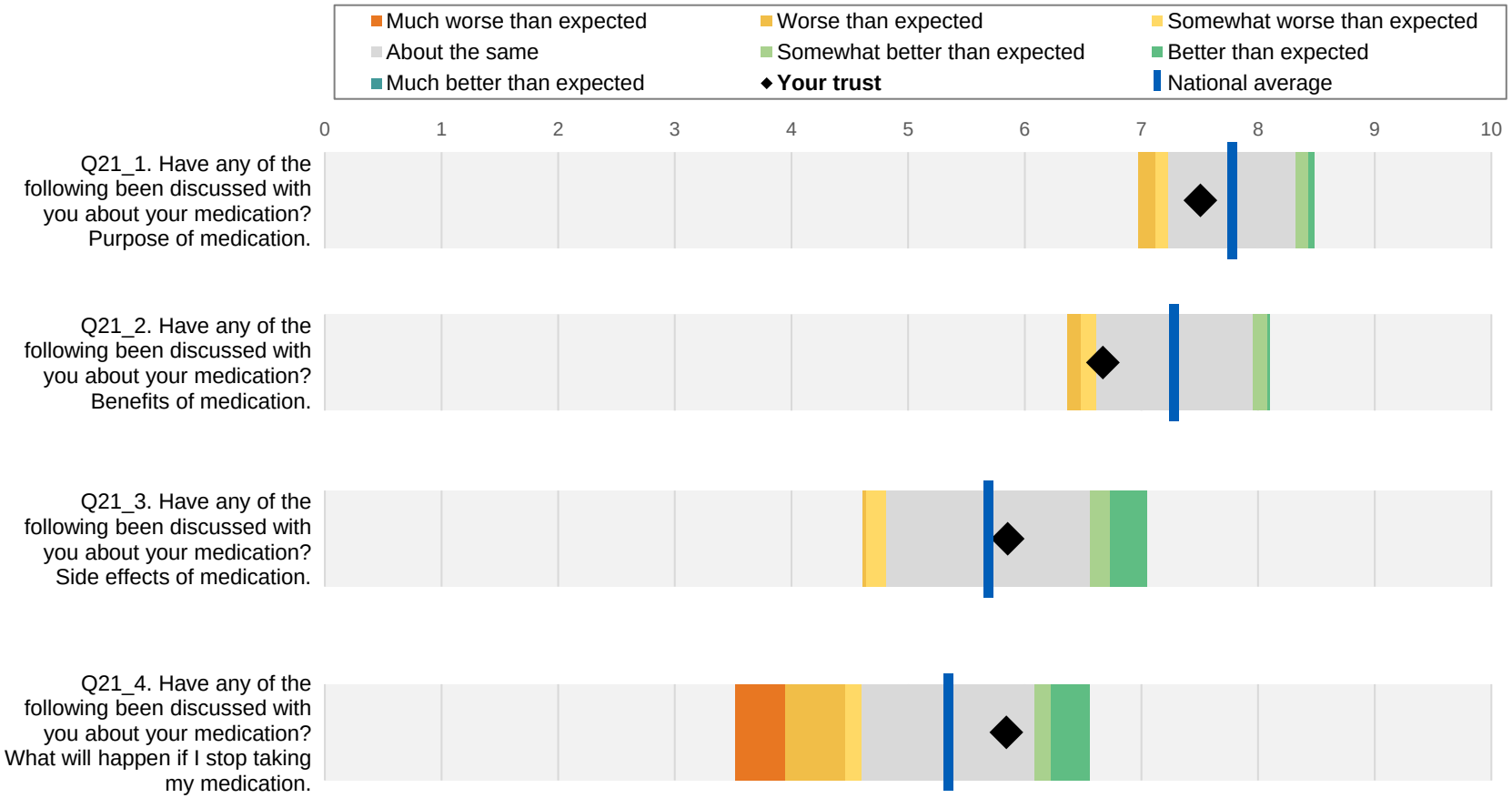
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the ‘expected range’ analysis technique used, a trust could be categorised as ‘about the same’ whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 6.7 About the same



Section 5. Medication (continued)

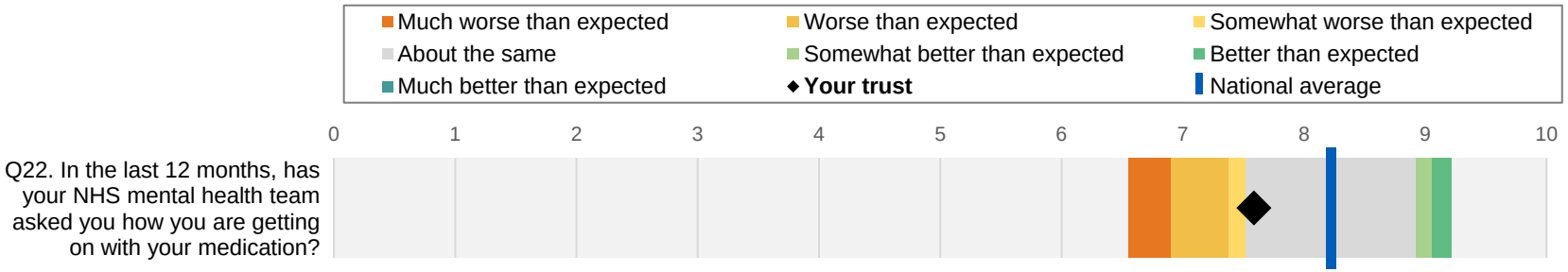
Question scores



			All trusts in England		
	Number of respondents	Your trust	National average	Lowest score	Highest score
About the same	135	7.5	7.8	7.0	8.5
About the same	130	6.7	7.3	6.4	8.1
About the same	132	5.9	5.7	4.6	7.0
About the same	126	5.8	5.3	3.5	6.6

Section 5. Medication (continued)

Question scores

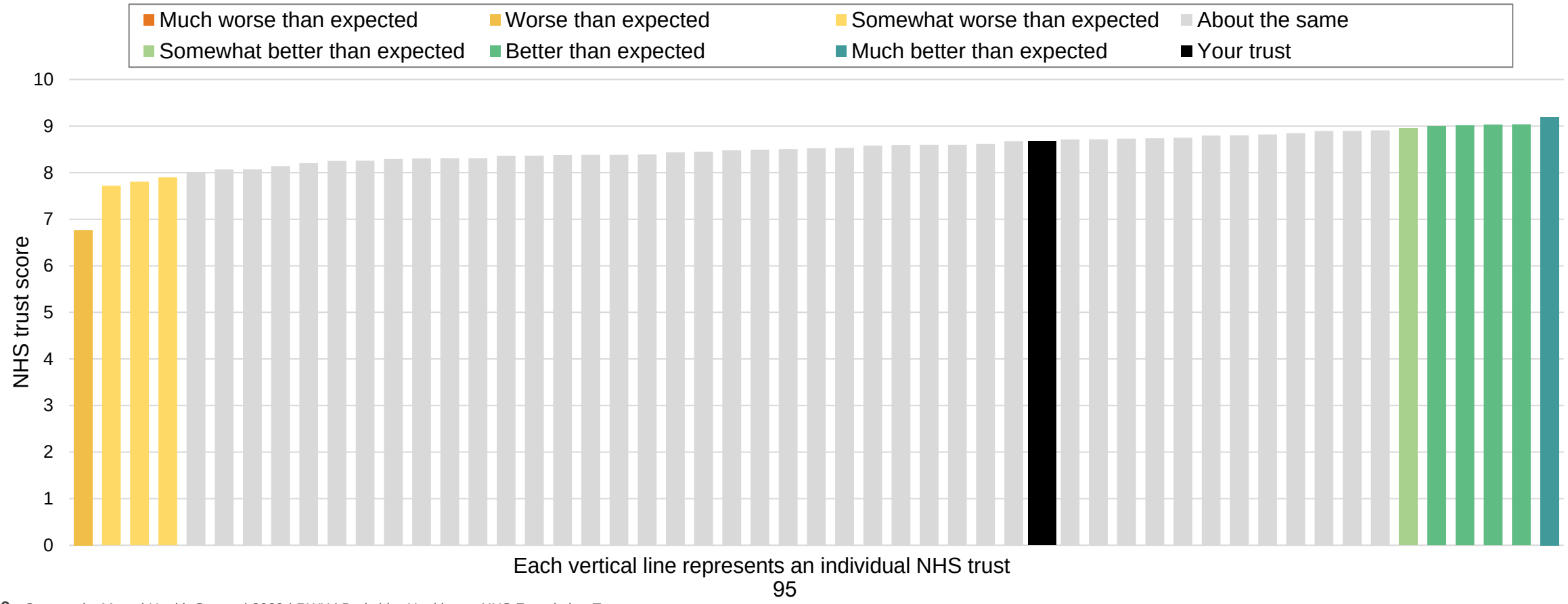


		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
125	7.6	8.2	6.6	9.2

Section 6. Talking Therapies

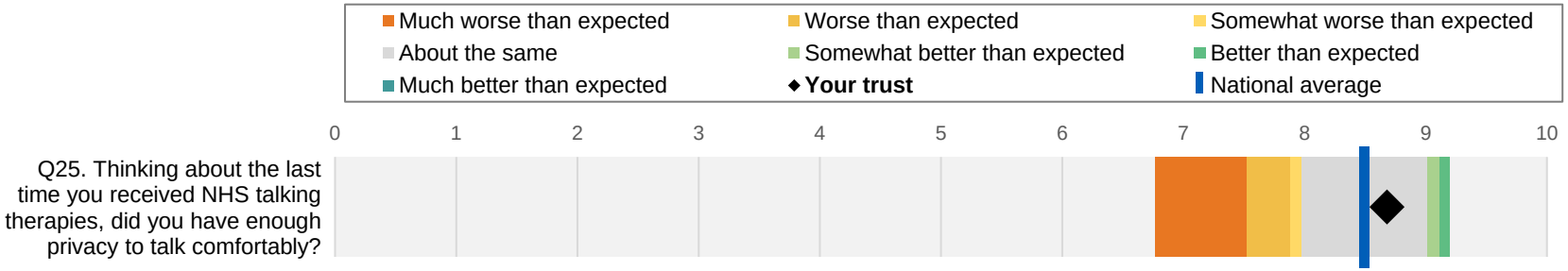
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 8.7 About the same



Section 6. Talking Therapies (continued)

Question scores

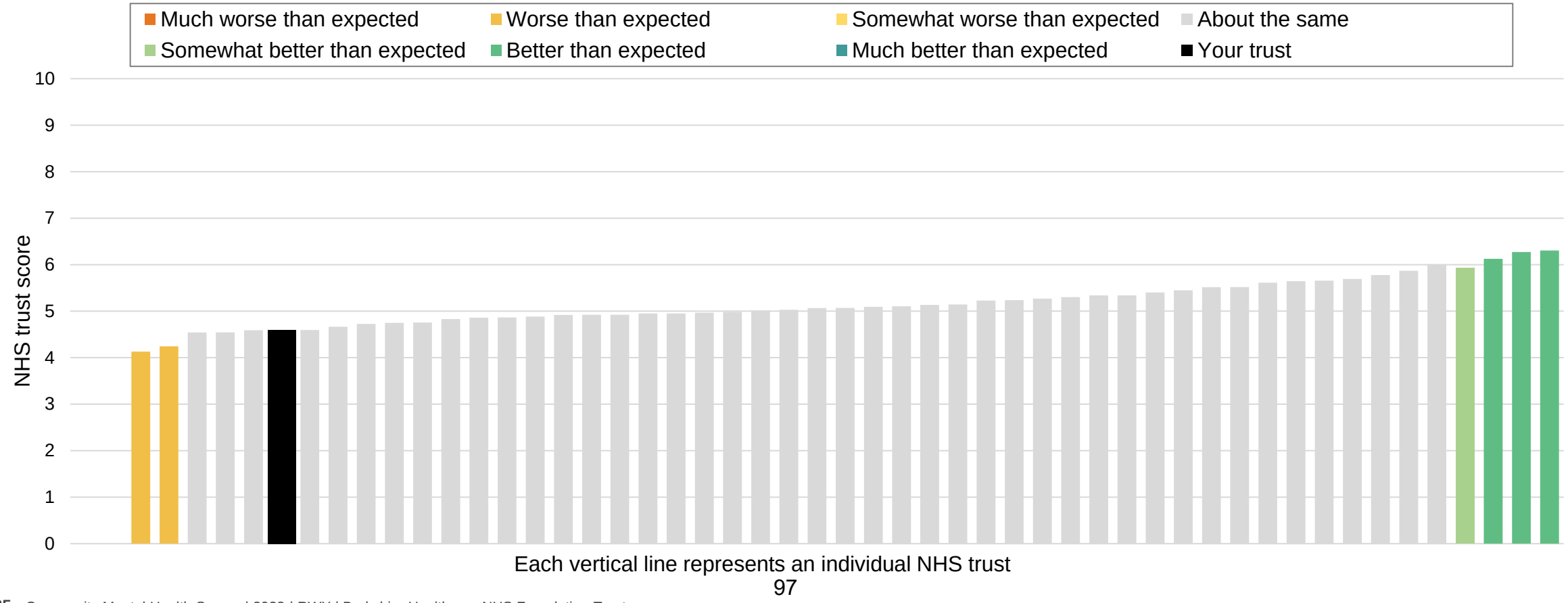


		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
81	8.7	8.5	6.8	9.2

Section 7. Crisis Care Support

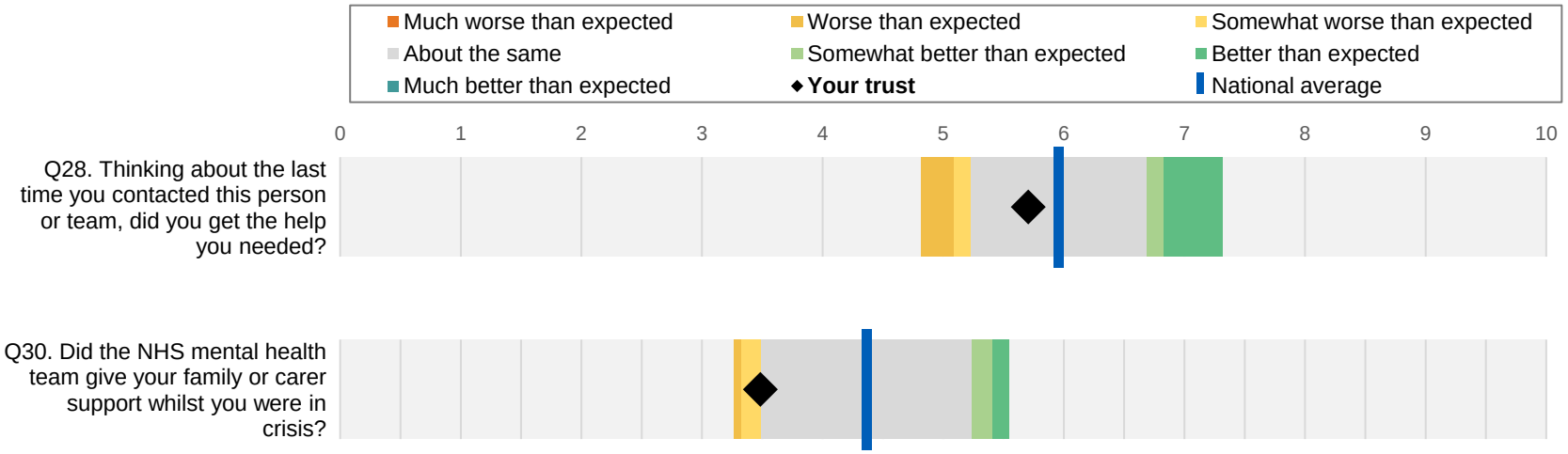
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the ‘expected range’ analysis technique used, a trust could be categorised as ‘about the same’ whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 4.6 About the same



Section 7. Crisis Care Support (continued)

Question scores

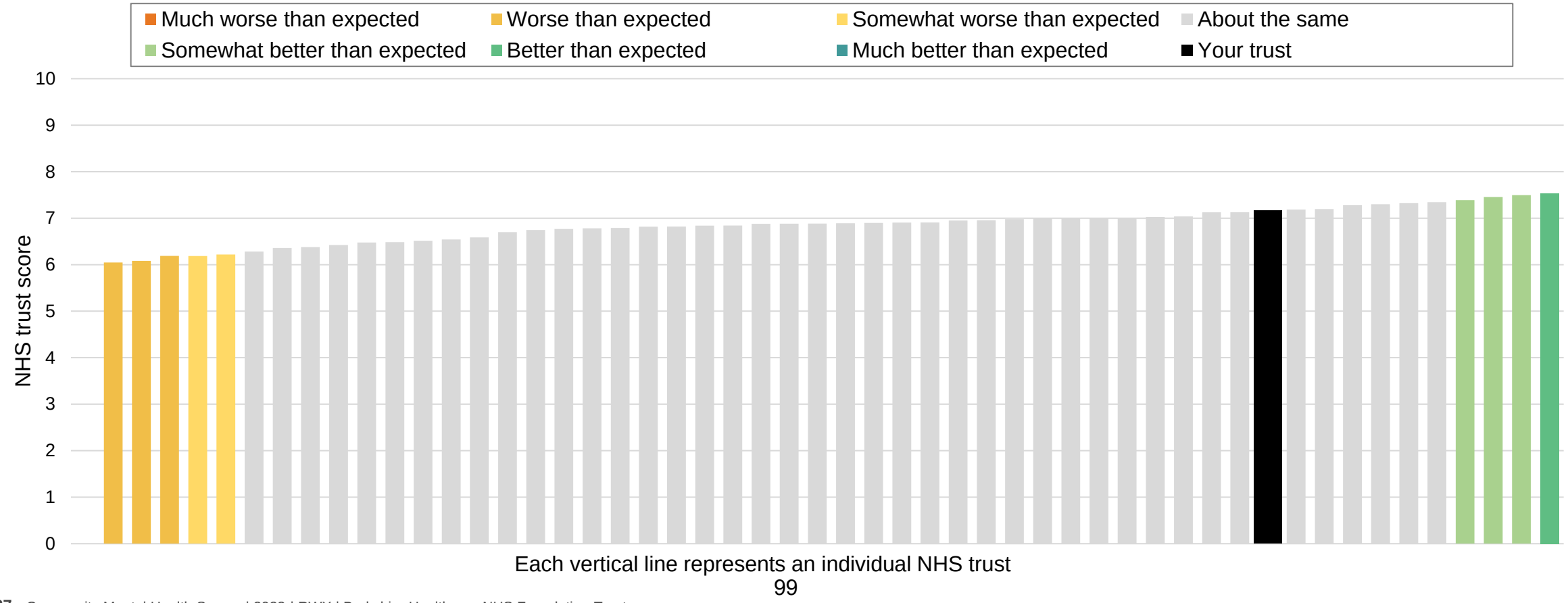


		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
About the same				
79	5.7	6.0	4.8	7.3
Somewhat worse than expected				
61	3.5	4.4	3.3	5.5

Section 8. Crisis Care Access

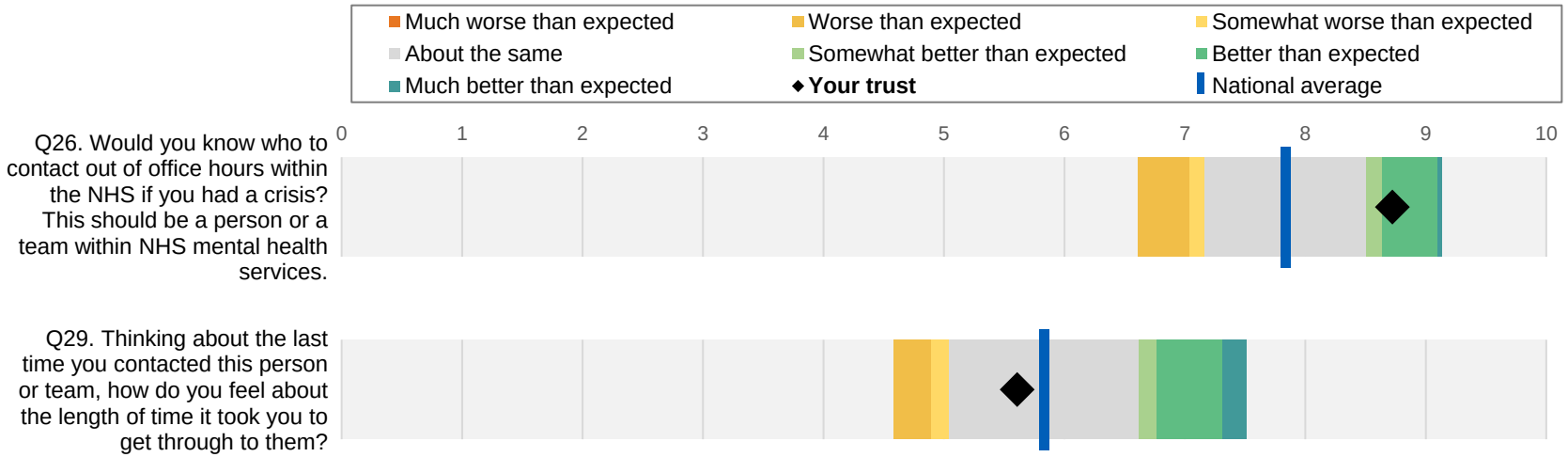
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the ‘expected range’ analysis technique used, a trust could be categorised as ‘about the same’ whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 7.2 About the same



Section 8. Crisis Care Access (continued)

Question scores

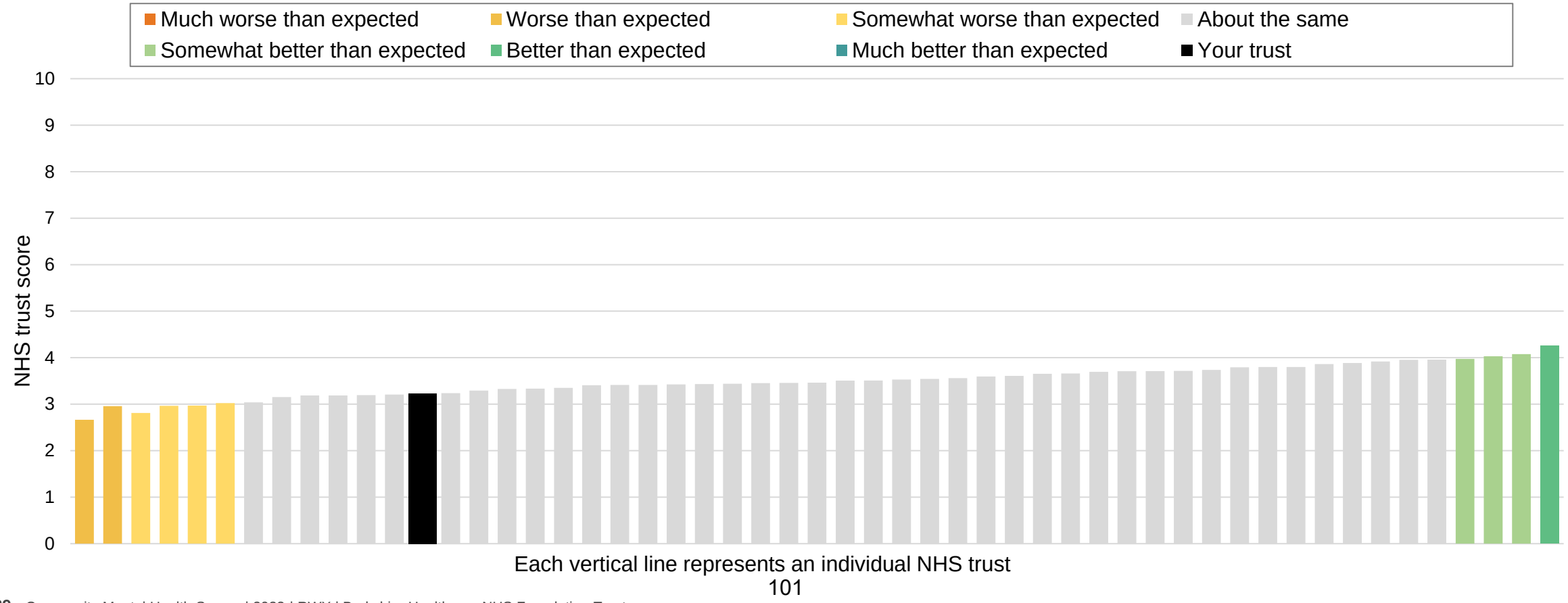


		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
Better than expected				
203	8.7	7.8	6.6	9.1
About the same				
73	5.6	5.8	4.6	7.5

Section 9. Support with other areas of life

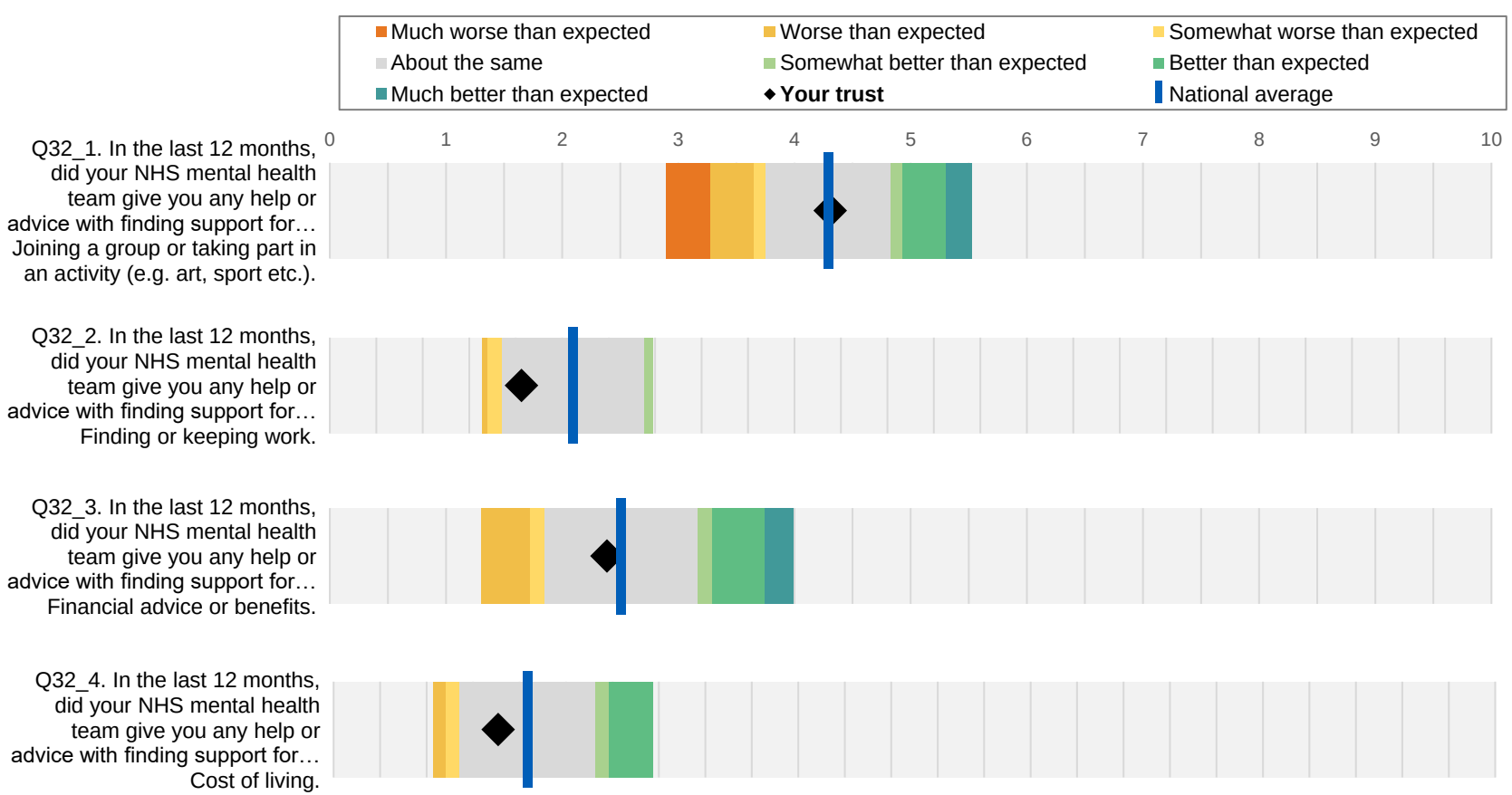
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the ‘expected range’ analysis technique used, a trust could be categorised as ‘about the same’ whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 3.2 About the same



Section 9. Support in other areas of life (continued)

Question scores

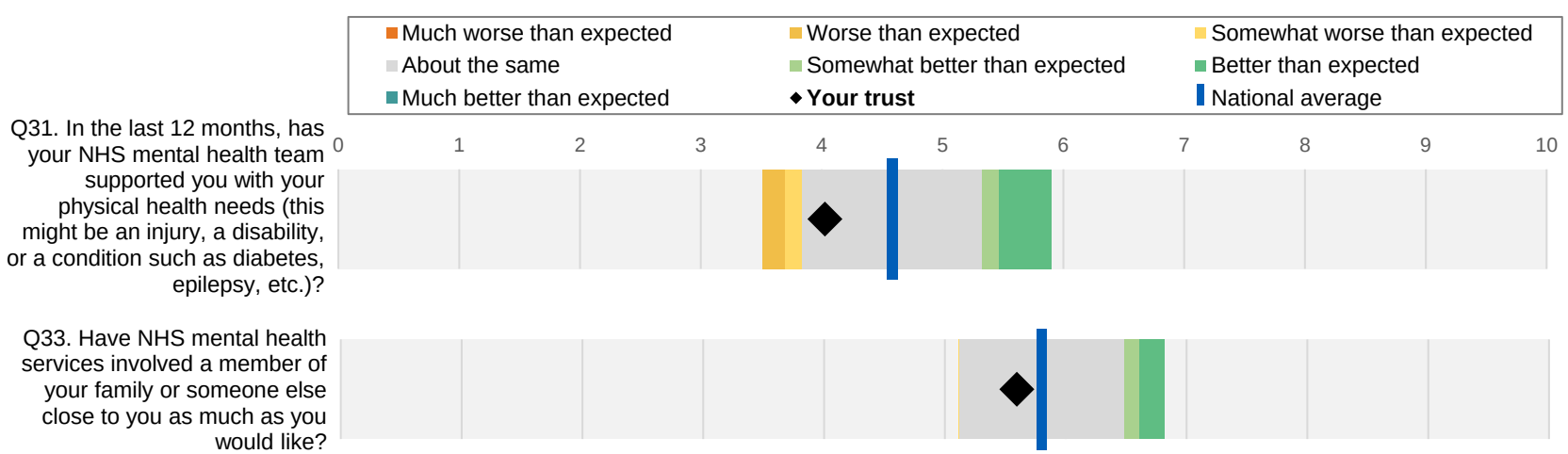


		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
188	4.3	4.3	2.9	5.5
131	1.6	2.1	1.3	2.8
156	2.4	2.5	1.3	4.0
147	1.4	1.7	0.9	2.7

About the same

Section 9. Support with other areas of life (continued)

Question scores



		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
125	4.0	4.6	3.5	5.9
163	5.6	5.8	5.1	6.8

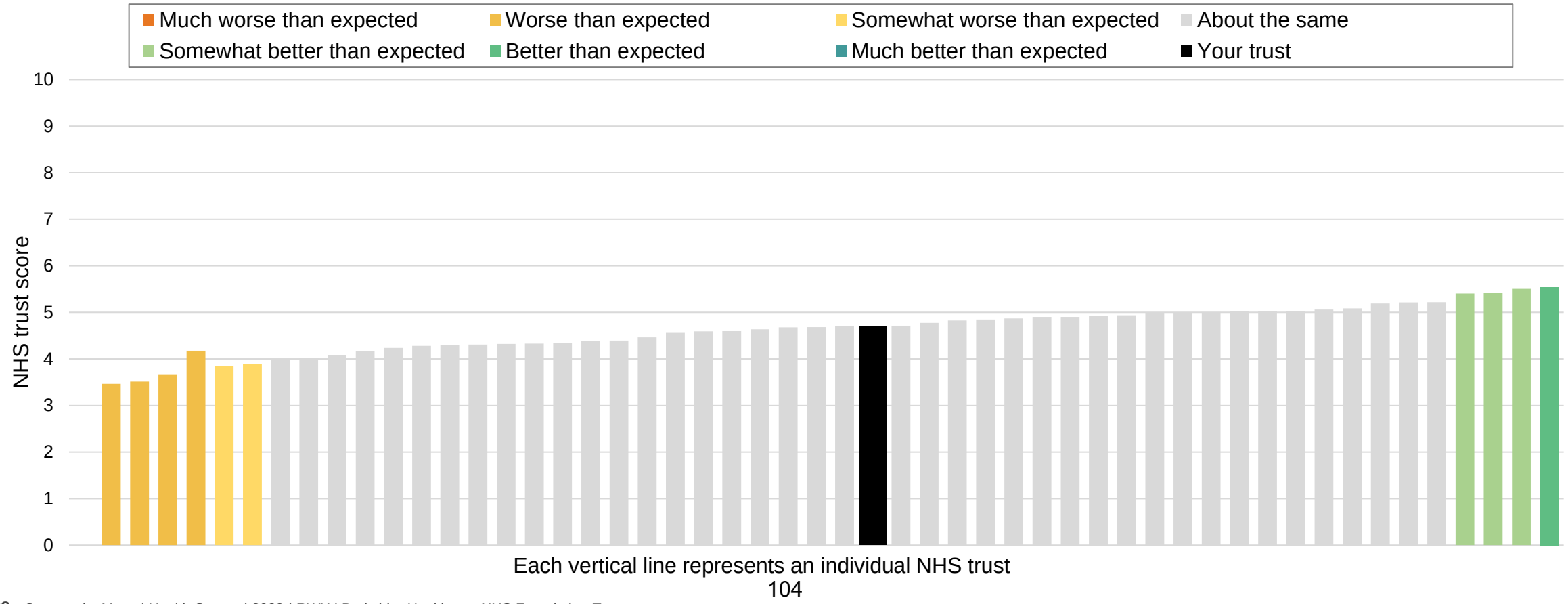
About the same

About the same

Section 10. Support in accessing care

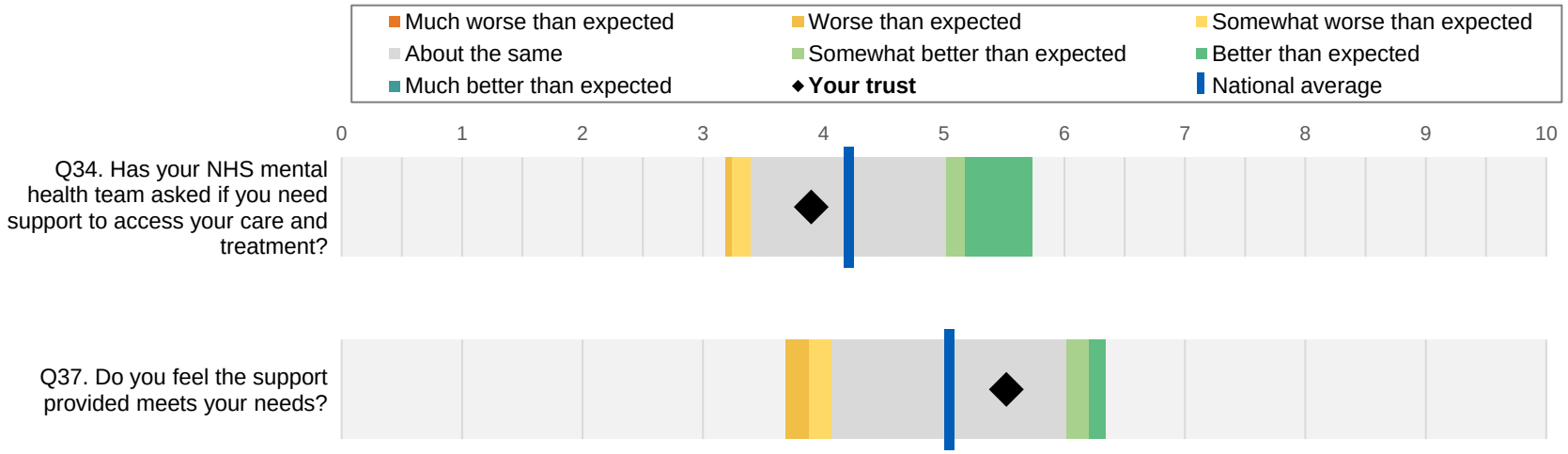
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 4.7 About the same



Section 10. Support in accessing care (continued)

Question scores



			All trusts in England		
	Number of respondents	Your trust	National average	Lowest score	Highest score
Q34. Has your NHS mental health team asked if you need support to access your care and treatment?	160	3.9	4.2	3.2	5.7
Q37. Do you feel the support provided meets your needs?	51	5.5	5.0	3.7	6.3

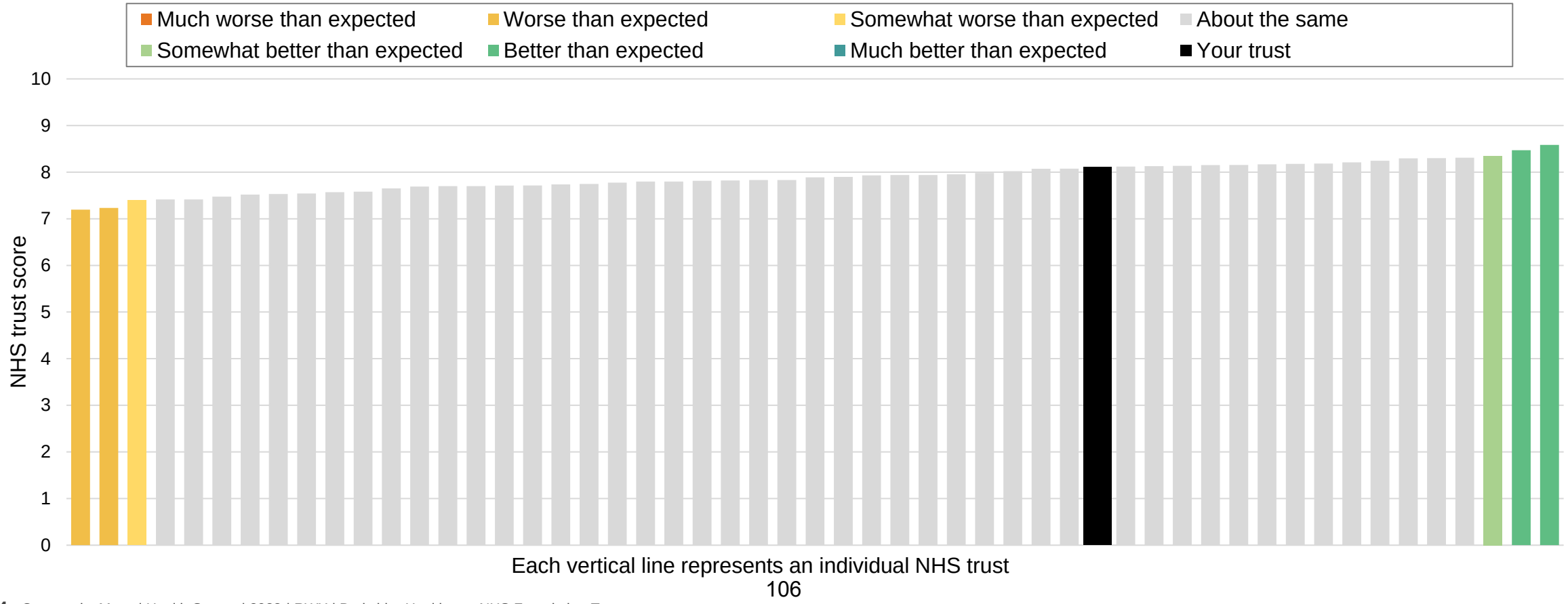
About the same

About the same

Section 11. Respect, dignity and compassion

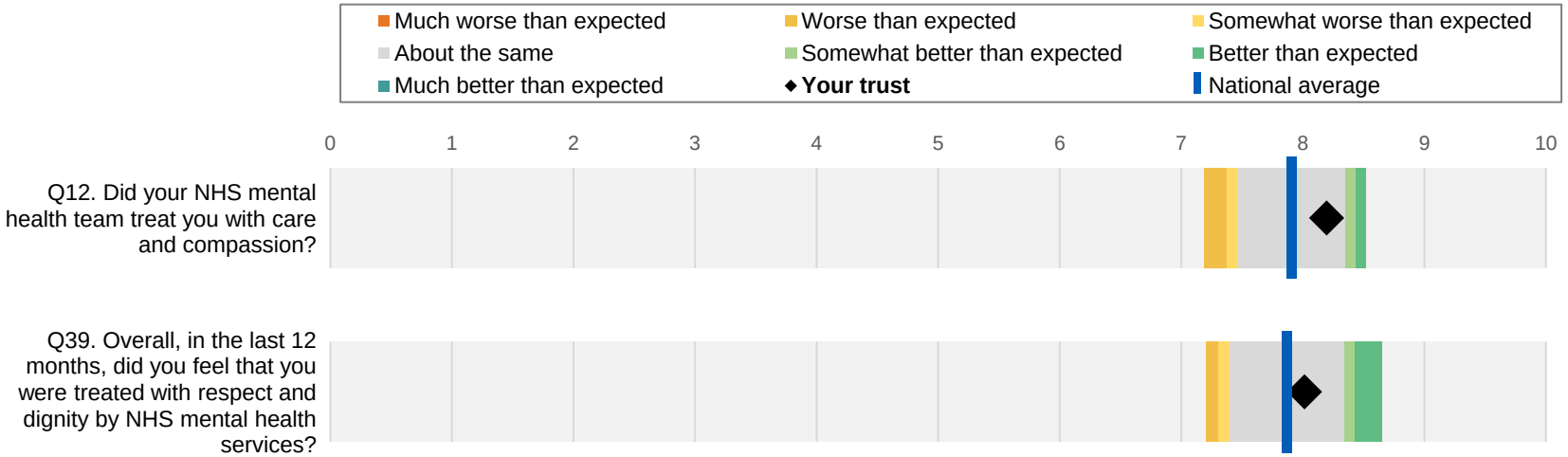
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the ‘expected range’ analysis technique used, a trust could be categorised as ‘about the same’ whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 8.1 About the same



Section 11. Respect, dignity and compassion (continued)

Question scores



			All trusts in England		
	Number of respondents	Your trust	National average	Lowest score	Highest score
Q12. Did your NHS mental health team treat you with care and compassion?	224	8.2	7.9	7.2	8.5
Q39. Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	223	8.0	7.9	7.2	8.7

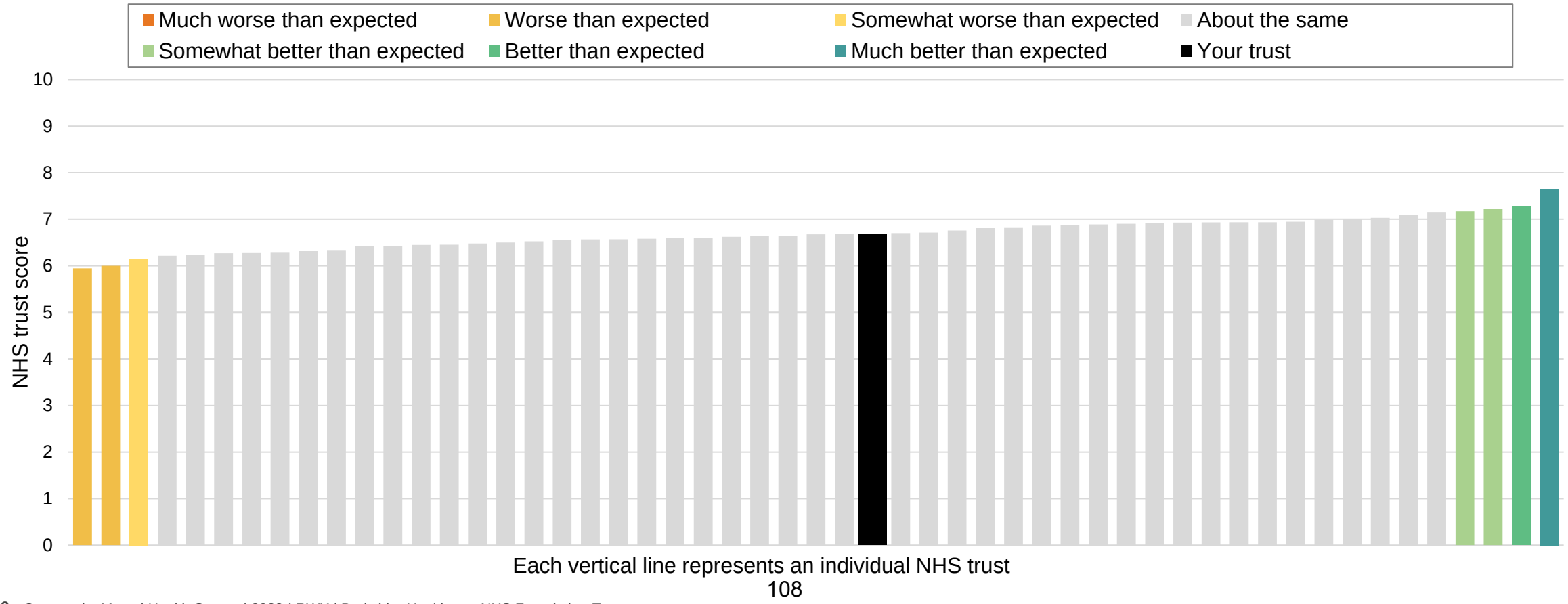
About the same

About the same

Section 12. Overall experience

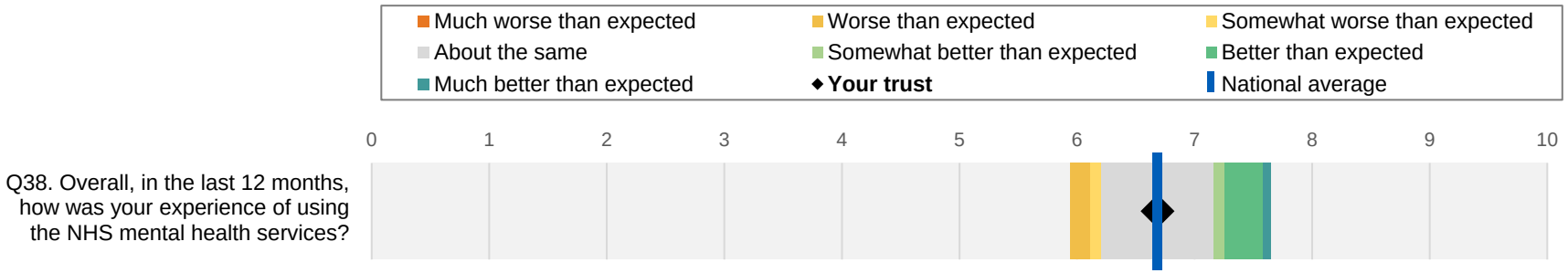
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 6.7 About the same



Section 12. Overall experience (continued)

Question scores

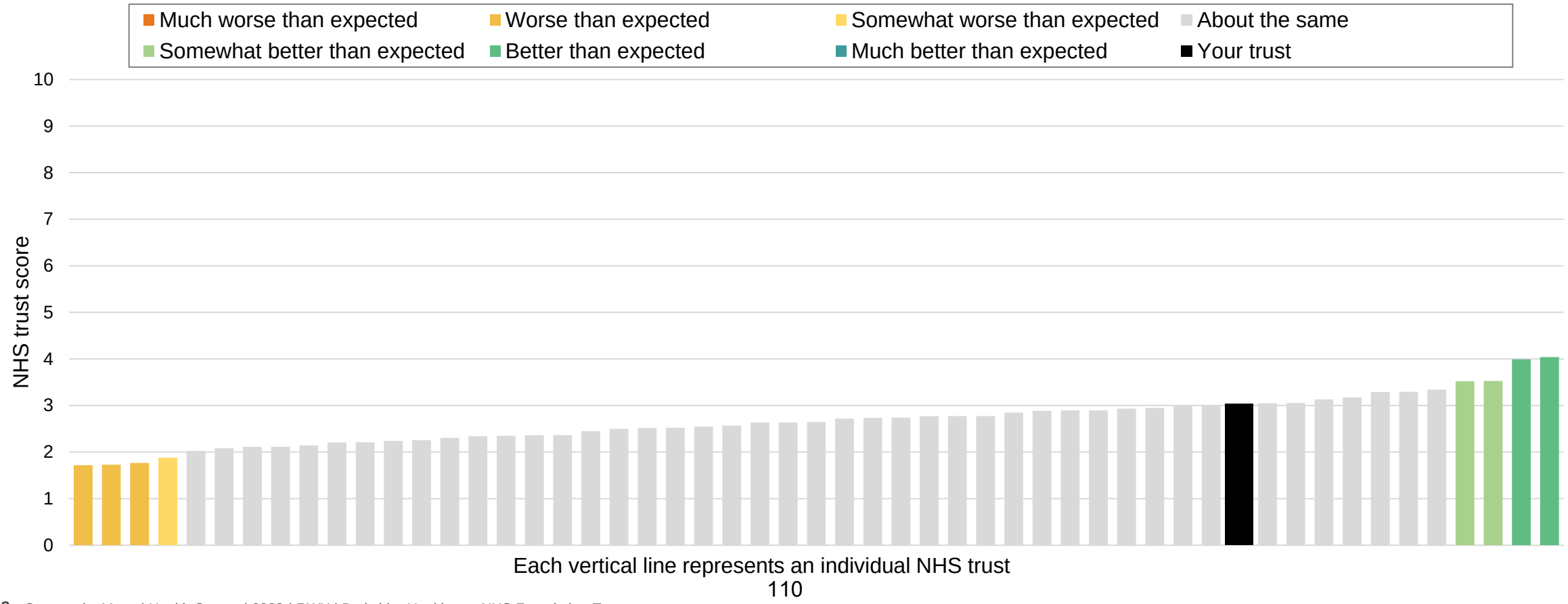


	All trusts in England			
Number of respondents	Your trust	National average	Lowest score	Highest score
225	6.7	6.7	5.9	7.7

Section 13. Feedback

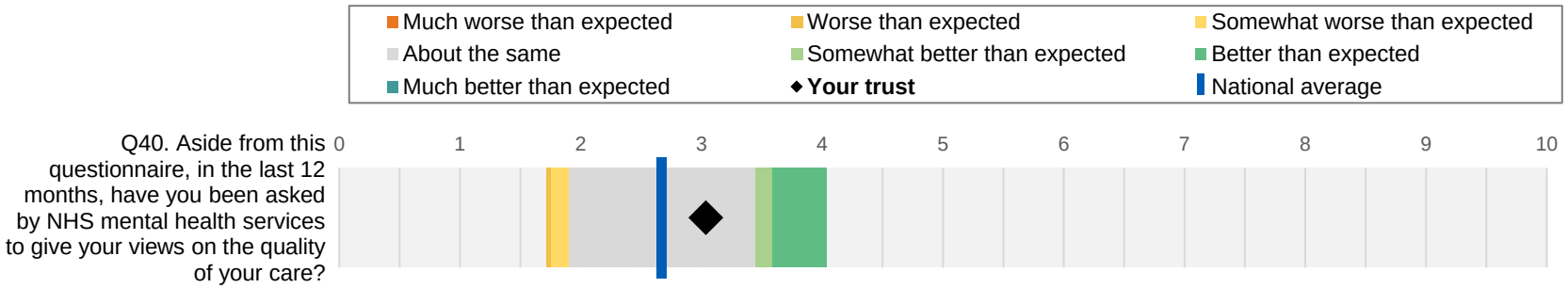
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the ‘expected range’ analysis technique used, a trust could be categorised as ‘about the same’ whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 3.0 About the same



Section 13. Feedback (continued)

Question scores



		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
180	3.0	2.7	1.7	4.0

Appendix

Comparison to other trusts: where your trust has performed much better

The questions at which your trust has performed much better when compared with all other trusts are listed below.
The questions where your trust has performed about the same compared with all other trusts have not been listed.

Much better than expected

- No questions for your trust fall within this banding.

Comparison to other trusts: where your trust has performed better

The questions at which your trust has performed better than compared with all other trusts are listed below.
The questions where your trust has performed about the same compared with all other trusts have not been listed.

Better than expected

- q26. Would you know who to contact out of office hours within the NHS if you had a crisis?

Comparison to other trusts: where your trust has performed somewhat better

The questions at which your trust has performed somewhat better when compared with all other trusts are listed below.
The questions where your trust has performed about the same compared with all other trusts have not been listed.

Somewhat better than expected

- No questions for your trust fall within this banding.

Comparison to other trusts: where your trust has performed somewhat worse

The questions at which your trust has performed somewhat worse when compared with all other trusts are listed below.
The questions where your trust has performed about the same compared with all other trusts have not been listed.

Somewhat worse than expected

- q30. Did the NHS mental health team give your family or carer support whilst you were in crisis?

Comparison to other trusts: where your trust has performed worse

The questions at which your trust has performed worse compared with all other trusts are listed below.
The questions where your trust has performed about the same compared with all other trusts have not been listed.

Worse than expected

- q16. In the last 12 months, have you had a care review meeting with your NHS mental health team to discuss how your care is working?

Comparison to other trusts: where your trust has performed much worse

The questions at which your trust has performed much worse when compared with all other trusts are listed below.
The questions where your trust has performed about the same compared with all other trusts have not been listed.

Much worse than expected

- No questions for your trust fall within this banding.

NHS Community Mental Health Survey

Results for Berkshire Healthcare NHS Foundation Trust

Where service user experience is best

- ✓ **Crisis care access:** service users knowing who to contact out of hours in the NHS if they had a crisis
- ✓ **Medication:** what will happen if they stop taking medication being discussed with service users
- ✓ **Support in accessing care:** support provided met service users' needs
- ✓ **Feedback:** NHS mental health services asking service users for their views on the quality of their care
- ✓ **Support while waiting:** service users offered support while waiting

Where service user experience could improve

- **Planning care:** service users had care review meeting in the last 12 months
- **Crisis care support:** NHS mental health team provided support to family/carer when service users had a crisis
- **Medication:** NHS mental health team checking how service users are getting on with medication
- **Medication:** benefits of medication being discussed with service users
- **Support in other areas of your life:** service users being given support with physical health needs

These questions are calculated by comparing your trust's results to the national average. "Where service user experience is best": These are the five results for your trust that are highest compared with the national average. "Where service user experience could improve": These are the five results for your trust that are lowest compared with the national average.

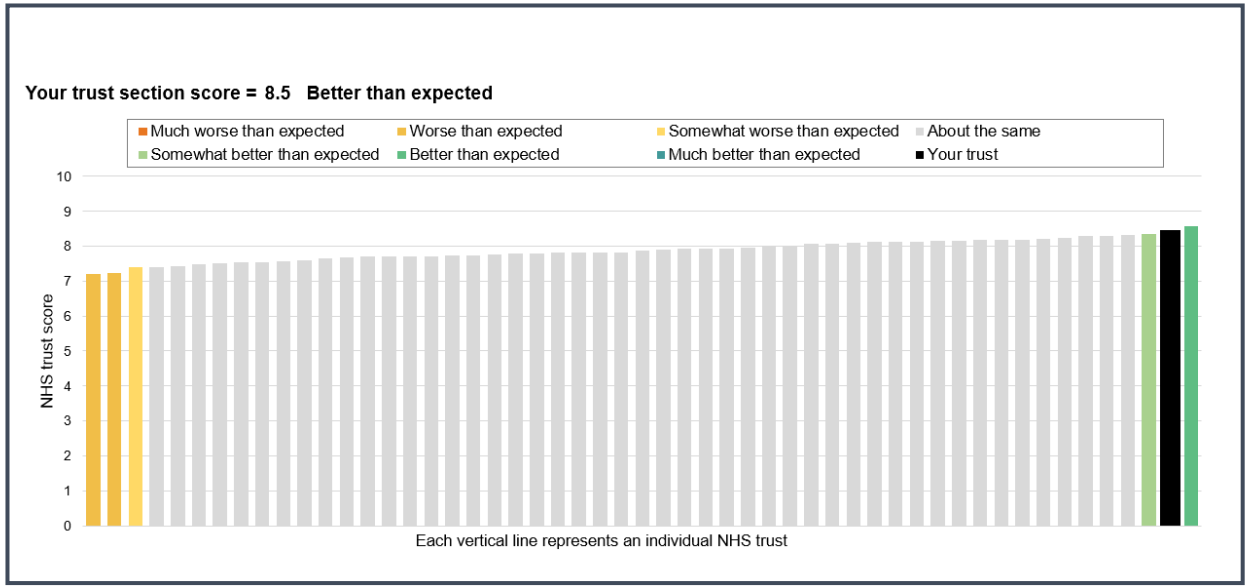
This survey looked at the experiences of people who were receiving care or treatment for a mental health condition and had been treated by the trust between 1 April 2023 and 31 May 2023. Between August and December 2023, a questionnaire was sent to 1250 recent service users. Responses were received from 232 service users at this trust. If you have any questions about the survey and our results, please contact [INSERT TRUST CONTACT DETAILS].

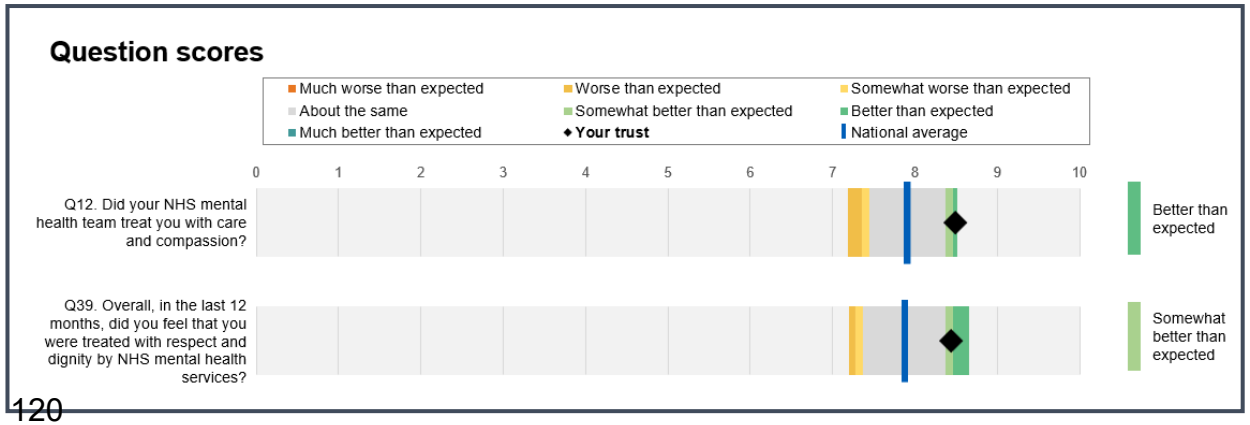
How to interpret benchmarking in this report

The charts in the 'benchmarking' section show how the score for your trust compares to the range of scores achieved by all trusts taking part in the survey. The black line shows the score for your trust. The graphs are divided into seven sections, comparing the score for your trust to most other trusts in the survey:

- If your trust's score lies in the **dark green section** of the graph, its result is 'Much better than expected'.
- If your trust's score lies in the **mid-green section** of the graph, its result is 'Better than expected'.
- If your trust's score lies in the **light green section** of the graph, its result is 'Somewhat better than expected'.
- If your trust's score lies in the **grey section** of the graph, its result is 'About the same'.
- If your trust's score lies in the **yellow section** of the graph, its result is 'Somewhat worse than expected'.
- If your trust's score lies in the **light orange** section of the graph, its result is 'Worse than expected'.
- If your trust's score lies in the **dark orange** section of the graph, its result is 'Much worse than expected'.

These groupings are based on a rigorous statistical analysis of the data termed the 'expected range' technique.





How to interpret benchmarking in this report (continued)

The ‘much better than expected,’ ‘better than expected’, ‘somewhat better than expected’, ‘about the same’, ‘somewhat worse than expected’, ‘worse than expected’ and ‘much worse than expected’ categories are based on an analysis technique called the ‘expected range’. Expected range determines the range within which a trust’s score could fall without differing significantly from the average, taking into account the number of respondents for each trust, to indicate whether the trust has performed significantly above or below what would be expected.

If it is within this expected range, we say that the trust’s performance is ‘about the same’ as other trusts. Where a trust is identified as performing ‘better’ or ‘worse’ than the majority of other trusts, the result is unlikely to have occurred by chance.

In some cases, there will be no shades of orange and/or green area in the graph. This happens when the expected range for your trust is so broad that it encompasses either the highest possible score for all trusts (no green section) or the lowest possible score for all trusts (no orange section). This could be because there were few respondents and/or a lot of variation in their answers.

In some cases, a trust could be categorised as ‘about the same’ whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Additional information on the ‘expected range’ analysis technique can be found in the survey technical report on the NHS Surveys website.

An example of scoring

Each evaluative question is scored on a scale from 0 to 10. The scores represent the extent to which the service user's experience could be improved. A score of 0 is assigned to all responses that reflect considerable scope for improvement, whereas a score of 10 refers to the most positive service user experience possible. Where a number of options lay between the negative and positive responses, they are placed at equal intervals along the scale. Where options were provided that did not have any bearing on the trust's performance in terms of service user experience, the responses are classified as "not applicable" and a score is not given. Similarly, where respondents stated they could not remember or did not know the answer to a question, a score is not given.

Calculating an individual respondent's score

The following provides an example for the scoring system applied for each respondent. For question 17 "Has your NHS mental health team supported you to make decisions about your care and treatment? Support includes sharing information on risks and benefits of your care and treatment.":

- The answer code "Yes, definitely" would be given a score of 10, as this refers to the most positive service user experience possible.
- The answer code "Yes, to some extent" would be given a score of 5, as it is placed at an equal interval along the scale.
- The answer code "No" would be given a score of 0, as this response reflects considerable scope for improvement.
- The answer code "Don't know / can't remember" would not be scored, as they do not have a clear bearing on the trust's performance in terms of service user's experience.

Calculating the trust score for each question

The weighted mean score for each trust, for each question, is calculated by dividing the sum of the weighted scores for a question by the weighted sum of all eligible respondents to the question for each trust. An example of this is provided in the survey technical document.

Calculating the section score

An arithmetic mean of each trust's question scores is taken to provide a score for each section.

Thank you.

For further information please contact the Survey Coordination Centre:

mentalhealth@surveycoordination.com

Berkshire Healthcare NHS Foundation Trust

Trust Board Paper

Board Meeting Date	14 May 2024
Title	**Quality Account Report 2023-24**
	FOR APPROVAL The Directors are asked to consider the Statement of Directors' Responsibilities in Respect of the Quality Account (page 78), and ensure they are satisfied with the quality account in relation to the requirements detailed in this statement. Directors must confirm to the best of their knowledge and belief they have complied with the requirements detailed on page 79 in preparing the Quality Account, and the statement must then be signed by the Chair and Chief Executive following approval by the Trust Board to confirm this. Once approved, the final Quality Account will be published on our Trust Website by the deadline 30 June 2024, thus fulfilling our Statutory duties in this area.
Reason for the Report going to the Trust Board	The Board of 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.
Business Area	Trust Wide
Author	Head of Clinical Effectiveness and Audit and Quality Account and NICE Lead
Relevant Strategic Objectives	The priorities reported within the Quality Account align to the Trust Strategy, give assurance against the 4 objectives below and highlight where improvements are required and being made. **Patient safety** **Patient experience and voice** **Health inequalities** **Workforce**

Executive Summary

This is the 2023/24 Quality Account for final approval by the Trust Board. The Quality Assurance Committee (QAC) have reviewed the draft report in committee during Q1, Q2 and Q3. The Q4 version was shared for virtual approval by the QAC in April 2024.

National guidance has been published by NHS England and we are required to publish our Quality Account on the Trust website by 30th June 2024.

We share our Quality Account with specified stakeholders. The Q3 version of the account was shared at the beginning of March 2024 with NHS Frimley and Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Boards (ICB), Bracknell Forest Council Health and Care Overview and Scrutiny Panel, our Council of Governors and local Healthwatch organisations. Stakeholder comments and our response are included in the appendices of this report.

Trust Priorities (Plan on a Page 2023/24)

The Trust Priorities (Pan on a Page) 2023/24 which have been met are:

- Patient Experience (Section 2.1.1)
  We have met all six of our mandated access targets at the end of Q4 2023/24.

Patient Safety (Section 2.1.2)

We continue to adhere to recommended infection control measures to protect both patients and staff. An infection prevention and control assurance framework has been created and presented to the Trust Board. Work has progressed in all sections of the assurance framework throughout the year and is further detailed in the main report.

- The number of falls on older adult inpatient wards was below the target threshold of less than or equal to 26 in nine of the twelve months of 2023/24.
- We met our targets relating to pressure ulcers of grade 2, 3 or 4 due to a lapse in care by the Trust.
- The number of self-harm incidents on mental health inpatient wards was below the revised target threshold of 61 in eleven of the twelve months of 2023/24.
- All deaths in physical health services subject to a 2nd stage review were scored using an avoidability scale. Of the reviews concluded in 2023/24, none were deemed to be a governance cause for concern (avoidability score of 1, 2 or 3).
- We are meeting our target of >85% of patients with severe mental illness, that have been seen by our community mental health teams for less than a year since diagnosis, having all elements of their physical health check undertaken.

Clinical Effectiveness (Section 2.1.3)

- 100% of NICE Technology Appraisals that are relevant to the Trust have been implemented.
- We are participating in all relevant mandated national clinical audits and confidential enquiries.
- We continue to progress several initiatives to support local Trust and/ or University of Reading led research.
- We continue to report on and learn from deaths of patients.

Supporting our People (Section 2.1.4)

- We continue to implement our People Strategy 2021-24 with the aim of making the Trust a great place to work for everyone.
- We achieved a score of 7.5 for staff engagement in the latest NHS Staff Survey. This was the highest score in our group of trusts for this indicator.
- We have also achieved our target of having <16% staff turnover in all twelve months in 2023/24.

Areas where trust targets are not currently being met are as follows:

- **Patient Experience** (Section 2.1.1)
  Our Response rate for the I Want Great Care (IWGC) patient experience tool in 2023/24 was 3.2% overall, against a target of 10%. Services are working hard to increase response rates by looking at the methodology they are using and learning from others.

Berkshire Healthcare
NHS Foundation Trust

Quality Account 2023/24

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

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

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

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

What is a Quality Account?

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

About the Trust

Our vision is to be a great place to get care, a great place to give care.

We're a community and mental health trust, providing a wide range of services to people of all ages living in Berkshire. To do this, we employ approximately 5,000 staff who operate from our many sites as well as out in people's homes and in various community settings. We deliver joined up physical and mental health services, helping people to remain independent at home for as long as possible and providing the care and support that best meets the needs of our patients, in the most suitable location. From early years to end of life, we offer a wide range of services to keep you and your family well. We also run several specialist clinics and services aimed at young people, adults, and older people to support and treat mental health, physical health, and sexual health conditions.

The Care Quality Commission (CQC) oversee patient quality and safety. We're a CQC Outstanding trust and a leading provider of mental and physical health services. With a focus on safe, high quality patient care, supported by continuous improvement and excellent teamwork, we'll deliver our vision to provide great care for all patients.

As a Foundation Trust we are accountable to the community we support. NHS England regulate our financial stability and have given us a financial sustainability risk rating of 4, which is the best rating we could have.

As a Global Digital Exemplar (GDE) trust, we're using new and innovative technology to empower our staff and patients, so we can continue to provide outstanding care.

We are part of two Integrated care systems (ICSs) which bring together organisations (such as the NHS, local authorities, voluntary organisations, social enterprise sector and residents) to deliver joined up health and wellbeing services. Within an ICS, there are Integrated care partnerships (ICPs) linking these partners across each local area, and Integrated Care Boards (ICBs) who amongst other things manage the NHS budget for health services. We work in partnership with Berkshire's two acute hospital trusts, Royal Berkshire Hospital NHS Foundation Trust and Frimley Health NHS Foundation Trust. We also work closely with Berkshire's six local authorities and a diverse range of community and charitable organisations.

Contents

Quality Account Summary and Highlights 2023/24

Indicator (Click on links to access the related main sections of the report)		2023/24 Target	Results		Comment
			2022/23	2023/24	
Patient Experience					
I Want Great Care- % Response Rate		10%	3%	**3.2%**	
Meet all Mandated Waiting Time Access Targets		All 6 targets met	5/6 targets met	**All 6 targets met**	
Harm-Free Care					
Number of falls on Older People's Inpatient Wards (Community Inpatient Wards and Older People's Mental Health Wards)		<26 per month	Target Met in 8/12 months	**Target Met in 9/12 months**	
Pressure ulcers (PUs) due to lapse in care by the Trust	Number of category 2 PUs due to lapse in care by the Trust	<19 per year	1	**2**	
	Number of category 3, 4 unstageable or deep tissue injury PUs due to lapse in care by the Trust	<18 per year	0	**2**	
Self-harm incidents by mental health inpatients		≤61 per month	Target met in 3/12 months	**Target Met in 11/12 months**	
Patients with Severe Mental Illness (SMI) referred to Community Mental Health Teams (CMHT) will have all parameters of the annual physical health check completed within one year of referral to the CMHT		85% by end of year	85% at end of year	**95% at end of year**	All localities exceeded target at end of year
Clinical Effectiveness					
Compliance with NICE Technology Appraisal Guidance within required timescale		100%	100%	**100%**	
Supporting our People					
Staff engagement score (from National NHS Staff Survey)		7.5	7.4	**7.5**	The highest score in our group of Trusts *
Staff Turnover Rate (%)		≤16% per month	Target met in 2/12 months	**Target Met in 12/12 months**	

* The group of similar Trusts against which our scores are benchmarked includes Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts.

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

Patient Experience Priorities

- We have met all six of our mandated access targets in 2023/24.
- We did not meet our target response rate of 10% for the I Want Great Care patient experience (response rate= 3.2% for 2023/24). Services are working hard to increase response rates by looking at the methodology they are using and learning from others.

Patient Safety Priorities

We have met the following targets:

- <26 falls per month on our older people's inpatient wards (target met in 9/12 months)
- <19 category 2 and <18 category 3 or 4 pressure ulcers due to a lapse in care by the Trust
- <61 self-harm incidents per month on mental health wards in 11 of 12 months in 2023/24
- 95% of patients with severe mental illness referred to our Community Mental Health Teams (CMHTs) had all seven parameters of the annual physical health check completed within a year of referral to CMHT.

Clinical Effectiveness Priorities

- We have participated in all applicable national clinical audits.
- We operate a robust system for reviewing NICE guidance and have implemented 100% of technology appraisal guidance that is relevant to us within the required timescale.
- We continue reviewing, reporting and learning from deaths in line with national guidance.

Supporting our People Priorities

We continue to implement our People Strategy 2021-24 and have met our target of having <16% staff turnover in every month this year. In the most recent national staff survey, we achieved the highest score for staff engagement in our group of Mental Health, Learning Disability & Community Trusts- a score of 7.5 out of 10.

Care Quality Commission (CQC) Rating

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

2024/25 Trust Priorities

Patient Experience Priorities. We will: Reduce health inequalities in access, experience and outcomes. Involve patients in co-production of service improvement. Reduce the time patients wait for our services. Make every contact count by offering advice in making healthy choices. Gain feedback from at least 10% of patients and make improvements based on this.

Patient Safety Priorities. We will: Protect patients using appropriate infection control measures. Prioritise patients at risk of harm resulting from waiting times. Reduce falls, pressure ulcers, self-harm on wards and suicides. Respond to physical health deterioration on all wards. Improve the physical health of people with serious mental illnesses. Empower staff and patients to raise safety concerns and learn from incidents.

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

Supporting our People Priorities. We will: Promote a culture of respect, compassion kindness and inclusivity. Act against anyone who is verbally, racially, physically or sexually abusive. Act on our anti-racism commitment, removing barriers to equity. Create a supportive work environment. Provide opportunities for staff to show initiative and make improvements. Reduce staff leaving (turnover to 10%). Ensure we have a highly skilled permanent and temporary workforce and proactively attract great candidates.

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

This Quality Account details our achievement against our key quality priorities for 2023/24. It highlights some of the service improvements our staff are proud to share and areas where we continue to strive to do better.

Throughout the year, we have continued to deliver our services based on our mission- **to maximise independence and quality of life**, and our vision- **to be a great place to get care, a great place to give care.** By delivering this we can ensure that high-quality care is given to our patients by staff that feel supported, motivated and engaged.

Our mission and vision are underpinned by our core values- **Caring, Committed and Working together**, and by our annual True North goals. These goals have been selected to help us meet our mission and vision. In this Quality Account, we have reported on our performance against this year's True North goals relating to Good Patient Experience, Harm Free Care and Supporting our People.

We have achieved much this year and have set goals for next year that allow us to build on this. Of particular note is our development of a reducing health inequality strategy, which focuses on access, experience and outcomes. We have initiated a Quality Improvement approach to support delivering this strategy and this currently focuses on:

- Improving physical health outcomes for people with severe mental illness and autism.
- Reducing 'Did Not Attends' (DNAs) for our physical health services for people from racialised communities.
- Improving Health Visiting contacts in Reading.
- Reducing suicide and self-harm amongst people with autism.
- A project to reduce the number of mental health act detentions of Black individuals.
- Improving access to Talking Therapies for people from culturally and ethnically diverse backgrounds
- Improving access to Child and Adolescent Mental Health Services (CAMHS) early help services for young people in Slough

Progress is overseen by our Trust Reducing Health Inequalities Oversight Group.

We have also developed an anti-racism action statement this year. This statement is underpinned by a strategy that has been co-produced with our colleagues and our community in order to become an anti-racist organisation. We have established workstreams across five key areas to achieve this goal, each of which is led by one of my executive colleagues. Progress will be overseen by our Trust Anti-racism Task Force, with regular updates being made to the Trust Board. We have also launched a Berkshire anti-racism in healthcare CommUNITY forum, alongside our community partners. This will help us involve our community in scrutinising and developing anti-racist activity.

We continue to be rated as 'outstanding' by the Care Quality Commission (CQC), and we are very proud of this achievement. However, we know that not all of our patients experience the best possible care and not all colleagues have the best possible experience at work. For this reason we have in place several robust systems for capturing and learning from such experiences. This includes our 'I Want Great Care' patient experience tool and our 'Freedom to Speak Up' Guardian for staff who want to raise a concern. We remain committed to delivering safe, high quality patient care, supported by continuous improvement and excellent teamwork.

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

Julian Emms CEO

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

2.3. 2.1. Achievement of priorities for improvement for 2023/24

ⓘ This section details what we have done this year to address our 2023/24 quality account priorities. These priorities were identified, agreed, and published in our 2022/23 quality account.

Our quality account priorities support the goals detailed in our 2023/24 Trust Annual Plan on a Page (see Appendix A). Our Quality Strategy also supports this through the following six elements:

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

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

2.1.1. Patient Experience and Involvement

ⓘ One of our priorities is to ensure that patients have a positive experience of our services and receive respectful, responsive personal care. This sub-section details what we have done to address this priority in 2023/24.

Our 2023/24 Patient Experience Priorities:
Improving outcomes

1. We will reduce the length of time patients wait for our services, year on year (compared to 2022/23 waits).
2. We will make every contact count by offering advice in making healthy choices.
3. We will identify and address inequality of access to services.
4. We will gain feedback from at least 10% of our patients in each service and demonstrate service improvements based on the feedback.

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

Reducing the length of time of patients wait for our services, year on year.

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

It is also important that we prioritise those patients that are at risk of harm due to waiting and ensure face-to-face care where clinically indicated. We also need to make sure we identify and address inequality of access to services. This section of the report details our performance against mandated access targets. Examples of other work being carried out are included in the 'Other Service Improvements' sections (parts 2.1.5- 2.1.10 of this report).

Figure 2- Overview of Trust performance against national mandated access targets for patients- March 2024

		Target wait time	Met by trust?
Community Paediatrics*		95% within 18 weeks	Yes
Diabetes Outpatients*		95% within 18 weeks	Yes
Audiology diagnostics		95% within 6 weeks	Yes
Accident and Emergency (Minor Injuries Unit)		95% within 4 hours	Yes
Improving Access to Psychological Therapies (IAPT)	Assessment	75% within 6 weeks	Yes
	Treatment	95% within 18 weeks	Yes

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

Key work to address waiting times and the flow of patients through services is being undertaken as part of the Trust strategy. This includes:

- System Optimisation and Definitions- looking at data quality and validation.
- Building Capability and Confidence- enabling leaders to confidently use data.
- Implementing Learning- supporting leaders to implement recommendations.

Our Community Physical Health Division have been undertaking Quality Improvement work, with the vision of having no patients waiting longer than their target time and no patient waiting longer than 18 weeks. The project focused on three services that had larger waiting lists- Musculoskeletal (MSK) Physiotherapy in East Berkshire, Diabetes Education and the Integrated Pain and Spinal Service (IPASS)- spinal. Data from 31 March 2024 shows that, since August 2023, MSK Physio East have seen a 37% reduction in the number of patients waiting, Diabetes education a 61% reduction and IPASS spinal a 60% reduction. All three of these services have reduced the number of patients waiting over 18 weeks by at least 70% during this period.

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

We use patient and carer feedback to drive improvements in our services. We use several methods to achieve this, including the "I Want Great Care" patient experience measurement tool, learning from complaints and the national community mental health survey. The sections below detail how we have performed during the year in this area.

I Want Great Care (iWGC)

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

The iWGC tool uses a 5-star scoring system (with 5 being the best score) which is comparable across all services within the organisation. Questions are asked about experience, facilities, staff, ease, safety, information, involvement and whether the person felt listened to. Respondents are also invited to use free text to comment on their experience and to suggest improvements. Not all questions are relevant to every patient. For example, only patients seen in a building, on a ward or at an outpatient appointment will be asked facilities-related questions.

Response Rate

One of our priorities for 2023/24 was to gain feedback from at least 10% of our patients in each service. Figure 3 below demonstrates our overall response rate, which was below target in 2023/24. Services are working hard to increase response rates by looking at the methodology they are using and learning from others. Whilst services are working to increase response rates, we also encourage services to spend time looking at what feedback is telling them and use this to drive improvements and share best practice.

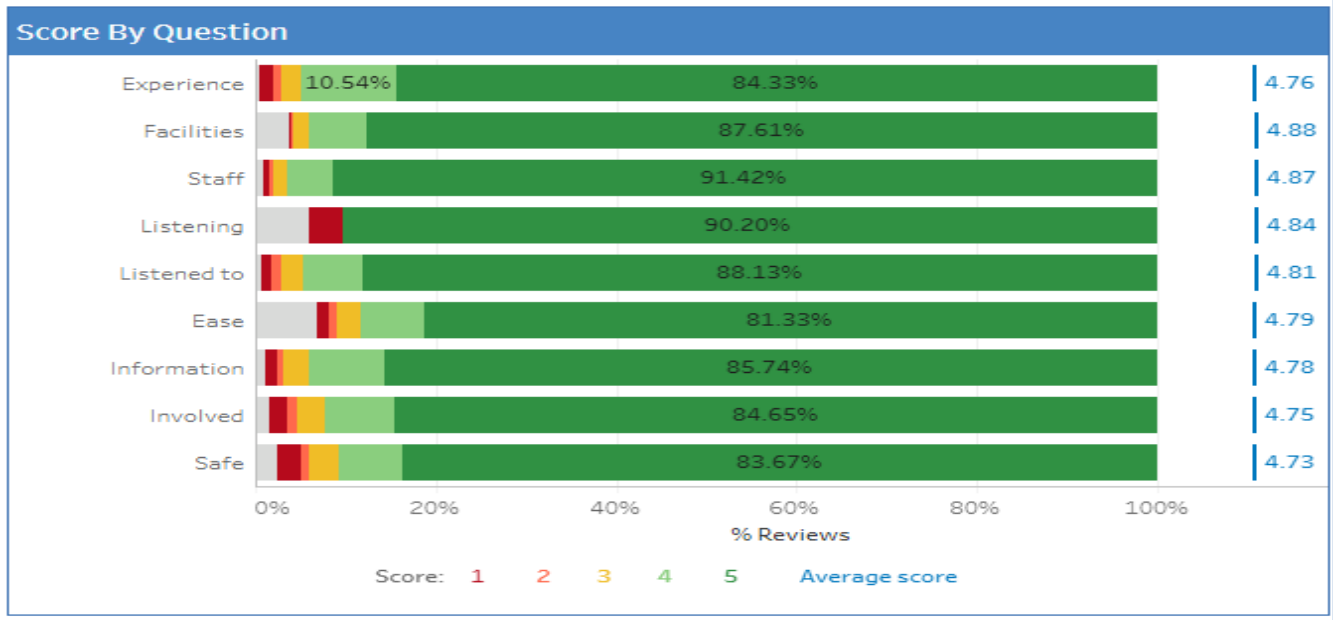
Satisfaction Rate

Figure 4 demonstrates how patients rated their experience overall (the top bar), and then broken down into themes. A 94.9% positive experience score was achieved for the whole of 2023/24 with an average 4.76-star rating.

Figure 3- I Want Great Care- Overall Response Rate

	2023/24	Q1	Q2	Q3	Q4	2023/24
% Response Rate		3.0%	3.3%	3.1%	3.4%	3.2%

Figure 4- I Want Great Care- How respondents from all trust services rated their experience of our services on a scale of 1 to 5 (5 being the best score)- 2023/24



Source: Trust Patient Experience Team

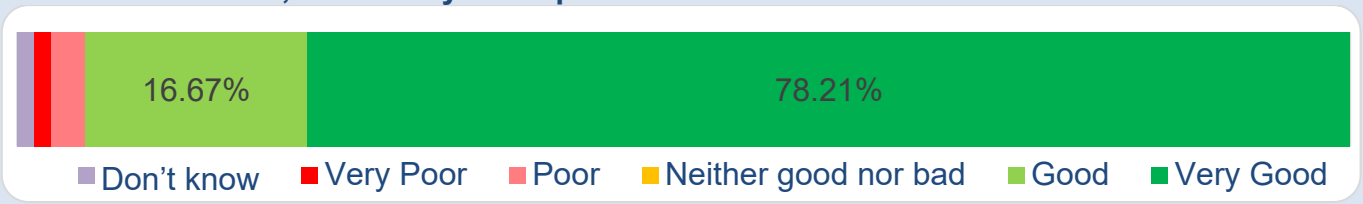
Friends, Family and Carer Feedback

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

The number of respondents remains low overall. Across the year, responses have been received from five localities (excluding Bracknell). Responses have been received from a variety of mental health teams including community mental health, Crisis, older people's mental health and memory clinic teams. Responses from other directorates has been small but includes the Urgent Care Response teams. Figure 5 below demonstrates how carers rated their overall experience during 2023/24.

95% of respondents either had a very good or good experience. Whilst all respondents completed the first question relating to overall experience, they did not necessarily complete all questions on the survey.

Figure 5- Friends, family and carer survey 2023/24
Overall, how was your experience of our service?



Source: Carers Experience Dashboard on Tableau

In line with our Carers Charter, our aim is to create a culture of working in partnership with carers. The pillars of the Charter include identifying, recognising, informing and involving and guiding and supporting carers.

Carers provided a range of feedback on their experience, including the following quotes:

- All the staff were very helpful & caring and put mum and I at ease and I felt I was no longer alone in caring for mum.
- Staff member was extremely good at explaining everything and made you feel very comfortable with her
- The Consultant was very thorough, kind and patient
- The carers support group was very good, it felt like a safe space to talk about our worries as carers.
- We had to wait a few months for an appointment. But we were seen by a fantastic Dr who was so friendly, thorough and who listened closely to everything
- The crisis team was very helpful, both on the phone (late on a Sun evening), at the initial assessment and in an assessment by the psychiatrist.
- The Beechcroft team has been brilliant in all aspects. So supportive with plenty of advice.
- I was invited to attend every appointment.
- Information was given all the time. I felt included at every point.
- I was listened to and not only for the patient's needs but to make sure I was ok too

Our Carers Lead is working with teams to develop action plans to promote incremental improvements in engaging and involving carers. Teams are also encouraged to appoint Carers Champions as the key point of contact to drive forward work in this area. required. Teams also complete a self-assessment review to evaluate their progress and promote improvement in this area.

Complaints and Compliments

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

Figure 6- Complaints received- excluding secondary complaints.

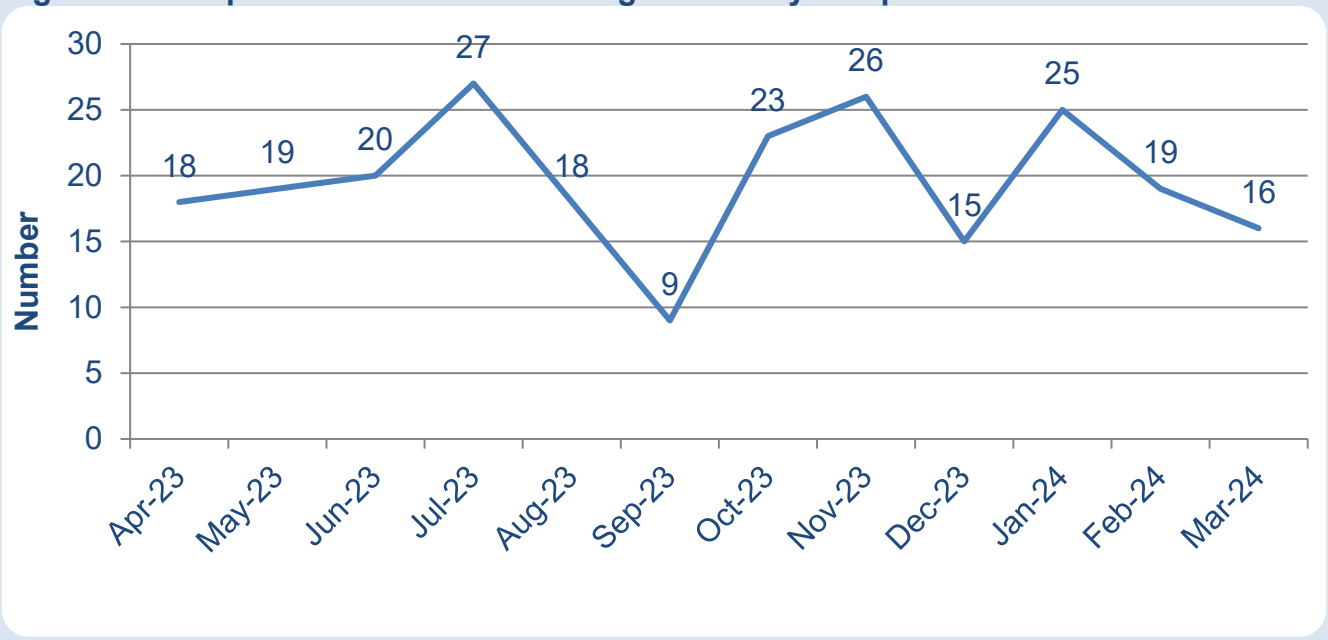
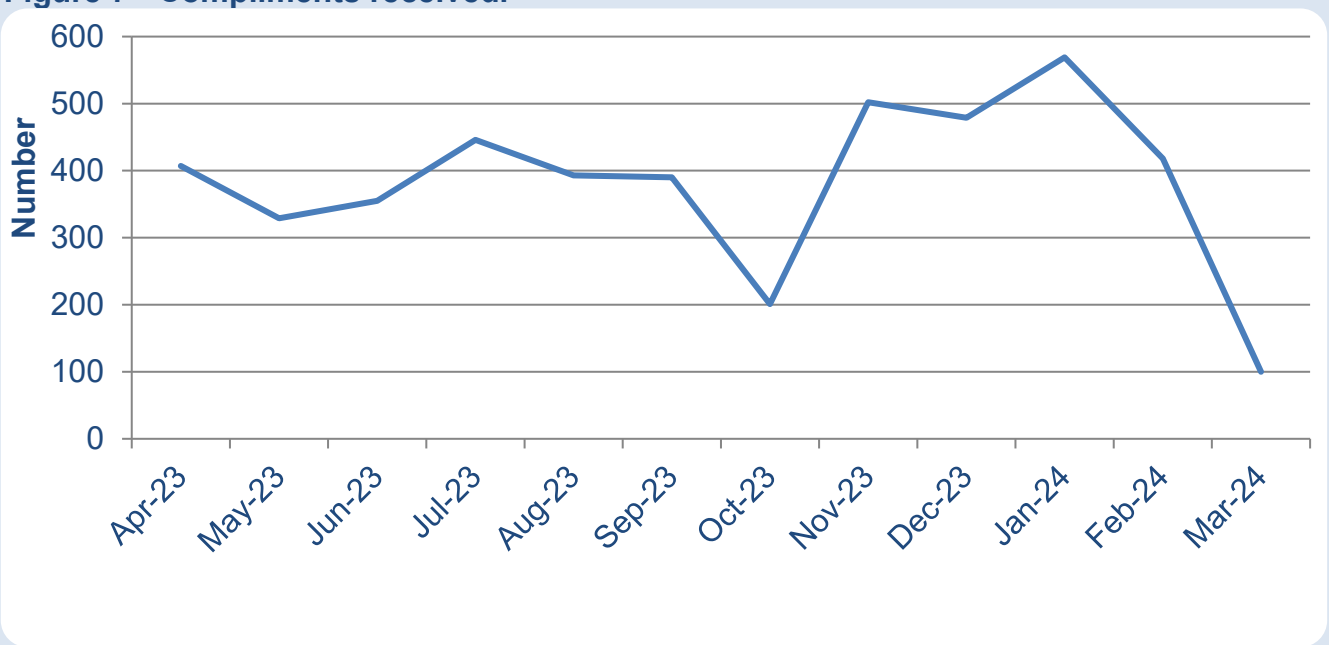


Figure 7- Compliments received.



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

Figure 8 below details complaints received by each service in 2023/24.

Figure 8- Formal complaints received by service.

Service	2022-23 Total	2023-24				
		Q1	Q2	Q3	Q4	Total
Community Mental Health Teams (CMHT) /Care Pathways	**53**	16	6	13	14	**49**
Child & Adolescent Mental Health Services (CAMHS)	**33**	8	11	7	9	**35**
Crisis Resolution & Home Treatment Team (CRHTT)	**22**	5	10	5	6	**26**
Acute Inpatient Admissions – Prospect Park Hospital	**35**	10	2	4	7	**23**
Community Nursing	**12**	3	6	5	3	**17**
Community Hospital Inpatient	**10**	1	2	5	4	**12**
Common Point of Entry (CPE)	**5**	1	3	0	0	**4**
Out of Hours GP Services	**4**	1	2	7	4	**14**
Psychiatric Intensive Care Unit (PICU)	**7**	0	0	1	0	**1**
Urgent Treatment Centre	**1**	1	1	2	1	**5**
Older Adults CMHT	**2**	1	2	1	0	**4**
Other services	**56**	21	19	25	26	**91**
Grand Total	**240**	**68**	**64**	**75**	**74**	**281**

Source: Trust Complaints and Compliments Reports

Making improvements to services based on the feedback

Each service takes patient feedback seriously and staff directly involved in complaints are asked to reflect on the issues raised and consider how they will change practice. Many teams are using our feedback tools to make improvements to their services, and some examples of these improvements are detailed below in a 'you said, we did' format. Further examples are included in the 'Other Service Improvements' sections (parts 2.1.5- 2.1.10) of this report.

Service	You said	We did
Improving access to Child and Adolescent Mental Health Services (CAMHS)- Getting Help QI project:	The service received is good, but the route to be referred to the team was lengthy.	Work is being implemented to allow clinicians from the CAMHS Getting Help Team to triage patients and move them to the treatment list for their service. This reduces the time taken to be referred to the service.
Community Inpatient Wards (Wokingham)	Families said that they did 'not always feel listened to' and that it was sometimes difficult to find and speak with the staff that they wanted to speak with to understand fully their loved ones' care and treatment.	We have introduced bookable face-to-face 'catch-up sessions', for families with any speciality. Patients often attend these sessions with their family.
Immunisation Team	Young people wanted more information about immunisations.	The immunisation team have been delivering assemblies in schools. Fact sheets have also been given directly to young people.

Service	You said	We did
Health Visiting	Service users would like the 'drop in' well baby clinics re-instated.	This has been done across all localities in West Berkshire from June 2023. A greater number of parents/carers are also aware of the service
Musculoskeletal Physio- West	Would like there to be less repetition in assessments when referred via the Integrated Pain and Spinal Service (IPASS) or Musculoskeletal Community Specialist Service (MSK CSS).	There has been some collaborative working between IPASS and MSK CSS to set up new pathways that streamline care and reduce repetition.
Crisis Resolution and Home Treatment Team (CRHTT)	Ensure correct pronouns and genders are used for our transgender service users.	This has been reviewed and Pride Network resources have been shared with all staff. We continue to remind staff of the importance of getting these details correct. We encouraged staff to attend the "Belonging at Berkshire" learning event.
Berkshire Eating Disorder Service– Adult	Use different vascular access (gripper) needles as the ones used hurt more than normal.	We have changed the type of gripper needles used so that the experience is more comfortable.
Nutrition and Dietetics	Parents of infants diagnosed with cow's milk protein allergy stated it would have been useful to receive video/ information prior to workshops.	We are now sending parents pre-recorded webinars prior to workshops.
Children and Young People Integrated Therapy Team (CYPIT)- Speech and Language Therapy (SLT)	Would like less waiting time for an assessment, and to know how the service works.	SLT have introduced a new triage process, aiming to reduce time waiting for assessment and/or intervention where appropriate. They have also introduced online workshops, where anyone can sign up to learn strategies and how our SLT service works.
Adult Autism and ADHD Teams	After completing the ADHD group, some clients felt that there was some 'information overload' with too much information on the slides to keep up with.	Based on this feedback, the team reviewed the information and reduced the amount of extra information in the resources to make it more accessible and concise.
Talking Therapies	I would have preferred to have face to face meetings	If a client requests a face-to-face meeting, this will now be offered for the next available appointment, regardless of locality. Our searches have been updated to make this easier for both admin and clinical teams to book these across localities.

National NHS Community Mental Health Survey

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

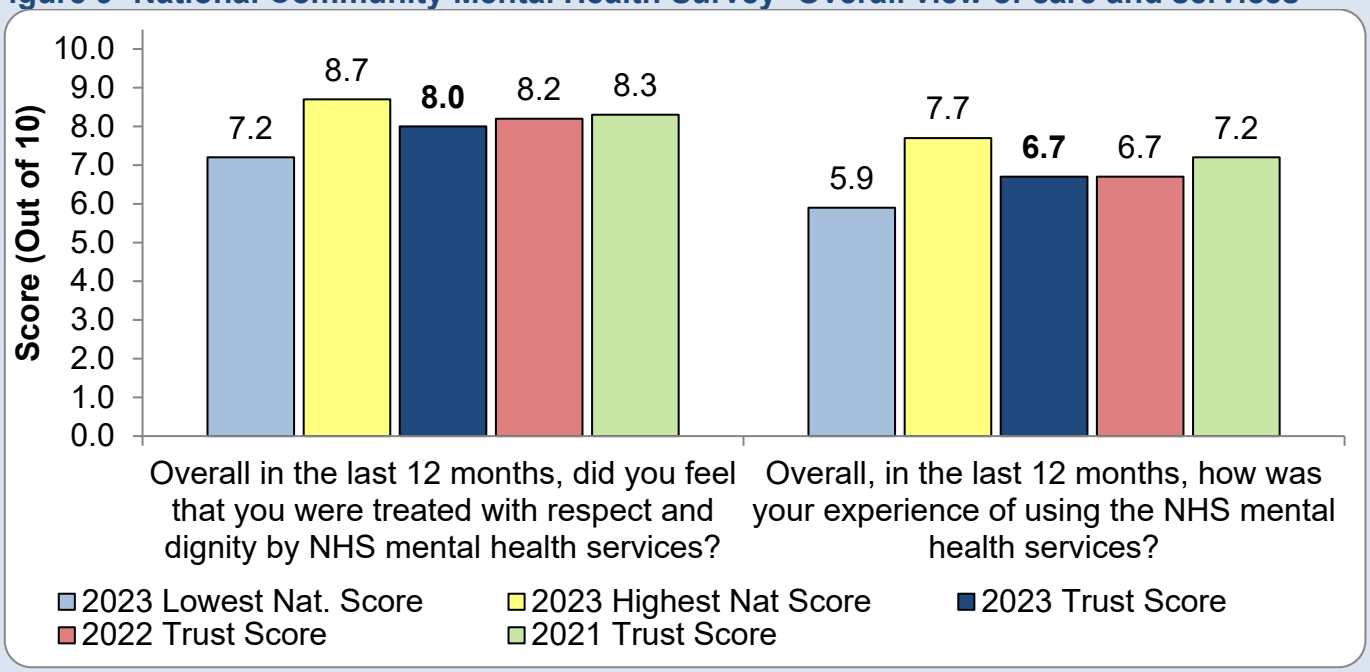
The survey sample.
People aged 16 and over were eligible for the survey if they were receiving care or treatment for a mental health condition and were seen face to face at the trust, via video conference or telephone between 1 April 2023 and 31 May 2023. Responses were received from 232 (19%) respondents, compared to a national response rate of 20%. The Trust response rate was lower than the previous year (22%).

About the survey and how it is scored.
The survey contained several questions organised across 12 sections. Responses to each question and section were converted into scores from 0 to 10 (10 representing the best response). Each score was then benchmarked against 52 other English providers of NHS mental health services, resulting in the Trust being given a rating for each question and section on a five-point scale ranging from "much better" to "much worse" than expected.

Summary of Trust results.
In the 2023 survey, the Trust was rated "about the same" as the 52 other Trusts in all 12 sections.

Respondents' overall view of care and experience.
Figure 9 gives an overview of Trust scores for overall experience. The 2023 Trust scores (shown by the dark blue bar in the middle of each question) are compared with the highest and lowest scores achieved by all Trusts (the red and green bars to the right of the dark blue bar), and with the Trust scores in 2021 and 2022 (the light blue and yellow bars to the left).These survey results have been shared with clinical leads to share with their teams and to identify any further actions that would have a positive impact.

Figure 9- National Community Mental Health Survey- Overall view of care and services



Source: Data from National Community Mental Health Survey Report

2.1.2. Harm-Free Care

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

Our 2023/24 Harm-Free Care Priorities:

Providing safe services

1. We will protect our patients and staff by using appropriate infection control measures.
2. We will identify and prioritise patients at risk of risk of harm resulting from waiting times.
3. We will always ensure face-to-face care where clinically indicated.

   Please note that priorities 2 and 3 above are covered within the 'Other Service Improvements' section later in this report.
4. We will continue to reduce falls, pressure ulcers, self-harm in in-patient services and suicide across all our services.
5. We will recognise and respond promptly to physical health deterioration on all our wards.
6. We will improve the physical health of people with serious mental illness.
7. We will strengthen our safety culture to empower staff and patients to raise safety concerns without fear, and to ensure learning from incidents.

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

Protecting our patients and staff by using appropriate infection control measures

ⓘ It is vitally important that our patients and staff are protected from harm, and we have infection control measures in place to help minimise this risk.

Covid-19 has remained a significant issue in healthcare, and this is reflected in another busy year in the management of infections. This has included respiratory infections and outbreaks, an increase in cases of other infection and communicable disease and ongoing workstreams to reduce gram negative bacteraemia and other mandatory reportable infections.

Collaboration with local Integrated Care Systems (ICS) continues in order to deliver a health-economy wide approach to prevention strategies and reduction in healthcare associated infection. Ongoing development of the Antimicrobial Stewardship Programme continues.

Our Infection Prevention and Control Team (IPCT) have developed a dashboard which summarises key indicators and areas for improvement. In collaboration with colleagues from pharmacy, the IPCT has participated in the national point prevalence survey (PPS) on healthcare associated infections, antimicrobial use and antimicrobial stewardship in England. This is the first time Community and Mental Health trusts have been included in this PPS. Results received April 2024 are to be analysed and incorporated in the Infection Prevention and Control (IPC) annual programme.

Learning form incidents and post infection reviews remains a focus for shared learning and IPC promotion campaigns and development of resources.

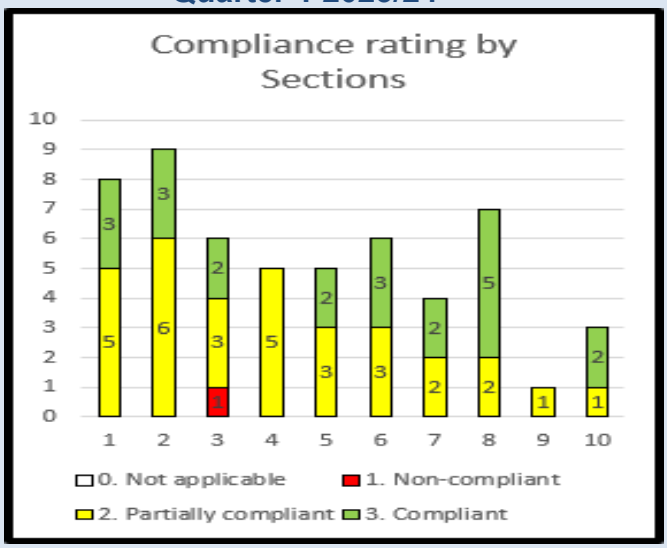
IPC mandatory training has been reviewed and aligned with the National Education Framework. In addition to mandatory training, the IPCT have undertaken bespoke training sessions and developed a range of resources and bitesize training to support staff.
The planned programme of prevention campaigns for the year has been completed. This has included World Antimicrobial Awareness Week, National IPC week, Glove reduction initiative and Oral Hygiene promoting safe care and prevention of infection. A successful and well evaluated IPC link practitioner annual study event was also held.

The IPCT also received a Green Award from the Southeast NHS England Chief Nurse for contribution to the South-East Nursing and Midwifery Green Week 2024. The team presented a project called ‘Promoting safety & sustainability through reduction in overuse of non-sterile gloves’

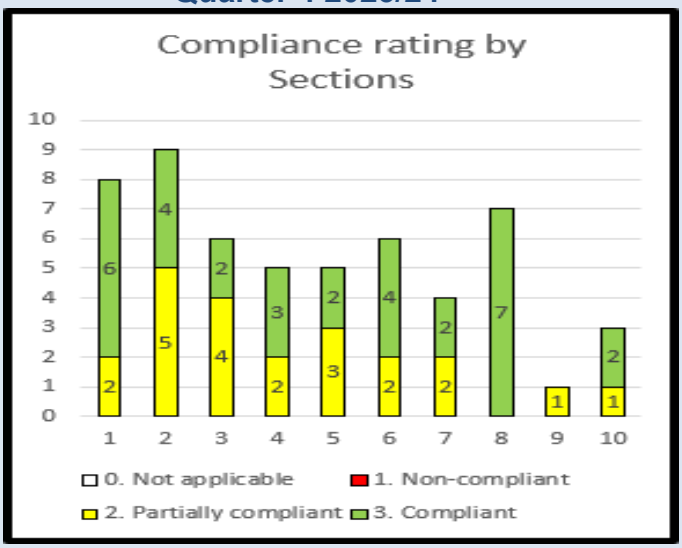
We have adopted and are implementing the National Infection Prevention and Control Board Assurance Framework (BAF). This helps us demonstrate our level of compliance with the ten criteria of the Health and Social Care Act 2008. It allows us to detail evidence of compliance, gaps in compliance, mitigations, and comments. It also allows us to give a ‘Red, Amber, Green’ (RAG) rating to determine if we are non-compliant, partially compliant or fully compliant with each criterion. There is evidence of progression within all elements of the BAF during 2023-24, and this is demonstrated in the figure below. Ongoing criteria and workstreams will form part of the 2024-25 IPC annual programme.

Figure 10- Infection Prevention and Control Board Assurance Framework- Compliance rating by section

Quarter 1 2023/24



Quarter 4 2023/24



Source- Infection Prevention and Control Monthly Reports

Key to sections (x-axis)

1. Systems to manage and monitor the prevention and control of infection.
2. Providing and maintaining a clean and appropriate environment
3. Ensuring appropriate antimicrobial stewardship
4. Providing suitable accurate information on infections to patients/ service users, visitors/carers and any others concerned in a timely fashion.
5. Ensuring early identification of individuals who have or are at high risk of developing an infection so that they receive timely treatment and reduce risk to others
6. Systems to ensure that all care workers are aware of and discharge their responsibilities for preventing and controlling infection.
7. Providing or securing adequate isolation precautions and facilities
8. Providing secure and adequate access to laboratory/ diagnostic support as appropriate
9. Having and adhering to policies designed for the individuals care and help to prevent and control infections.
10. A system to manage the occupational health needs and obligations of staff in relation to infection

Reducing Falls on Older People's Inpatient Wards

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

Our Community and Older Adult Mental Health Wards continue to focus on delivering harm free care by reducing the number of people experiencing a fall. There has been a slight increase in the number of falls on these wards in Quarter 4 this year, with a higher number of falls happening when people are independently mobile on the ward. As a result, we are giving more information around risks associated with this, such as using pedal bins. We have also re-introduced a counter-

measure called Baywatch to help reduce the number of falls.

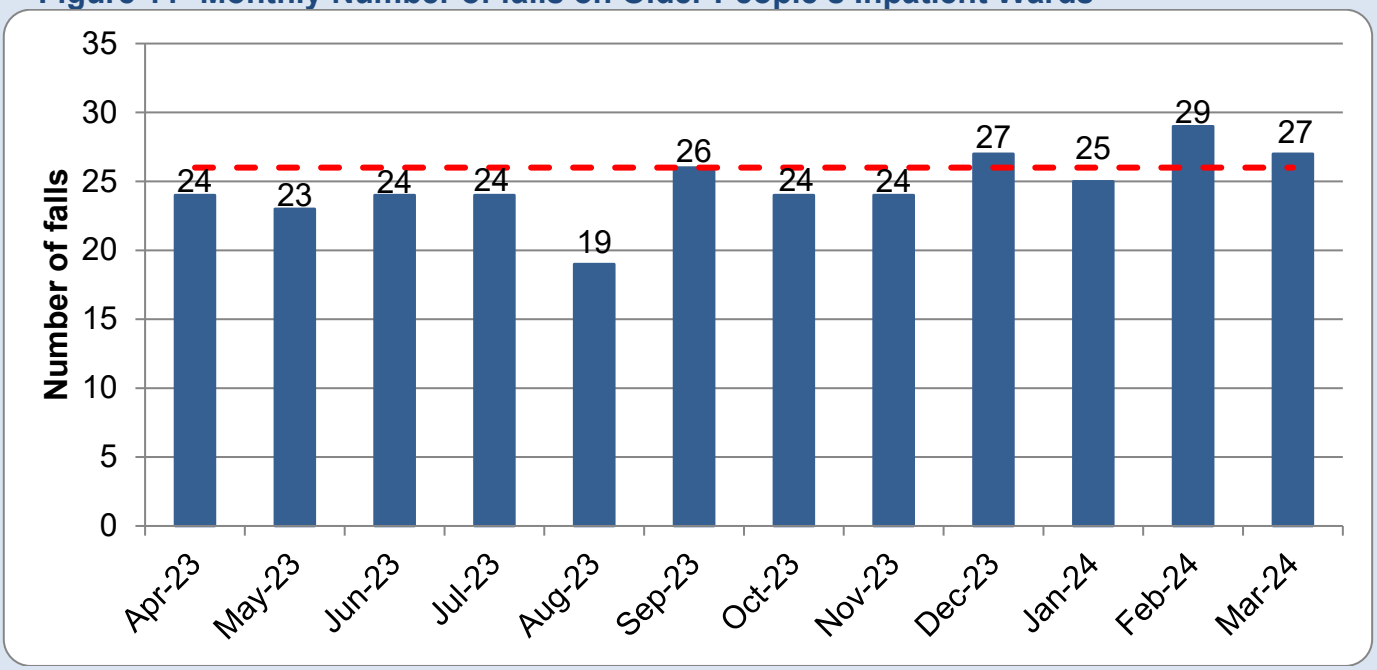
Falls reduction is now a tracker metric for most wards, and Henry Tudor ward are planning to make this one of their driver metrics. They will be working with our Quality Improvement team to implement improvements.

A revised multifactorial risk assessment has now been through user testing, which has resulted in positive feedback. We hope to make this live in May 2024 following systems testing. Before this there is scheduled train the trainer sessions have also been scheduled to make staff familiar with the new assessment and, once implemented, this will support staff in delivering best practice to reduce the risks of people falling on a ward. A new community falls risk assessment is also due to go live in April 2024 to support the specialist community falls work within the intermediate care teams.

Falls technology is being well used and has resulted in positive feedback. The team on Henry Tudor ward have worked with the Rambleguard team to improve the toilet sensors which are now in place and working well. Other wards are also purchasing toilet sensors as appropriate for their patient need.

The latest national audit of inpatient falls has made a recommendation around the use of flat lifting equipment and the need to minimise the number of moves a patient experiences following a fall. To address this recommendation, it has been agreed that, should a fracture be suspected following clinical assessment, then the patient will not be moved but will remain on the ground. They will be made comfortable, given pain relief and an ambulance will be called. If there is no clinical indication of a fracture, then the patient can be moved. This move would previously have been carried out using a full sling hoist. Now, to reduce the risk of harm from a potential unknown fracture, flat lifting equipment (known as a Hoverjack) will now be used. Ward teams will be trained in the safe use of this equipment to ensure they feel confident to use it when required. .

Figure 11- Monthly Number of falls on Older People's Inpatient Wards



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

Preventing Pressure Ulcers

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

We have set two targets in 2023/24:

1. To have no more than 16 grade 2 pressure ulcers due to a lapse in care by the Trust.
2. To have no more than 15 grade 3 or 4, unstageable or deep tissue injury pressure ulcers due to a lapse in care by the Trust.

We ensure that all clinical staff have had relevant training in pressure ulcer prevention and management. All developed pressure ulcers of category 3 and 4 that are potentially due to a lapse in care are discussed at a learning event following a desktop review. This is to see whether there is anything that could have been done differently to help prevent the skin damage, or to identify where improvements can be made. All category 2 pressure damage are reviewed by the handler and finalised by the patient safety team. Thematic reviews are held on a quarterly basis to enable learning opportunities. Figures 12 and 13 below show that targets have been met.

Figure 12- Developed Category 2 Pressure Ulcers due to a Lapse in Care by the Trust.

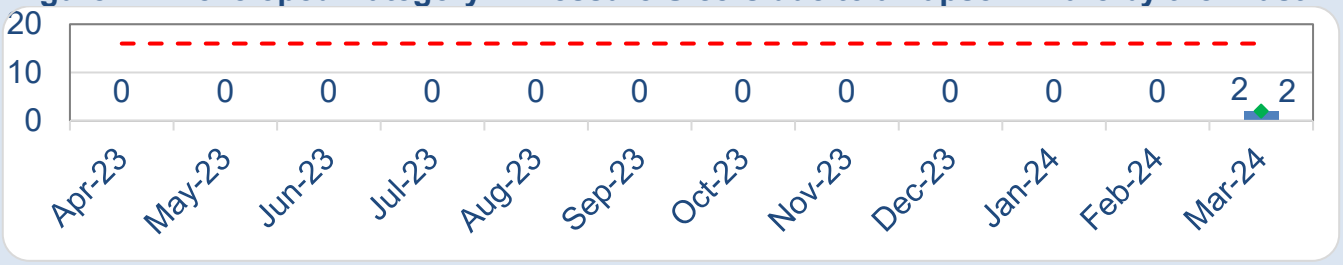
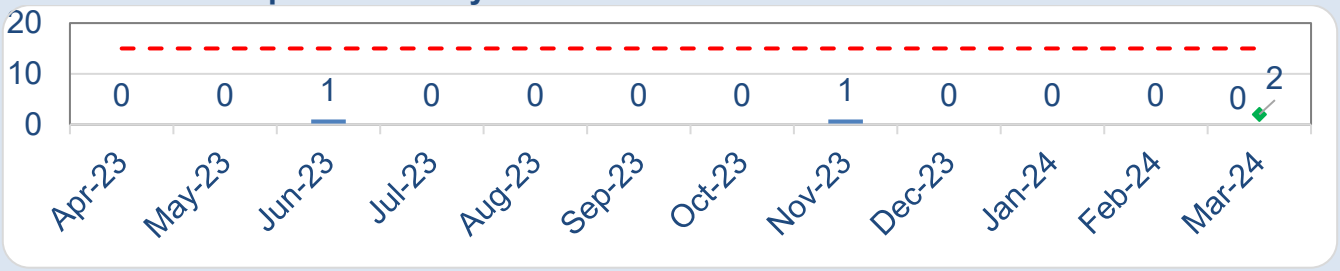


Figure 13- Developed Category 3, 4 unstageable or deep tissue injury Pressure Ulcers due to a Lapse in Care by the Trust.



Key to both charts: Monthly number | Cumulative number over year | Organisational Target

Source: Trust Quarterly Pressure Ulcer Reports

Reducing Self-Harm Incidents on Trust Mental Health Inpatient Wards

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

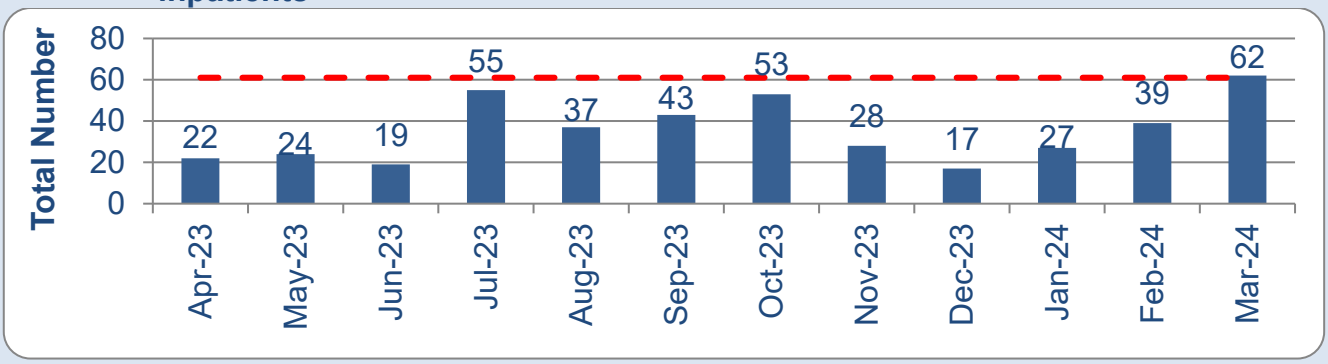
Our aim is to have 30% fewer self-harm incidents this year than in 2022/23 on our Mental Health Inpatient wards. In order to meet this, we have set a target of having no more than 61 self- harm incidents per month on these wards. Figure 14 below shows monthly performance during 2023/24 and

shows that the target has been met in 11 of the 12 months in 2023/24.

Actions undertaken to help reduce such incidents have focused on the following:

- New guidance on minimising ligature harm
- Focusing on neurodiversity and safety planning adjustments

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



Source- Trust Tableau Dashboard

Suicide Prevention

ⓘ We are focusing on suicide prevention by developing staff skill and knowledge, creating a no blame culture, and supporting service users and their families through safety planning.

The suicide prevention strategy group has progressed the Trust suicide prevention ambitions and has provided a link and cascade of information from system groups to frontline teams. The goals of the overarching plan for 2023/24 have either been achieved or are well underway. The plan has been updated for 2024/25 to reflect the findings from the latest report of the National Confidential Enquiry Into Suicide and Homicide (NCISH), as well as learning from Berkshire Healthcare and Thames Valley wide serious incidents

The suicide rate within the Trust in 2023/24 remains below the baseline of 9.2% (see figure below) but we recognise that every number is a life lost. The suffering for that person and the impact of this on those left behind, including on our staff, is at the forefront of our mind. Our ambition is always to prevent suicide by doing everything we can to help and support all those who come to our services, ensuring access to the most appropriate strategies. Providing support, information and training for staff, family/carers and colleagues in the wider system is also an important part of the strategy.

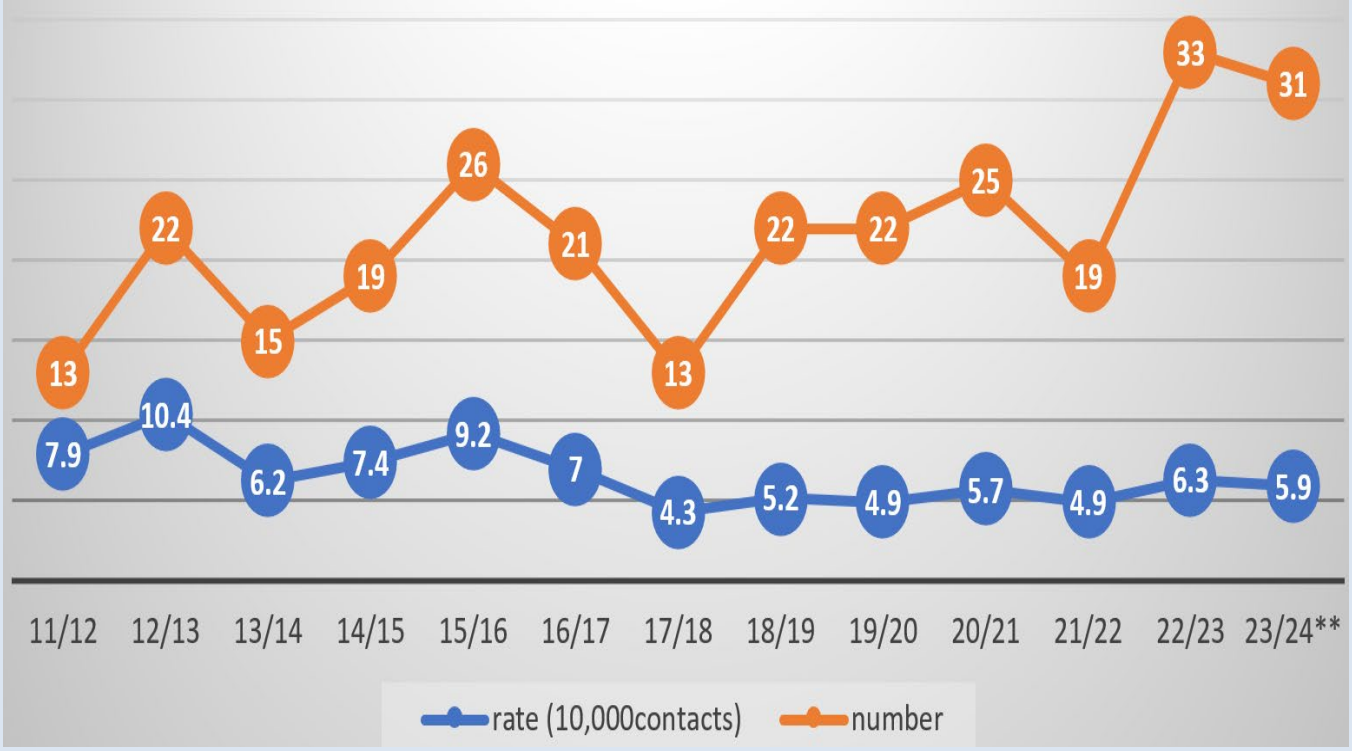
Our staff continue to engage in the Trust Suicide Prevention Strategy with passion. Many of our staff have been impacted by suicides and have attended inquests. They have accessed support and guidance and participated in learning. 2024/25 poses a number of challenges and opportunities for the Trust as we move to our new model and guidance for clinical risk. This will be the main focus for the suicide prevention strategy group in early 2024/25

The following details some of the progress made with the Suicide Prevention Strategy in 2023/24.

1. Clinical Risk Training has been reviewed, moving away from risk categorisation to formulation, and incorporating findings from national and Trust feedback
2. A standard work has been developed focussing on assessment and interventions for risk to self, to others and from others
3. Our Clinical Risk Policy has been updated

4. We have undertaken peer review with Surrey and Borders Partnership NHS Foundation Trust using new ligature assessments.
5. A new ligature audit tool has been implemented in Prospect Park Hospital.
6. We are involved in international research on staff competency
7. We are working collaboratively with the Thames Valley Suicide Prevention and Intervention Network (SPIN)
8. We have provided input into each locality public health led suicide prevention plan
9. Our family support offer is underway
10. We have piloted a Safer Services Audit and will be part of peer review of this
11. Turbo training is ongoing
12. We have provided staff with guidance about how to ask about online research. We have also issued an alert about sodium nitrate, a method that is promoted online, with an action to escalate so that a Multidisciplinary Team (MDT) safety plan can be established.
13. We have completed focused work around online peer pressure. This has informed guidance for staff on how to support with safety planning.
14. Family feedback following review of materials is informing further changes.
15. Restorative supervision is being provided for staff. Our staff wellbeing offer has been provided to individuals and teams. Culture work continues and will now be incorporated into the NHS England Culture of Care.
16. Staff have been provided with guidance on Guidance on coping after a suicide. This support will be enhanced with training from the Trust legal team in relation to inquests.
17. We have undertaken significant work on making the inpatient environment safer and this will continue in 2024/25. We have also recruited to a new ligature harm minimisation role for our inpatient services

Figure 15- Number of suicides and rate per 10,000 people under Berkshire Healthcare Trust Mental Healthcare



** For 2023/24, the rate per 10,000 contacts is based on an estimated number of contacts

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

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

Figure 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 also shows the number of deaths that were judged definitely, strongly or probably (more than 50:50) avoidable.

Judging the level of the avoidability of a death is a complex assessment. An avoidability score is confirmed at our Trust Mortality Review Group for all deaths in physical health services where a second stage review is conducted. The following criteria is used:
Score 1 Definitely avoidable.
Score 2 Strong evidence of avoidability.
Score 3 Probably avoidable (more than 50:50)
Score 4 Possibly avoidable, but not very likely (less than 50:50)
Score 5 Slight evidence of avoidability.
Score 6 Definitely not avoidable.

The figure below shows that there were no causes for concern (avoidability score of 1,2 or 3) confirmed in 2023/24.

Figure 16- Unexpected inpatient deaths and deaths within 7 days of transfer to an acute hospital in 2023-24

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	6	10	2	14	32
Total deaths with avoidability score of 1,2 or 3.	0	0	0	0	0

Source- Trust Learning from Deaths Reports

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

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

The Physical Health Service aims to ensure that physical health checks and interventions or signposting are offered and completed for all new patients with severe mental illness (SMI), or those who may have a period of instability and/ or increase in medication. Such checks help to help bring their life expectancy in-line with that of the general population.

At the end of Q4 2023/24, the trust performance was 95%. The figure below shows performance during this year. Throughout 2023/24 there has been a sustained performance equal to or above the 85% target in all areas apart from Slough and Windsor and Maidenhead (WAM). Some focussed work in both these localities has seen significant improvement. Slough has achieved and sustained their performance against the target since November 2023, and this locality has really embraced physical health from within the Community Mental Health Team (CMHT), in addition to the input from the Physical Health Team. WAM had patients awaiting discharge and no longer willing to engage with mental health services as well as patients who were finding our services difficult to access. Again, strong

collaboration with the CMHT staff and a proactive outreach approach has seen significant increases, and the target was achieved in March 2024.

The Physical Health Team have a well embedded training programme offering Physical Health Awareness Training to all mental health clinicians online as well as Making Every Contact Count (MECC) training face-to-face. MECC involves using the everyday conversations with the people we meet to improve their health and wellbeing. It is suitable for staff of all bands and professional backgrounds, as well as social care staff and those working in the voluntary sector.

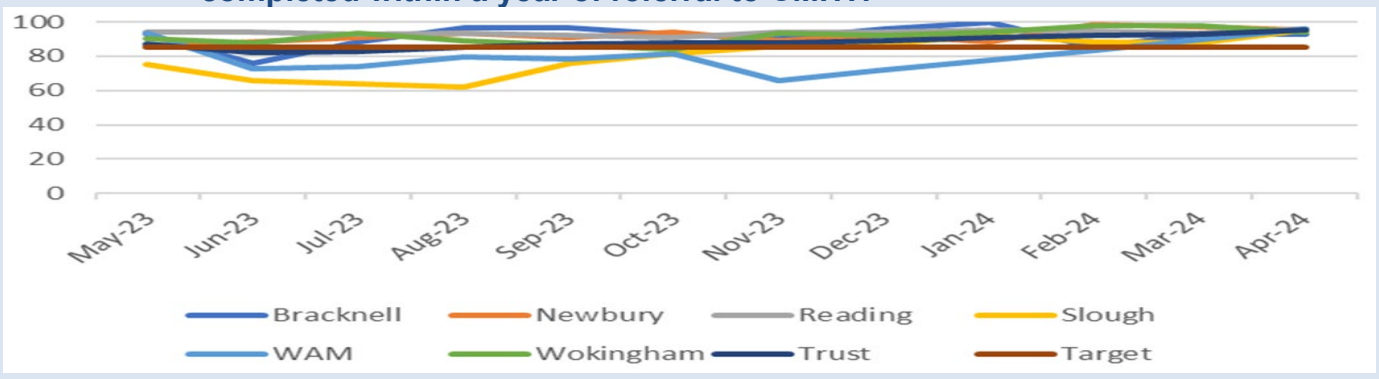
NHS England (2024) and Lester (2023) guidance requires physical health services to not only screen, but to also intervene. Follow-up of physical health advice and interventions is vital to improve the life expectancy of people with severe mental illness. The Physical Health Team now offer a routine follow up contact, either by telephone or face to face, for all patients they see for a physical health check in the community. Working collaboratively with the Physical Health Clinical Lead at Prospect Park Hospital, the teams are also working on a process to offer patients discharged from mental health inpatients with SMI a follow-up health check at approximately 8 weeks after discharge.

Furthermore, the above guidance also advises that health checks should be offered to those people taking mood stabilizers. Therefore, from April 2024, patients with ICD10 codes F30 and F31 (mood disorders) have been added to the cohort of patients being offered health checks within Berkshire Healthcare. This will impact the overall percentage performance whilst the team catch up on the newly identified patients.

Finally, health inequality is well acknowledged within the population of patients with SMI. Three projects will be undertaken throughout the next year to help address this:

- Throughout 2024/25 the service will continue to support the roll out of 'Swap to Stop'. This is a government initiative to fund rechargeable approved vape devices and liquids to support people to quit smoking (a NICE recommended approach).
- Deaths from cancer in people with SMI are higher than average, and Reading is a significant outlier in Berkshire. A quality improvement project is underway to understand the data and develop countermeasures to improve outcomes in this cohort of people.
- Access to Electrocardiogram (ECG) where indicated. The Physical Health Team are rolling out a pilot within CMHT's offering ECG recording and interpretation (within homes and clinics) to support safe prescribing of antipsychotic medication.

Figure 17- Percentage of patients with Severe Mental Illness (SMI) that are referred to CMHT and have had all parameters of the annual physical health check completed within a year of referral to CMHT.



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

Strengthening our Safety Culture.

The safety culture steering group continues to oversee developments to further enhance the Trust safety culture. This has included actions to improve hearing the voice of our staff and patients and ensuring that concerns are acted upon alongside fostering compassionate leadership at every level. Actions have included a review of all Human Resources policies and procedures to ensure that they all align with just culture principles, training and development opportunities for staff to support a kind and compassionate workforce, new approaches to learning from incidents, Making Families Count Training on how to work with bereaved families and support for staff post-incident.

We have published a new handbook on working effectively and compassionately with families after a patient safety event, ahead of World Patient Safety Day on 17 September 2023. Developed to improve collaboration with patients, their families, and carers, 'Compassionate Communication, Meaningful Engagement' was created by six NHS Trusts, including Berkshire Healthcare, in partnership with Making Families Count.

Promoting Safe Cultures Workshops have commenced for our Mental Health Wards at Prospect Park Hospital and received positive feedback. Workshops include role play and Berkshire Healthcare created videos to support reflective practice in this area.

The Trust's Safety Culture workplan was refreshed in January 2024. Key initiatives going forward include:

- keeping the Trust safety culture charter in everyone's mind.
- Promotion of organisational development programmes of work to support the Trust values, including leadership compassion, well-functioning teams and wellbeing.
- enhancing and promoting our staff support

Never Events

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

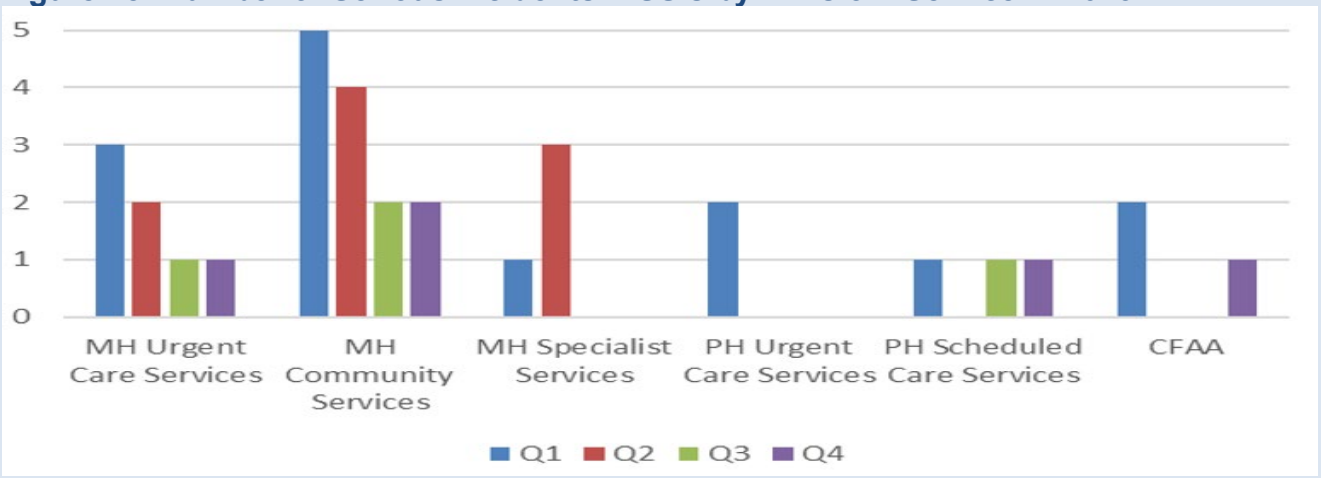
There were not any never events to report for the Trust in 2023/24. We reported one never event in Quarter 4 of 2022/23. This event occurred at Prospect Park Hospital and involved a patient tying a ligature to a shower curtain rail hook(s). The investigation for this incident was completed in Quarter 1 of 2023/24. The report has been signed off and actions continue to be monitored through our Quality and Patient Experience Group.

Serious Incidents (SIs)/ Patient Safety Incident Investigations (PSIIs)

Toward the end of Quarter 3 of 2023/24, following sign-off both internally and by the Integrated Care Board (ICB) of our patient Safety Incident Response Plan, we started to transition from the 2015 Serious Incident (SI) Framework to the new National Patient Safety Response Framework (which involves Patient Safety Incident Investigations- PSIIs). As a result of this, fewer serious incidents were reported and there was an increase in differing methodologies being undertaken for Patient Safety Reviews. From the 1st of January 2024 all incidents are being reviewed in line with the new framework and no incidents are being logged on the old Strategic Executive Information System (STEIS).

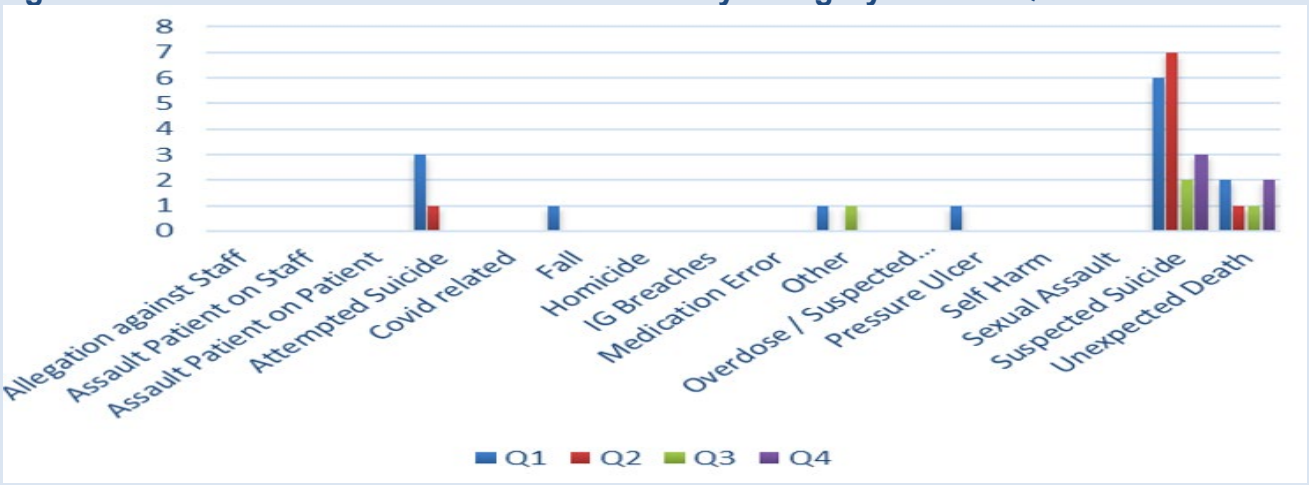
There were 5 Patient Safety Incident Investigations (PSSI's) commissioned in Q4 compared to 4 in Q3. 9 serious incidents (SIs) were reported in Q2 and 14 in Q1. The reduction in Q3 and Q4 is in line with our transition to applying Patient Safety Incident Review Framework (PSIRF) principles over this time. Figure 18 below details the number of SIs/ PSSIs reported quarterly by each Division/ Service, with Figure 19 detailing these by category.

Figure 18- Number of Serious Incidents/ PSSIs by Division/ Service in 2023-24



Source: Patient Safety and Learning Quarterly Reports

Figure 19- Number of Serious Incidents/ PSIIs by Category in each Quarter of 2023-24



Source- Trust Serious Incident Quarterly Reports

There were 28 inquests scheduled for Q4 2023/24 of which 4 were adjourned. 13 of these had been reported by Berkshire Healthcare as PSIIs. There were two Preventing Future Deaths Reports in Q4.

Significant patient safety activity has been undertaken across the Trust following reviews of incidents. These include:

Cross-Divisional Activity.

- Preparation is underway to maintain our status as a Safety Incident Response Accreditation Network (SIRAN) accredited Trust.
- A Patient Safety Improvement Lead has started with the Trust.
- A new, more concise Datix form has been developed for reporting Present on Admission pressure damage.

Mental Health Division Activity

- Clinical Risk Training has been further developed to ensure that it allows clinicians to gain a more comprehensive understanding of Clinical Risk
- Standard work for discharge was developed at Prospect Park Hospital (PPH) to support safe discharge from inpatient admissions.

Physical Community Health Division Activity

- A care plan workstream has been developed with phase 1 going live in 24-25.
- Work on the Multifactorial Falls Risk Assessment is being undertaken, involving removal of duplication, and making sure it covers all aspects of the NICE Guidelines.

Children, Families and All-Age Services Division Activity

- Weekly Multidisciplinary Team (MDT) reviews have been strengthened.
- The Directorate have learnt from a near miss event involving breakdown of communication for a vulnerable mother. Improvements were identified as a result.

Staff Support Activity

- The Staff Support Service continue promoting the psychological Staff Support Post Incident (SSPI) model. Both individual and team SSPI sessions were delivered.

Family Liaison Activity

- The Family Liaison Office (FLO) received referrals for families during the year. Some referrals were made at the start of the learning response process; others came following completion of the report.

Quality Concerns

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

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

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

Wait times. Wait lists in some services are rising due to a combination of service capacity and increased demand. This increases risk to patients and means that we are not meeting national or local targets in all services. A long wait for an outpatient appointment does not provide a good experience for patients, families, and carers. Some services have had

long waits for several years, and these are due to several reasons, including limited funding from commissioners and staff vacancies. Wait lists are monitored monthly at the Quality Performance and Experience meeting. Action plans and programmes of work are being taken forward with system partners to reduce some of these wait times.

Duty of Candour

ⓘ 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 and truthful information from health providers.

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

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

Figure 20 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 20- Number of Incidents requiring formal Duty of Candour

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
(23/24)	42	35	41	41	29	12	10	8	7	10	5	5

Source- Trust Serious Incident Monthly Reports

2.1.3. Clinical Effectiveness

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

Our 2023/24 Clinical Effectiveness Priorities:

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

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

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

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

We have produced a policy that describes how we identify, assess, implement and monitor implementation of NICE Guidance.

Implementation of NICE Guidance and Guidelines.

1. NICE Technology Appraisals (TA)
NICE Technology Appraisals provide recommendations on the use of new and existing health technologies within the NHS. Each TA focuses on a particular technology, which may be a medicine, medical device, diagnostic technique, surgical procedure, or other intervention. When NICE recommends a treatment 'as an option', the NHS must ensure it is available within 3 months of publication of the TA (unless otherwise stated). We have implemented 100% of the NICE TAs that are relevant to us. Those implemented this year are detailed below:

Dapagliflozin for treating chronic Heart Failure with preserved or mildly reduced ejection fraction (TA902) and Empagliflozin for treating chronic HF with preserved or mildly reduced ejection fraction (TA929). Our east and west Heart Function Teams will prescribe this for their patients in line with the NICE recommendations.

Daridorexant for treating long-term insomnia (TA922). This Guideline may be relevant to our MH staff as insomnia is often treated as part of a mental health condition.

Tirzepatide for treating type 2 diabetes (TA924). This medication will be prescribed by our Diabetes Centre.

2. Other NICE Guidance and Guidelines
The paragraphs below detail some of the other NICE guidance and guidelines that we have progressed during this financial year:

Point-of-care tests for urinary tract infections to improve antimicrobial prescribing: early value assessment – HTE7. The point of care tests listed in this NICE Early Value Assessment are not recommended for early routine use in primary or community settings. None of the listed tests are in use in our Trust.

Digitally enabled therapies for: adults with depression (HTE8) and adults with anxiety disorders (HTE9): early value assessments. These documents recommend several digital enabled therapies for these conditions. We use one of the recommended platforms (Silvercloud) as an option for our patients with depression or anxiety.

KardiaMobile for detecting Atrial Fibrillation (AF) (MTG64). This technology is recommended as an option for detecting AF for people with suspected paroxysmal AF, who present with symptoms such as palpitations and are referred for ambulatory electrocardiogram monitoring by a clinician. The East Berkshire Heart Function Team are using this technology.

Automated ankle brachial pressure index measurement devices to detect peripheral arterial disease in people with leg ulcers (DG52). This guideline states that organisations that are already using this technology can continue to do so if they meet four criteria. We currently use these devices and meet all four of these criteria. Our Research team is supporting our clinicians to collect the recommended information/ research detailed within the guideline.

Osteoarthritis in over 16s: diagnosis and management (NG226). Our Physiotherapy services are meeting all of the recommendations in this guideline. The team are also reviewing the information available for patients at all sites.

Bipolar Disorder (CG185). A baseline assessment has been undertaken on this Guideline, and an action plan has been produced to address unmet recommendations. New recommendations relating to prescribing Valproate are also being implemented in line with Medicines and Healthcare Products Regulatory Agency safety advice.

Otitis media with effusion in under 12s (NG233). Our Hearing and Balance and Childrens and Young People services are meeting all of the recommendations that are relevant to them in this Guideline.

Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education (NG213). This large baseline assessment was completed with input from all relevant services in Children and Young People's services. Almost all recommendations were being met, and actions are in place to address unmet recommendations.

Suspected acute respiratory infection in over 16s: assessment at first presentation and initial management (NG237). This guideline has been reviewed by our Westcall GP Out-of-Hours Service, Virtual Wards, Community nursing and our Cardiac and Respiratory Specialist Services (CARRS). The relevant recommendations would all be met by these teams.

Stroke rehabilitation in adults (NG236). This Guideline is relevant to our Community-Based Neuro-rehabilitation team. A large majority of the recommendations are being met, and the team are putting actions into their annual plans to address unmet recommendations.

NHS Doctors in Training- Rota Gaps and Plans for Improvement

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

Our Guardian of Safe Working continues their duty to advocate for safe working hours for junior doctors and to hold the Board to account for ensuring this. As part of this duty, they report quarterly to the Board on activity relating to Junior Doctor working hours and rota gaps.

Figure 21 below details the Psychiatry rota gaps for NHS Doctors in training in the Trust between Q1 and Q3 of 2023/24. Our system of cover continues to work as normal, and gaps are generally covered quickly. We have had 14 unfilled gaps during 2023/24. For these unfilled gaps patient safety was not an issue.

Figure 21- Rota Gaps for NHS Doctors in Training – Psychiatry – 1st Apr 23- 31st March 24

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
343	329	198	131	0	3408.5	3290.5	2120	1170.5	0

Source- Trust Medical Staffing Team

The Learning Disability Improvement Standard

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

Increasing awareness of health inequalities experienced by people with learning disabilities and autistic people across the Trust; and improving our ability to segment outcome data and patient experience feedback to help target future areas for prioritisation and actions (respecting and protecting rights). There continues to be work utilising Connected Care data with system partners to highlight and positively impact on health inequalities (for example exploring the demographic data regarding who is accessing our services and exploring the differential rates of cancer screening) and this is being further examined as part of the wider Trust quality improvement approaches focusing on health inequalities.

Increasing awareness and use of reasonable adjustments (inclusion and engagement). The Oliver McGowan Mandatory Training in Learning Disability and Autism e-learning is available and in use by the Trust. There are actions being taken within the Trust to review the training where competencies can be highlighted further. Wider roll-out of this training is being overseen by the Integrated Care Boards.

Supporting a cohort of staff to undertake the Advanced Practice Credential in Learning Disability and Autism (ACP LD/A) with support from Health Education England to further develop specialist skills (workforce). We continue to support two team members to complete the MSc in Advanced Clinical Practice – with the impact of these enhanced skills being demonstrated in areas including the mortality reviews.

Work with Commissioners to support the development of local Dynamic Support Registers (DSR) which seek to identify those people at risk of admission to inpatient services and provide intervention in the community to avoid all but essential admission (learning disability services standard). We work with commissioners in East Berkshire with the Dynamic Support Register (DSR) implemented by the Integrated Care Board (ICB). In Berkshire West, the

Intensive Support Team oversee the DSR for adults with a learning disability at risk of admission, aged 26 and over. The Keyworker Service is managing the DSR for children and young people with a learning disability and/or autism at risk of admission, up to and including 25-year-olds. A new Dynamic Support Database – Clinical Support Tool has now gone live in RiO to enable this information to be recorded and monitored more efficiently as we work with partners on how this information can be used to further improve services and reduce the risk of admission to inpatient services

2.1.4. Supporting our People

ⓘ We are 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 2023/24 Supporting our People Priorities:

A great place to work.

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

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

We are in the final year of our three-year Trust People Strategy which was developed and aligned with the NHS People Promise. This strategy aims to make the Trust Outstanding for Everyone and will be refreshed and relaunched in 2024 to reflect the new Trust Strategy and the new NHS Workforce Plan. The strategy will continue to frame a programme of work to address our workforce challenges and deliver continued improvements to our staff experience.

People Strategy Key Priorities

Following some difficult years for our staff during and post the pandemic, it has been good to see a number of indicators demonstrating that this focus on our staff experience continues to pay dividends. We are delighted that Berkshire Healthcare has again had one of the highest engagement scores in the national NHS Staff Survey with an increase this year to 7.5, from 7.4 previously. We were also the top community and mental health trust for staff recommending us as a place to work. Whilst this is a score to be proud of, we do recognise that too many of our staff, particularly those with protected characteristics, still have a poorer experience at work. This is not acceptable, and we continue to actively understand where that is happening and to proactively address issues that come to our attention.

Looking After our People

Ensuring our teams have access to effective health and wellbeing support

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

Improving the mental and physical health and wellbeing of our people

We have continued to prioritise supporting the mental and physical health and wellbeing of our people throughout 2023/24. We can see the impact that this is having through the numbers of staff who report in the staff survey that the organisation takes positive action on health and wellbeing. In 2023, we achieved a 73.5% positive response , 8.5% above our comparator group average.

During 2023/24, we transitioned Wellbeing Matters to an internal staff support service and part of the wider Health and Wellbeing Service. This followed the cessation of funding from NHS England and an internal business case. This has meant that we have been able to continue providing expert and confidential psychological support for teams and individuals. Despite staffing shortages in the first six months, Wellbeing Matters has continued to offer individual assessments, team interventions and staff support post incident (SSPI). Since moving to the internal service in June 2023, the team have delivered 127 Wellbeing Line assessments, undertaken 281 team interventions (including wellbeing hubs, facilitated group processes, workshops and formulation sessions) for over 900 staff and delivered 103 incidents of post incident support for both teams and individuals, reaching another 300 of our colleagues.

A key aspect for the service is a focused drive on improving staff support at Prospect Park Hospital (PPH). This has been the focus of our new Staff Wellbeing Facilitator, who started in mid-December 2023 and is located at PPH. His aim is to focus on the staff support needs at PPH, including the provision of post-incident support.

Outside of the Wellbeing Matters space, we have continued to develop and improve general wellbeing support available. This has included NHS Charities Together funded projects to provide wellbeing classes for staff, update some rest rooms across the trust, launch Salary Finance to give greater access for staff to financial benefits including savings and loans, and continued support of our Wellbeing Champion network.

Reducing excessive working hours

In response to our staff survey scores, we have set up a project to understand the reasons why staff were reporting excessive working hours. As a result, 94 people have confirmed that they regularly work extra paid hours and wish to continue to do this overtime for personal reasons. Local managers are in regular checks with these people to ensure their wellbeing is not negatively impacted by working additional hours on a regular basis.

For teams whose members have reported working excessive unpaid hours, a 3-month project to monitor the reasons and impact of this across ten teams will report in June 2024.

Promoting a culture of respect, compassion and kindness

Violence reduction work

Assaults in the Trust, continue to rise year on year, in line with the number of physical and non-physical assaults reported nationally. We created a Violence Prevention and Reduction (VPR) Working Group in Quarter 2 this year to refresh our plans for implementing the national standard, refresh our VPR strategy and actions to support our colleagues. We have developed a Trust-wide workforce risk assessment and Training Needs Analysis terms of reference to ensure we are giving our colleagues the right skills, confidence and knowledge for their role in order to keep them and our patients' safe.

Our Prevention and Management of Violence and Aggression (PMVA) and Personal Safety team are increasing connectivity and support for our clinical teams at Prospect Park, our adult inpatient mental health unit. They offer support with specialist PMVA techniques, PMVA care plans, running drop-in sessions and supporting 'Safewards' (a model to reduce conflict) and post-incident reviews. Tutors now undertake a shift on a ward each month to help keep training consistent with staff experience and current practice. We are also part of a collaborative network of Trusts looking at best practice, co-production and inclusion of experts by experience in training.

Our theory training package has been updated to include civility, human factors, learning from CCTV, and other related topics such as neurodiversity, sexual safety, and anti-racism. We have also been promoting the use of the Safety Pod, which has replaced bean bags, as a piece of kit which enables people to be restrained in a dignified, safe and compassionate way, when necessary, rather than on the floor. New techniques have been implemented that will reduce the use of floor restraint for administration of intramuscular medication. New techniques and medical risk assessments are in place. A Yellow-Belt QI project will commence in June 2024 to further increase the use of the Safety Pod to reduce floor restraint.

We have achieved re-certification with the Reducing Restraint National Training Standards. We also engaged former patients and service users in our training delivery, using their feedback to inform and improve our training, including a Peer Mentor with lived experience of restraint with whom we will be working collaboratively.

We have also re-assessed ourselves against the National Violence Prevention Standards to identify gaps for action. We signed the Sexual Safety Charter and have assessed ourselves against this to establish a baseline in order to deliver against this by July 2024. A new Criminal Justice Panel has now been set up at Prospect Park hospital to support prosecutions against those who assault our staff. A new sexual safety policy for our workforce has also been developed.

We have delivered training for other trusts this year, including Conflict Resolution/Breakaway and Therapeutic Holding for NG tube courses. We are planning to deliver a Breakaway Train the Trainer course for another Trust which will involve annual requalification. We have also refreshed our Search training package and have created a Search refresher course. One of our tutors has completed a Quality Assurance course which will enable us to achieve Teacher Centre Status to deliver Level 3 teaching qualifications in-house.

Figure 22- Incidents of violence against staff 2022-23 and 2023-24

Incidents by Sub-Category	2023/24					2022/23 Total
	Q1	Q2	Q3	Q4	2023/24 total to date	
Alleged Sexual Assault	6	6	9	6	**27**	**18**
Attitude	5	1	0	0	**6**	**58**
Dirty Protest	0	1	0	0	**1**	**1**
Patient refusing treatment	0	2	1	2	**5**	**2**
Damaging Property/Criminal Damage	2	2	0	2	**6**	**12**
Physical Assault by Patient	181	187	235	169	**772**	**815**
Physical Assault by Staff	2	2	3	1	**8**	**4**
Abuse by Patient	202	176	161	108	**647**	**861**
Physical Assault by Other	0	1	2	4	**7**	**9**
Abuse by Staff	7	7	10	4	**28**	**19**
Abuse by Other	27	14	21	17	**79**	**94**
Total	**432**	**399**	**442**	**313**	**1586**	**1893**

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

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

Anti-racism work

We have worked with our community to develop our Anti-racism action statement which makes clear our commitment to anti-racism:

Berkshire Healthcare is committed to becoming an anti-racist organisation, in a purposeful and impactful way as part of our corporate strategy. We take an active role in identifying and addressing all types and impacts of racism, not just when it is obvious.

The Board holds the responsibility for leading our anti-racism efforts and ensuring measurable objectives are achieved.
We firmly believe that anti-racism activity should not be solely placed on racialised groups. Instead, we embrace actively involving our Race Equality Network, colleagues, and communities to make meaningful change.

Our approach to achieving this includes:

1. Making changes and taking positive actions that promote racial equity in all parts of our organisation.
2. Allocating resources to support our anti-racism agenda and monitor progress.
3. Supporting and encouraging our colleagues and community to actively participate in anti-racist practices.
4. Regularly and openly communicating our commitments and progress.

Our anti-racism work continues to gain momentum. Our Anti-racism taskforce has been established with a terms of reference developed and agreed. This ensures we remain accountable for taking action.

We have launched our anti-racism action statement which is now published on our website and intranet. Our Unity against racism logo has been developed:

Five workstreams, which have been identified based on our problem statements, are each being led by an Executive. These workstreams have developed some proposed actions, which will be checked and challenged with our workforce and community. In October 2023, we launched our Anit-racism in healthcare CommUNITY forum with community partners. Our Deputy Chief Executive has asked all Trust teams to consider anti-racism and health inequalities in their Plan-On-A-Page thinking this year. An anti-racism book club has also been launched.

Engagement and communication on our anti-racism journey has taken place through our All-Staff Executive monthly briefings, our Leaders and Mangers Forum and our all-staff newsletters.

The Patient Carer Race Equality Framework (PCREF) was launched nationally, and we are reviewing and mapping against this with a view to implementing it

Developing Compassionate and Inclusive Leaders

We developed a new leadership, management and talent development strategy which has been through wide ranging stakeholder engagement and have presented this to our Board who supported this development.

We launched our refreshed compassionate and inclusion focused leadership development programme – 'Leading for Impact' in September 2023. This has received very positive feedback, and we are already reviewing this to improve the provision for future cohorts based on the behaviour change feedback we are collecting. Recently we also introduced Action Learning Sets to support those on the programme with their learning.

We have worked with all of our directorates to develop a "managers' target audience" so that we can monitor uptake and ensure all of our people managers have undertaken leadership development. This target group will now be discussed and agreed with the relevant stakeholders. A deep dive into access by ethnicity has also commenced.

We introduced an internal coaching network which continues to grow, offering coaching opportunities for all staff in a variety of areas including confidence, role transition, navigating situations, anti-racism growth, and career progression.

We are also supporting teams with organisational development interventions including the Affina team Journey, Listening into Action, team building, mediation and team coaching.

A review of our management development programme 'Essential knowledge for Managers' has also commenced, and a 2nd day will be introduced next year to include budget management, risk management and REACT mental health training.

We have developed a Trust core behaviour framework and leadership competencies which we will be embedding.

Supporting staff to work flexibly and to connect with their teams

We have recently updated our home working guidelines in response to requests by our operational colleagues. This supports an increasing number of teams across the Trust to bring people back into the office on a regular basis. It also supports work-life balance and team building, and better enables new joiners to the team to feel included and have a sense of belonging. .

Our centralised flexible working process continues to support people who wish to

amend their working hours and/or pattern for a period of time, particularly if it is not possible to accommodate their request in their current team. This is completely embedded into business as usual and has already supported 181 requests for flexible working for staff. The HR team has oversight of all flexible working requests and where line managers are unable to accommodate, they liaise with other teams to seek an alternative role where flexible working can be accommodated – this has led to an avoidance of leavers. This has also supported our retention work and assisted with our significantly reduced turnover figure of 12.34%. Additionally, we have recently started a project as part of Frimley Integrated Care System (ICS) and a national pilot to encourage and facilitate flexible working patterns, particularly in clinical areas.

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

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

A monthly all-staff briefing gives our staff an opportunity to feedback suggestions and comments about current ways of working. We address these and are now including monthly "you said, we did" updates.

Our quarterly Pulse survey has continued allowing us to track progress throughout the year. During 2023/24, our response rate has averaged at 31%, which is 11% higher than the average response rate for trusts who use the same provider as us (Picker). However, this is much lower than our staff survey response rate of 67% and so comparison with the staff survey is difficult. Our staff engagement score averaged at 7.40 over the three pulse surveys, similar to the result from the staff survey (7.45) and higher than the Picker average of 6.77.

The Trust People Strategy and Equality Diversity and Inclusion Strategy was informed and designed based on learning from; the staff survey; data from the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES); and engagement workshops with staff and staff networks. This approach will again be followed as we refresh our strategy this year.

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

National Staff Survey Trust Results.
The 2023 National staff survey results were published in March 2024. The following gives a summary of findings from this survey.

The Survey Sample.
The 2023 survey was conducted online, resulting in it being open to over 4000 of the Trust's employees. 3291 (67%) staff responded to the 2023 survey. This response rate is 2% higher than in 2022 (65%), and 15% higher than the median response rate for similar Trusts (52%).

Summary of Trust Results.
Looking at the results, there's so much to feel proud about. The nine themes from the survey reflect the NHS People Promise, along with staff engagement and morale. We continue to be above average for combined trusts in all themes and our scores have significantly improved in five of the themes, including staff morale and always learning.

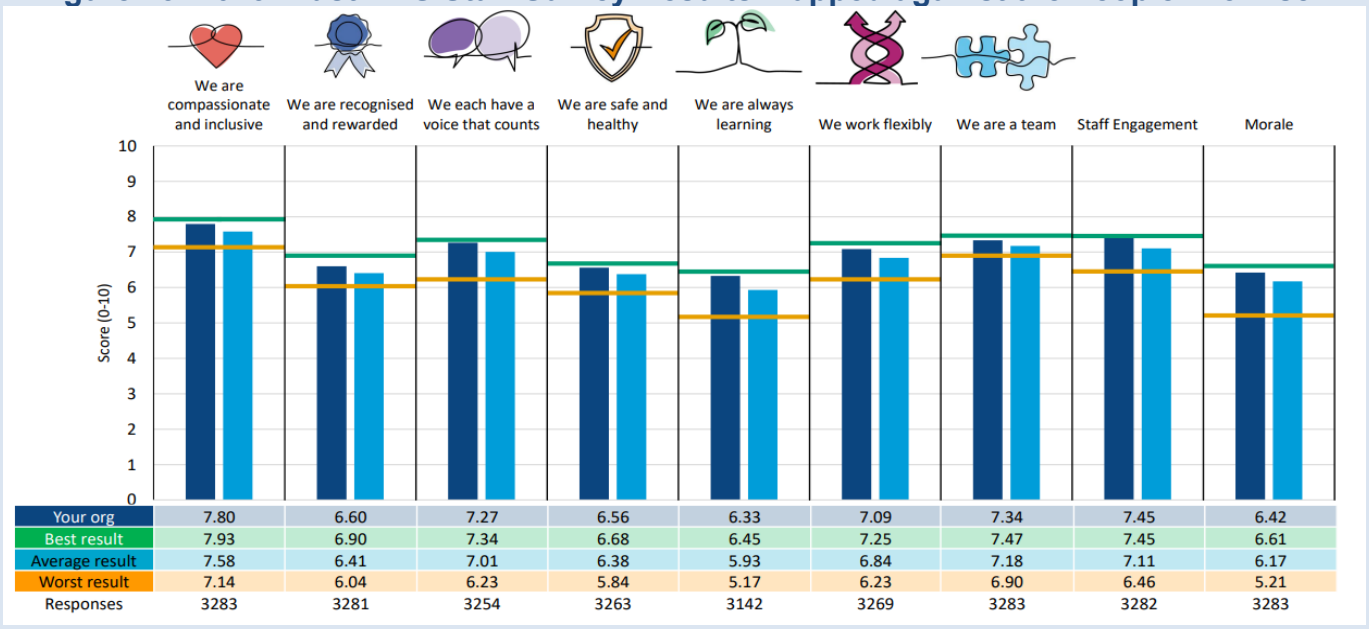
As we work towards our vision of being a great place to get care, a great place to give care, it's encouraging that we received the top scores for 'care of patients is my organisation's

top priority', and 'I would recommend my organisation as a place to work'.

We've seen significant improvements in 28 questions across 13 sub-scores, including burnout, work pressures and negative experiences. For example, fewer people reported that they 'have felt unwell due to work-related stress in the last 12m', with more reporting that they were 'satisfied with the extent that the organisation values my work'.

While all of this is good news, there's still much more to do to make this an outstanding place to work for everyone. The results show we need to continue our focus on reducing the inequalities and negative experiences faced by ethnically diverse, LGBTQ+ and disabled colleagues. New questions around experience on sexual safety and access to nutritious food show that we're doing better than average but there's still a gap to close to get the best scores. .

Figure 23- 2023 Trust NHS Staff Survey Results mapped against the People Promise



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.80	6.60	7.27	6.56	6.33	7.09	7.34	7.45	6.42
Best result	7.93	6.90	7.34	6.68	6.45	7.25	7.47	7.45	6.61
Average result	7.58	6.41	7.01	6.38	5.93	6.84	7.18	7.11	6.17
Worst result	7.14	6.04	6.23	5.84	5.17	6.23	6.90	6.46	5.21
Responses	3283	3281	3254	3263	3142	3269	3283	3282	3283

Source- 2022 NHS Staff Survey- Trust Benchmark Report

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

The Workforce Race Equality Standard (WRES) is a requirement for all NHS organisations, mandated by the NHS Standard Contract in 2015. It is a mirror that allows NHS Trusts to visualise workplace inequalities through 9 measures (metrics) that compare the working and career experiences of Black, Asian, and Minority Ethnic (BAME) and white staff in the NHS. Our latest WRES data has been received but the results are still currently under embargo. Results from the previous year are shown below.

Overall we have seen positive trends across the WRES indicators over the past 5 years. There is improvement in most indicators in the last year. The proportion of colleagues sharing their ethnicity is 97.24%, with ethnically diverse staff ('BME') making up 28.4% of staff. This proportion is higher than national NHS benchmarks and is broadly representative of the average Berkshire population.

We note that the result of one indicator stayed the same- this related to ethnically diverse staff experiencing harassment, bulling and hate from patients, relatives, or the public. One indicator has declined- this is the likelihood of accessing non-mandatory training and continuous professional development (CPD).

Our race disparity ratio shows us that white colleagues are 1.93 (clinical) and 1.13 (non-clinical) times more likely to progress through the organisation than ethnically diverse colleagues with regards to their career progression

Figure 24- Staff survey results relating to the Workforce Race Equality Standard (WRES)

WRES Indicator	Metric Descriptor		BAME 2023	White 2023
2	Relative likelihood of White applicants being appointed from shortlisting across all posts compared to BME applicants	Berkshire Healthcare	N/A	1.51
A value above 1 indicates that white candidates are more likely to be appointed than 'BME' candidates, and a value below 1 indicates that white candidates are less likely to be appointed than 'BME' candidates.		NHS Trusts	N/A	1.54
3	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	Berkshire Healthcare	1.21	N/A
A value of "1.0" for the likelihood ratio means that 'BME' and white staff are equally likely to enter formal disciplinary proceedings, whilst a value above 1 indicates that 'BME' staff are more likely to enter formal disciplinary proceedings than white staff, and a value below 1 indicates that 'BME' staff are less likely to enter formal disciplinary proceedings than white staff.		NHS Trusts	1.14	N/A
4	Relative likelihood of White staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff	Berkshire Healthcare	N/A	1.44
A value of "1.0" for the likelihood ratio means that white and 'BME' staff are equally likely to access non-mandatory training or CPD, whilst a value above 1 indicates that white staff are more likely to access non-mandatory training or CPD than 'BME' staff, and a value below 1 indicates that white staff are less likely to access non-mandatory training or CPD than 'BME' staff.		NHS Trusts	N/A	1.12
5. Staff Survey Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Berkshire Healthcare	29.4%	18.5%
		NHS Trusts	31.5%	25.4%
6. Staff Survey Q14b&c	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	Berkshire Healthcare	20.8%	15.4%
		NHS Trusts	22.8%	17.3%
7. Staff Survey Q15	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.	Berkshire Healthcare	51.7%	68.1%
		NHS Trusts	49.6%	62.3%
8. Staff Survey Q16b	Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months	Berkshire Healthcare	13.2%	5.2%
		NHS Trusts	13.6%	5.7%
9	Percentage difference between Board voting membership and its overall workforce	Berkshire Healthcare		+2.4%
		NHS Trusts		13.2%

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

disabled staff have to voice and air their concerns and to be heard. It seeks to help unmask barriers that have a negative impact on the experiences of disabled staff. Our latest WDES data has been received but the results are still currently under embargo. Results from the previous year are shown below.

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

We can see an improvement in five indicators in the last year and overall. The proportion of colleagues sharing that they have disability has increased from 5% to 6.41%. This compares favourably to other NHS trusts by almost 3%. We also note that four of the indicator scores stayed the same:

- Harassment, bullying and hate from manager.
- Work being valued.
- Adequate work adjustments and
- Board representation.

One indicator has declined. This relates to disabled colleagues feeling pressure from their manager to come to work despite not feeling well enough. Work will focus on working with our Purple Staff Network to improve stubborn and persistent disparities experienced by our disabled workforce.

Figure 25- Staff survey results relating to the Workforce Disability Equality Standard

WDES Indicator	Metric Descriptor		Disabled 2023	Non-Disabled 2023
2	Relative likelihood of Non-Disabled staff compared to Disabled staff being appointed from shortlisting across all posts. *A figure below 1:00 indicates that Disabled staff are more likely than Non-Disabled staff to be appointed from shortlisting.*		0.93	N/A
3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure. *A figure above 1:00 indicates that Disabled staff are more likely than Non-Disabled staff to enter the formal capability process.*		1.90	N/A
4 Staff Survey Q14a-d	Percentage of Disabled staff compared to Non-Disabled staff experiencing harassment, bullying or abuse in the last 12 months from:	(a) Patients/Service users, their relatives or other members of the public	27%	20%
		(b) Managers	12%	5%
		(c) Other Colleagues	18%	12%
		(d) Percentage of Disabled staff compared to Non-Disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	59.8%	57.3%

WDES Indicator	Metric Descriptor		Disabled 2023	Non-Disabled 2023
5 Staff Survey Q15	Equal opportunities for career progression or promotion	Percentage of Disabled staff compared to Non-Disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	61%	65%
6 Staff Survey Q9e	Presenteeism	Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	22.5%	16%
7 Staff Survey Q4b	Disabled staff's views/satisfaction with the extent to which their organisation values their work.	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	52%	61%
8 Staff Survey Q30b	Reasonable adjustments for disabled staff	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	81%	N/A
9. National Survey staff engagement score	NHS Staff Survey and the engagement of Disabled staff	(a) The staff engagement scores for Disabled and Non-Disabled staff	7.2	7.5
		(b) Has Berkshire Healthcare taken action to facilitate the voices of Disabled staff in your organisation to be heard?	Yes- There is active engagement with our staff networks to ensure that we are listening to our staff. Our Equality Diversity and Inclusion teams meet monthly with the network chairs and these chairs also have regular access to the Director of People	
10.Board Membership - Disability	- The percentage total Board membership of colleagues declaring a disability is higher than the overall workforce, meaning that disabled people are overrepresented at Board compared to our overall workforce. - The percentage executive membership of colleagues declaring a disability is higher than the overall workforce, meaning that disabled people are overrepresented at Executive membership compared to our overall workforce. - There is a higher number of undeclared/unknown disability status amongst the Board, which is not representative of the workforce. - Compared to NHS Trust's nationally, we are above average for representation but below average for the number of our Board who have not declared their disability status.			

Translation and Interpretation Services
Our provider of these services has changed, and we have successfully trained 340 colleagues in accessing the new service. We have also seen an increase in quality and reliability with the percentage of requests being met, rising from 81% in June 2022 to 92% in 2023 and to 98% in February 2024. Our next steps will be to develop a policy to ensure efficient and consistent use of services and then review our smaller translation contract for deaf, blind and dual sensory services.

In 2022/23 we ranked No.68 and were accredited as a gold employer in the Stonewall Workplace Equality Index, which recognises lesbian, gay, bi, trans, queer, questioning and ace (LGBTQ+) inclusive workplaces in the UK. We are 9th among employers headquartered in the South-East, 22nd in the Public Sector and 6th in the Health and Social Care Sector.

PRIDE
Our Pride network continues to support our LGBTQIA+. Reading Pride celebrated its 20th year in September 2023. Trust volunteers supported our pop-up health space, offering activities such as community engagement, health checks and promoting the Trust as a positive employer. Our Sexual Health and Patient Experience teams were also on hand to speak to attendees and share information about our services. We also promoted our health and wellbeing services from Talking Therapies to our veterans' services. The event gave us an opportunity to celebrate the value of being an inclusive organisation, connect with the local community, and celebrate the LGBTQ+ members within our local area.

We also supported Bracknell Forest Council and the local LGBTQIA+ communities in June 2023 by celebrating the first ever Pride festival in the town centre. Our presence included Our Pride Network, Talking Therapies and Sexual Health teams.

On International Non-Binary Day in July 2023 we delivered a training session with Inclusive Employers to explore topics around gender identity. We also honoured Transgender Day of Visibility by hosting a virtual webinar featuring a transgender, non-binary model. In June 2023 we celebrated Pride Month with a virtual event featuring Robin Windsor, a former Strictly Come Dancing professional, who shared his life story and experiences as a gay man in the entertainment industry. The event provided staff with valuable insights and opportunities to engage in discussions related to Pride Month and LGBTQIA+ issues

Staff Networks
We have introduced a new form to join a staff network and have found this encourages sharing of protected characteristics to improve our declaration rates, enabling us to have better insights

Our 'Courage' Network was renamed to 'Armed Forces' network, and a plan of activity has been developed including our first armed forces conference in the Spring.

Our Women's network was launched in March 2024, with an event to celebrate International Women's day.

Windrush
As the NHS turned 75, we also celebrated the 75th anniversary of Windrush and the contributions this generation has made to the NHS. One of the events was Radio Windrush, a Podcast, attended virtually by over 185 of our staff and partners, featuring music, relaxed conversation, and personal reflections, exploring the power of diversity and unity in overcoming adversity.

We celebrated **Black History Month** with several well attended and well received events One highlight was a Q&A session with guest speaker John Amaechi, where 400 people engaged with the event.

This year's **South Asian Heritage Month** (18 July – 17 August 2023) celebrated the stories that make up the diverse and vibrant South Asian community and history in the UK.

Multi-faith project
Following insights from our community and workforce, we have partnered with Buckinghamshire New University on a Multi-faith project to engage and educate our workforce around the importance of faith and religion within healthcare settings.

NHS Equality, Diversity and Inclusion (EDI) Improvement Plan.
We recently mapped ourselves against the NHS National EDI Improvement Plan- 6 High Impact Actions. This was presented to relevant groups and to our Trust Board. It was pleasing to see that we have a lot of work underway already against all 6 actions. One area where we haven't had as much traction is bullying and harassment, and we will be commencing a small task and finish group to identify some key actions to progress improvement.

We have continued our commitment to meeting the **Accessible Information Standard (AIS)** to ensure inclusive healthcare provision, and we took proactive steps to enhance accessibility by creating AIS grab bags for 70 identified services across the Trust. These grab bags contain essential communication aids such as portable hearing loops, charts for non-verbal patients, whiteboards, and pens.

We achieved **Carer Confident Level 2: Accomplished in providing carer support**, demonstrating a commitment to creating an inclusive workplace for carers. This achievement signifies that the Trust has implemented processes to help carers identify themselves in the workplace, involved carers in policy development, and offers practical support and communication channels for carers

The Trust currently holds the highest level of **Disability Confident status**, as a Leader. Our ongoing efforts are focused on maintaining this accreditation and enhancing best practices. This enables us to create better pathways for individuals with disabilities, impairments, or long-term health conditions to access and maintain employment within the Trust

Neurodiversity Strategy
We continue our commitment to support neurodivergent patients, staff, and families, and to foster a culture of neuro-inclusivity. Our Neurodiversity Strategy focuses on addressing autism and ADHD for patients and wider neurodiversity for staff. It aims to improve access to quality care, training, and support while adhering to legal requirements under the Equality Act 2010 and National autism strategy. This comprehensive approach spans in-patient and community services, workforce development and facilities. We also have the support of our Trust Neurodiversity Lived Experience practitioner.

We have made significant strides in this area, including development of a Neurodiversity passport to support our patients, and a Neurodiversity toolkit to support managers and staff. Events including Neurodiversity Celebration Week and World Autism Acceptance Week foster understanding. Additionally, staff stories provide first-hand perspectives, while a comprehensive FAQ section addresses common concerns.

Supporting our staff to achieve their career aspirations

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

Due to the implementation of the essential skills matrix, there is a significant increase in the essential clinical skills training demand. We are working with clinical leads and other stakeholders to ensure that our training is focussed to make the best use of our funding.

Talent management continues for senior and middle management. Our 'Leading for Impact' programme not only equips managers with the tools to recognise talent and support staff to progress in their careers, but also contributes

to their own continuing professional and career development. Our Executive talent and succession planning process now uses a new model which has improved the quality of the conversations significantly.

Clinical Education

We continue to support and upskill our clinical workforce and empower our non-medical, clinical workforce to deliver safe patient care. Our priorities are to ensure that:

i. Sufficient training and robust support are provided to all clinical learners and the training is aligned with the Trust, System and National training objectives.
ii. Staff are aware of the training and Continuing Professional Development (CPD) opportunities, with equity of access.
iii. Our Clinical Education service is equipped to provide high quality training and a positive learning experience, with robust governance processes in place for assurance of the quality, safety and clinical relevance of the programmes.
iv. Training is as cost effective, technology enhanced and lean as it can be without compromising the quality and safety.

We continue to improve stakeholder engagement and awareness by collecting and analysing feedback from learners, managers and training providers. This feedback is predominantly positive with some areas of improvement. We have ongoing engagement strategies, and our work has created improved awareness of training opportunities. This is reflected in the increased uptake of the CPD fund this year and the high level of success with our Objective Structured Clinical Examination (OSCE) training (100%) and Nurse/ Allied Health Professional apprenticeship course outcomes.

We are due to have our bi-annual course revalidation in collaboration with the relevant clinical experts in 2024. Courses are revised as needed to ensure high standard of quality and safety and validity of our programmes.

The Clinical Education Team are supporting Competency-Based Career Progression to highlight and support those ready for progression to the next career step. This work, in combination with the Training Matrix and leadership behaviours model, are integral to our skills-based career progression agenda.

An electronic essential training matrix will be fully embedded by September 2024, allowing managers to review the skill mix of their workforce at the click of a finger. We have also placed two clinical educators to lead and coordinate the training for in-patient units who are providing training in the in-patient wards. We are also in the process of transitioning training documentation and sign off process of preceptorship programme onto our digital learning platform. This saves time and reduces the risk of infection.

The Resuscitation UK accredited Resus training programme has been implemented successfully and the feedback is positive. We have plans to implement a Resus UK approved e-learning Resus training programme for low-risk staff group who do not come into contact with patients in their day-to-day work. The new Automated External Defibrillator roll-out in the Trust is progressing as planned.

In relation to Mental Health (MH) training, our key priorities have focused on the lack of training availability, review and revision of Suicide Prevention Training and the development of Risk Assessment training. Extensive work has been undertaken to understand the training needs of our MH non-medical workforce and we have developed a plan to resolve this. Free access to a self-directed digital learning platform has been sourced and is being piloted. A joint clinical / education role has also been created in collaboration with the clinical MH directorate to develop and deliver training across MH divisions and for other relevant staff.

Our Library and Knowledge Services are available for all staff and students in the Trust. Our team have worked in partnership with the Royal Berkshire Hospital to introduce a “Research Café" to help our Advanced Practitioners embrace evidence-based practice and support publications. Our library

staff continue to support the clinical and non-clinical workforce in evidence searching, healthcare resource development, horizon scanning, digital skills development and leadership training delivery across the organisation. They provide training on information literacy and health literacy. They have also increased their support to our staff networks, particularly with access to books for the anti-racism book club and Royal National Institute of the Blind BookShare.

We have achieved the interim national quality mark for our preceptorship programme. Our in-house Suicide Prevention training has received CPD accreditation, and we have introduced the BEACH® programme for healthcare support workers (HCSWs). This course is designed to support HCSWs to recognise and escalate the care of deteriorating patients and is nationally proven to save lives.

Finally, we are delighted to have been invited by NHS England to present our HCSW development programme at the national HCSW forum as an example of good practice.

Attracting and welcoming school leavers, apprentices, students and international recruits to help close our workforce gaps

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

Our focus on candidate attraction and recruitment continues to remain a vital part of our efforts to address ongoing workforce gaps. Our talent acquisition team have supported staff in securing over 150 recruitment offers for roles across the trust. This has included:

- 30 Mental Health Nurse/Practitioner offers (band 5-7)
- 12 Community Nurse offers
- 6 Clinical Psychology offers

The team have also recruited to many vacancies which have a candidate shortage including several Speech and Language Therapists, Occupational Therapists, Liaison and Diversion Practitioners, Health Visitors and Nursery Nurses.

Our Early Careers initiatives have also grown. We have organised or participated in 61 individual events this year, including 20 university career fairs, 26 school events and an event run jointly with The Princes Trust.

In 2023/24, we grew our social media and recruitment marketing activity and presence. The number of social media posts promoting vacancies and attracting candidates to Berkshire Healthcare has increased by over 50% (273 posts in 2022, to over 550 in 2023). Total clicks to these posts have increased four-fold to over 10,000, with a reach (the total number of times posts were shown to different people) of over 400,000 (from 117,000 the previous year).

We have also been able to report that we had filled all of our Health Care Support Worker (HCSW) vacancies for the first time since NHS England monitoring of these vacancies began.

In a competitive market where demand exceeds supply, we have increased the number of final year nursing students we recruit following a placement with us, from 21 last year, to 30 this year.

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

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

The term 'Quality Improvement' (QI) refers to the systematic use of methods and tools to continuously improve quality of care and outcomes for patients. It gives the people closest to issues affecting care quality the time, permission, skills and resources they need to solve them. QI can deliver sustained improvements not only in the quality, experience, productivity and outcomes of care, but also in the lives of the people working in health care.

Our Trust QI Team are responsible for:

- Supporting our teams in the application of the Trust's Quality Management Improvement System (QMIS)
- Supporting colleagues to build their QI capability and become further accredited in lean training by delivering 'Yellow belt' and 'Green belt' QI training.
- Leading and supporting Trust wide high priority projects and programmes with the use of lean methodology.

The QI team also support the Trust strategic initiative and breakthrough objectives projects, by having presence on these and coaching and guiding project sponsors and colleagues directly involved in them. Below is a summary of the progress this year in the delivery of these objectives.

Quality Management Improvement System (QMIS). 20 waves of QMIS training have been completed since 2018, reaching 137 of our clinical and non-clinical teams. Training with the Children, Families and All Age services division begins in June 2024, and we are on-track to train 95% of all clinical teams by the end of 2025.

Several teams have made improvements to their priority areas and 'driver metrics' through the implementation of QMIS. For example, the Equality, Diversity and Inclusion team have improved the pathway for colleagues to access adjustments at work, and Community Physiotherapy in Bracknell have worked to reduce waiting times to first appointment.

15 colleagues have commenced their QI 'Yellow Belt' training as part of an initiative to embed and sustain QMIS at Prospect Park Hospital (PPH). They are collectively engaged in projects aimed at improving the response rate for I Want Great Care patient feedback. Several Wards have also identified their own 'driver metrics' and are allying their QI skills to improving these. Bluebell ward have made improvements in their supervision rates and Rowan ward have achieved their target for reducing inpatient falls in four consecutive months.

Building Quality Improvement Capability., Supporting improvement requires establishing a common way of working, using tools and methods to solve problems and improve performance. We provide QI training at several levels and the aim of this training, support and coaching is to build capability in others. At the end of 2023/2024:

- 603 colleagues had completed their 'White belt' introductory level learning
- 181 colleagues had completed their 'Yellow belt' (intermediate) learning
- 31 colleagues had completed their 'Green belt' (advanced) learning.

Colleagues complete a QI project when doing their yellow belt training, and examples of these projects from the last year include:

- **Increasing the number of colleagues that have completed their Friends, Family and Carer e-learning.** Since its introduction in 2022, only 44% of colleagues in the organisation had completed the Friends, Family and Carer e-learning. A root-cause analysis identified

that staff were completing this training, but not completing their final assessment successfully. A test-of-change was completed, which resulted in an increase in training uptake, with 190 additional staff members completing in November 2023. 70% of new starters had completed the training by Jan 24.

- **Reduction in delays in discharge from Medically Optimised for Discharge (MOFD).** The target Length of Stay (LOS) for Community Health inpatient wards is 21 days. However, the time it taken for many patients to move from being MOFD to discharge-ready can be over 50 days. Root-cause analysis was carried out, and countermeasures put in place which resulted in increased attendance at board rounds and a 41% reduction in patients on who had delays of over 15 days at Windsor Ward in Wokingham Community Hospital.

Breakthrough Objectives

Our approach to QI aims to deliver improvements in care and outcomes for the people we serve. Our organisational priorities for QI are described as 'Breakthrough Objectives'.

In the last year, the Mental Health Inpatient team have made a significant and sustained improvement in reducing self-harm incidents reported in our inpatient wards (as shown in section 2.1.2 of this report). A new breakthrough objective was also identified at the start of this year to reduce reported incidents of restrictive intervention in our adult mental health inpatient wards. The number of such incidents reported each month has reduced by 33% in the first year and the work on this breakthrough objective will continue into the next year.

NHS Staff Survey Results

We aim to engage, motivate and empower colleagues to lead continuous improvement in their daily work and enable them to practice continuous improvement where the work is done. This has yielded positive results, and since 2022, Berkshire Healthcare have ranked in the top 1 to 2% of all NHS Trusts in the following NHS Staff Survey questions:

- "I am able to make suggestions to improve the work of my team." 4th out of 190 NHS Trusts
- "I am involved in deciding changes that effect my work." 1st out of 190 NHS Trusts
- "I am able to make improvements happen in my area of work." 3rd out of 190 NHS Trusts

Bright Ideas

Our Bright Ideas platform continues to develop. Some key innovations include:

- Cardio walls at Prospect Park Hospital have been completed and a third wall will be installed at Upton Park Hospital. These incorporate gamification with increased cardiovascular exercise for people presenting with serious mental health conditions. They have received great feedback and patient engagement.
- Nature prescriptions. This new approach to wellbeing is being implemented initially in Mental Health Integrated Care Services (MHICS) east teams with a view to spread to the west.
- User friendly animated welcome videos for in-patient services are underway, with an animated video in production
- Shared learning podcasts are being discussed as well as short videos for all staff

All supported ideas demonstrate progression and improvement that is service, patient, carer or staff related, and always aim to add value. Some of the other projects that have been born from Bright ideas in the last 24 months include the following:

- The spread of our Sharon peer support platform to all of our Mental Health Integrated Community teams in Berkshire
- The Berkshire Healthcare health bus that travels around Berkshire offering interventions, information and support to those people who are less able to access our existing clinics. The bus is now also being actively used for fundraising for the

Berkshire Healthcare Charity and Charity partners such as Sport in Mind.
- Exceptional recognition awards for staff
- The use of connected care programmes to break down service user health inequalities in our teams, which will aim to help us to improve services and identify gaps.
- Sensory Gardens that support wellbeing and environmental sustainability.
- The peppy app for staff for menopause and men's health
- Fitting 'dementia bus stops' on some of our wards to create a sense of safety for patients with dementia who recognise the stops. One has been created to date and we are spreading these to more wards.

The Bright ideas team have two staff that make up one Whole Time Equivalent post (3 days and 2 days Per Week). They have developed a very strong voluntary Innovation hub over the past 12 months and the membership has grown to around 50 people This hub brings together staff of all levels and sessions are undertaken on innovation development to give people the tools to return to their teams and influence others to think about the future. We consider how we can grow existing ideas for new challenges and create new ideas and support bright idea projects. This group also receives demos from external suppliers and supports the organisation in identifying products that may support us to deliver care more efficiently. The innovation hub is supporting the trust in planning for the future and has worked with the Business Development Team on scenario planning that aims to contribute to the design of trust strategies. Connected to the hub, we also have the bright idea sponsor group who consist of leaders and managers that review new ideas and ideas from the innovation hub where the hub believe sponsor support is required to move a good idea forward.

Innovation and Bright ideas are also now a module on our new trust leadership and management programme, and we have recently developed 1-hour forums that allows any member of staff to join and think about how bright ideas can support them and why innovation is so essential.

Bright ideas are also reviewing the potential of an innovation management platform that has the potential to bring together all improvement projects and workstreams from across the community organisation. This platform would aim to reduce duplication, increase efficiencies, seek ideas to challenges from a wider audience and improve collaboration across our system.

We have also recently supported Big Conversations: Listening into action, led by the Deputy Chief Executive and sponsored by executive directors. The Sponsor groups are chaired by bright ideas, and we are implementing some quick wins and agreeing longer term projects in line with the most common challenges and solutions.

The Head of Innovation is a split role and is also the head of Charity. This brings together fundraising opportunities for innovations that sit outside of NHS funding, and that will improve staff and patient wellbeing.

Freedom to Speak Up

ⓘ Following a review by Sir Robert Francis in 2015, a national standard 'Freedom to Speak Up' policy was published by NHS 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. We have subsequently adopted this standard policy in our own policy.

The Trust's policy and procedure in relation to this area is contained within ORG013-Freedom to Speak Up: Raising Concerns (Whistleblowing). This policy emphasises the importance of staff being able to speak up about any concern to ensure the safety and effectiveness of our services. Under the policy, Trust staff members are encouraged to raise concerns (confidentially, unless required to disclose by law) about risk, malpractice, or

wrongdoing that they may think is harming the services the Trust delivers. Such examples may include, amongst others, unsafe patient care, unsafe working conditions, inadequate training, or a culture of bullying.

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

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

How can staff speak up?

Staff are encouraged to raise concerns in several ways:

1. By raising the concern with their line manager, lead clinician or tutor (for students). This may be raised orally or in writing and advice can be sought from a trade union if the employee is a member.
2. If the member of staff does not feel they can raise the issue with their line manager, or they feel the line manager has not addressed their concerns, then it can be raised with any of the following; their Divisional Service Director, Clinical Director 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 and 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 fully embedded in the Trust and awareness of this facility is very well publicised Trust-wide. Between 1st April 2023 and 31st March 2024, 53 cases were brought to the Trust's Freedom to Speak up Guardian. The three most common elements raised in these cases were bullying/ harassment, suffering detriment and inappropriate behaviour.

2.1.5. Other Service Improvement Highlights in 2023/24

ⓘ 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.

2.1.6. Improvements in Community Physical Health Services for Adults

Virtual Hospital Wards allow patients to receive hospital-level care at home safely and in familiar surroundings. This helps to speed up their recovery, and releases hospital beds for patients that need them most. Just as in hospital, people on a virtual ward are cared for by a multidisciplinary team (MDT) who provide a range of tests and treatments. Alongside our partners, we have introduced an Urgent Community Response (UCR) Frailty Virtual Ward (VFW) which has resulted in 2389 avoided admissions to hospital between April 2023 and December 2023. In addition, point of care testing devices have been rolled out across all four UCR/VFW teams, allowing a number of tests to be carried out at the patient's bedside in their own home.

Physical health inpatient units and flow teams have become more integrated in their approaches as part of their restructure. This has created a collaborative culture with teams working in a more supportive manner to share good practice and provide similar offers and pathways across services. Inpatient units have concentrated on group activities on the wards. They promote social dining, group sessions, and utilisation of garden therapy and garden spaces. Building work has commenced on bariatric spaces on some of our units in readiness for admissions in 2024/25. An orthopaedic rehabilitation pathway for patients transferring to our community beds has also been developed in collaboration with our acute partners at Royal Berkshire and Frimley Health Foundation Trusts.

Medical and therapy teams continue to provide 7-day working on our East wards. Additional funding has also allowed the West wards to provide this during the winter months. This has enabled them to:

- Support additional patients.
- Improve patient flow through the system.
- Communicate clear step-up pathways from GPs and other clinical teams to support admission avoidance for patients not requiring acute care.
- Enable clinical review of palliative and deteriorating patients over weekends.
- Enable Medical/ Advanced Nurse Practitioner and therapy services at the weekend.
- Allow patients to be seen quicker to determine rehab goals and plans and
- Deliver therapy for patients requiring orthopaedic rehab over the weekend.

Our In- Reach teams are providing 7-day cross site services and support to ensure transfers from the acute sector are timely. Length of wait is below the national target and the integrated approach from this team has allowed them to utilise bed spaces throughout our trust, which benefits our acute partners.

Flow teams continue to work on data quality and dashboards to move away from the reliance of manual inputting. Countermeasures are in place to address bed days that are lost. Quality Improvement projects are also in place to address those patients that are Medically Optimised for Discharge and Ready to Go but are still on wards. This will help ensure teams are as effective as possible when planning discharge.

The Musculoskeletal (MSK) Physiotherapy Service have updated their website with multiple self-help resources to help patients self-manage their MSK conditions. They have put a self-referral form for their website which allows patients to refer themselves directly to the service after they have trialled the other available resources. They have also supported patients in making better lifestyle choices and have added a 15-minute

education element to their exercise classes covering topics on diet, exercise and smoking.

The Podiatry Service have been working to better understand their clinical caseloads in order to provide an efficient and effective service in the face of national podiatry staffing shortages. They have made several improvements as a result of this work, including upskilling podiatry assistants, employing podiatrists from overseas and developing a self-referral pathway.

The Adult Speech and Language Therapy team have reviewed how they offer assessments to patients. A new pathway has been developed where dysphagia patients will predominantly be offered a telehealth appointment as a first point of contact. This helps with team capacity and allows patients to be seen quicker.

The Integrated Pain and Spinal Service (IPASS) has seen an increased number of referrals and complexity of patients over the course of the last year, which has resulted in increased waiting times. Several service improvements were implemented to address this, including introducing screening calls for patients referred from Rheumatology and providing self-help resources at entry point to help improve overall health and wellbeing prior to the patient's initial assessment. The spinal team have undergone education and training in the use of pain resources.

The Lower Limb Service have been able to see more patients and place more focus on patient education and lifestyle advice. This is due to a change in national guidelines for the management of people with healed venous leg ulcers. They are also in negotiation with Frimley Health to enable their clinicians to submit direct referrals to the Vascular Team.

Cardiac and Respiratory Specialist Services (CARRS). The Heart Function Service have worked with the Royal Berkshire Hospital to implement joint Cardiologist working. This role provides education to the Heart Function Service, supports complex patient presentations and helps review the service caseload. A Care Navigator has also been appointed to improve communication and integrated working. A pilot study of patient remote monitoring has been undertaken and has reduced the number of home visits and clinic appointments needed. The Respiratory Service has utilised Intelligent Automation to reduce the admin burden of processing Home Oxygen Order Forms. The Pulmonary Rehabilitation team have included a strength outcome measure in their patient assessment. The cardiac rehab service has fully returned to pre-COVID delivery of exercise circuits in classes.

The East Berkshire Heart Function Service have worked with Frimley Integrated Care Board (ICB) and NHS England to set up a remote monitoring system for Heart Function Patients. This will reduce hospital admissions and also allows the team to up-titrate evidence-based medications quicker.

The Care Home Support Team have produced a hand contracture resource pack for care home staff and professionals. Clinical Review Meetings take place with care homes, where residents with complex needs are discussed and support given. The team also offer an ongoing programme of training for care homes covering a range of topics. The Postural Management Team have implemented a fortnightly Multi-disciplinary Team meeting with the orthotics team at Royal Berkshire Hospital to discuss care home residents whose head position carries complex postural management needs.

Community Nursing Teams have come together as a Berkshire-wide service and are reviewing best practice. The triage process has been standardised across Berkshire and a pilot project has been undertaken to ensure they respond quickly to urgent calls. Planned and same-day pathways are being reviewed to manage capacity and demand, and patient feedback methods are being improved using the 'I Want Great Care' tool. The Community Matrons service is developing greater integration and utilisation of their skills with the community nursing teams. Collaborative

working with primary care nurses and specialist services is also being improved.

The Integrated Care Service in East Berkshire. The Community Physiotherapy team have reduced wait times considerably during the year. All urgent referrals are now being seen straight away and routine referrals are being seen in around 12 weeks. The Assessment and Rehabilitation Centre (ARC) have introduced an Advanced Nurse Practitioner role to help conduct the medical component of Comprehensive Geriatric Assessments. The Intensive Community Rehabilitation team are assisting with the 'Homefirst' venture which improves hospital discharges.

The Neuro-rehabilitation Service have developed a TIKTOK video for the FAST test which recognises symptoms of stroke (click to see video). The team continue their work with the Integrated Stroke Delivery Network, sharing good practice in Stroke care in Berkshire. The service is also developing a team X (formerly Twitter) account to promote and share their activity. The service has recently completed a baseline assessment against the 2023 NICE stroke rehabilitation guidelines, achieving a score of 89%.

Intermediate Care in Berkshire West have engaged in a review of intermediate care services and have worked with other services to develop a community falls assessment.

The Integrated Hub have worked with the Intelligent Automation team to partly automate the process for Physio referrals. The team have also been using a system to capture data on phone calls made to the Hub that do not result in a referral being created. This allows them to identify the common reasons for such calls, and to put processes in place that have led to a reduction in unnecessary calls.

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

The Westcall GP Out of Hours Service have implemented Electronic Prescribing and Medicines Administration (ePMA). This allows clinicians to remotely transcribe medications for patients that have been discharged from secondary care to Berkshire Healthcare inpatient hospital wards.

The team have also helped our Urgent Community Response (UCR) team to gain prescribing rights on the Adastra Platform, allowing them to send electronic prescriptions to community pharmacists. A voice recording system has also been introduced to record all triage calls, leading to improved safety, security and governance. Lastly, Westcall have implemented Rota Master which has improved the management of work shifts and reduced the administrative burden on staff.

2.1.8. Improvements Children, Family and All Age Services (CFAA)

The Children, Family and All Age Services Division (CFAA) has been created following a restructure of our clinical operational services. This division includes:

- Children's community and mental health services
- Learning disability services
- Perinatal mental health services
- Family safeguarding
- All age service for eating disorders and
- All age service for neurodiversity.

Community Children's Services

The Children in Care Service have focused on the health needs of unaccompanied asylum-seeking children and have facilitated five interactive workshops with each of the Berkshire Local Authorities and with Thames Valley Police in Windsor and Maidenhead. Feedback from these sessions was overwhelmingly positive.

The Children and Young People's Integrated Therapies Service (CYPIT) have improved their response to Special Educational Needs and Disabilities (SEND) assessments. They have also strengthened

their universal offer and improved accessibility to the service.

The CYPIT Speech and Language Therapy (SLT) Support to Early Years team have launched training to help parents, carers and staff implement a range of advice independently. An early-years social communication workshop has also been developed, as well as an early-years enquiries line for parents and professionals. The team has also used our Health Bus to take the service out into the wider community.

The CYPIT Eating, Drinking and Swallowing Service have developed training to give all SLT staff a baseline level of skills and knowledge to support patients with eating, drinking, and swallowing issues.

The CYPIT Occupational Therapy team now offer three age-related online Sensory Processing Workshop groups which can be booked on directly by service users. Their website also offers a range of videos that service users can access directly.

The CYPIT Support to School Years teams have provided training to Special Educational Needs (SEN) Coordinators and teams in the Local Authorities. They have created screening tools and a resource pack for schools, as well as a special schools universal training package. In the west, OT 'walk arounds,' have been implemented where a therapist visits schools to provide advice to meet most children's sensory needs.

CYPIT West took part in an Integrated Care Board (ICB) commissioned review of therapy provision for children across the west of the county. This resulted in positive feedback.

Public Health Nursing Services in our Trust have been awarded a new contract in Berkshire West for delivery of 0-19 Public Health Services, including Health Visiting (HV) and School Nursing. This new contract will start in April 2024 and requires HVs to offer two new contacts to patients at 3-months and 6-months. The HV service in Reading have piloted this contact as a group session, offering age-appropriate toys and offering a 'treasure box' approach to stimulate topics of conversation.

The HV service has seen increased use of the. 'Chathealth' advice and support texting service, resulting in positive feedback. Universal face-to-face antenatal groups have returned to venues, resulting in increased attendance. Information given to parents has been improved and invitations to group sessions refreshed. New Specialist Health Visitor roles in Perinatal Mental Health, SEND and Health Inequalities are now embedded in the service. New 'Champion' roles have allowed staff with special interests to undertake additional training and has led to wider dissemination of skills within the team. The Trust Health Bus has also been utilised to offer a stronger service in the furthest part of our more rural community. Wokingham HV service is working with local early years partners to pilot an integrated 2-year development review. West Berkshire Health Visiting team have implemented a new Safeguarding Duty model which streamlines safeguarding processes but allows focus on targeted and universal work carried out by other practitioners.

The School Nursing service are introducing a new digital platform, delivered by Cinnamon Digital Solutions, that will release capacity by replacing manual processes with automated ones. This will support the screening activities of Heights and Weights (part of the National Child Measurement Programme), vision and hearing. A process for transition from child to adult services at 18 years has been clarified and new support documentation produced. A new support and advice line, delivered via 'Chathealth' has been launched for care Leavers up to age 25 years. New School Nurse assistant leads have been embedded in the three teams in the west of the county. Lastly, the team have worked with local authorities to identify what is needed and what can be delivered in an Annual Health Promotion Plan for schools.

The School Aged Immunisation Service completed first visits of all schools across Berkshire during Term 1 and the flu season by

the 15th of December 2023. They vaccinated over 91,800 children over a 12-week period, aged from Reception up to and including year 11. A project is being run with aNDY to provide de-sensitisation solutions for young people who are severely needle phobic. Sensory grab boxes have also been developed to help support vaccination of children and young people with anxiety and/ or sensory difficulties.

Specialist Children's Services – Nursing
Community Childrens Nurses (CCNs) in east and west Berkshire have held training sessions to ensure staff are confident and competent following an unexpected child death. The east CCN team provide chaperone cover during three sessions per week, to support the community paediatricians with child protection medical examinations. The CCN west team provide a commissioned 8-8 service, extending service hours to prevent children being admitted to hospital. The CCN teams in the east and west have supported increasing numbers of families with end-of-life (EoL) care for their child at home and in the community. An EoL pathway has also been developed with a local hospice. The Paediatric Early Warning System has also been implemented to aid earlier detection of patient deterioration.

Special Schools Nursing teams have reviewed their service across the Special Educational Need (SEN) schools to ensure there is appropriate cover. They are also providing online training sessions half-termly throughout the year to special and mainstream Schools, and to short breaks providers.

Community Paediatricians have developed a RiO patient system element that helps them manage the waitlist for autism assessment. A Locum Consultant Paediatrician with an interest in paediatric palliative care has also been recruited, working with Alexander Devine Hospice and the CCN Team. Quality Improvement Huddles have been implemented in the Administration Team, and collection of patient feedback using "I want great care" has improved.

The Specialist Dietetic Team have developed weight management and fussy eating resources to support early intervention and support for children with additional needs. Their ancillary guide has been updated and constipation guidance has also been produced.

Mental Health Services for Children and Young People (CYP)

Reducing waiting times to first appointment is a driver metric for the Child and Adolescent Mental Health Service (CAMHS). In particular, the service has focussed on reducing waiting times for their top contributing teams: Specialist Community Teams (SCT) and the Anxiety Disorder Treatment Team (ADTT). The CAMHS Common Point of Entry team (CPE) is the first access point for patients, and they have focussed on reducing waiting times for initial appointments. This has resulted in reducing overall average waiting times for first appointment from 19.4 weeks in 2022 to 8.3 weeks in 2023. In the SCT and ADTT teams, the average waiting time has reduced from 18.7 weeks in 2022 to 12.6 weeks in 2023.

The CAMHS and Eating Disorders Teams have focused on building their improvement capability during 2023. They have trained 14 staff in Yellow Belt Lean Quality Improvement (QI) methodology, resulting in an increase in QI projects being facilitated across the service. Some of the achievements resulting from these projects are detailed below:

- The percentage of patients spending 43+ days on the rapid response caseload has reduced from 49% in January 2023 to 22% in August 2023. This means the team are able to respond to new referrals quicker and more effectively.
- The number of face-to-face and telephone appointments in Wokingham SCT increased by 56% between Oct 2022 and Sept 2023. This has helped manage demand on the service, aiding patient flow.
- CAMHS Rapid Response team have implemented a 'Joy in Work' project to improve staff retention.

The CAMHS Learning Disability Team has been launched this year, providing a specialist mental health service for children and young people who have a moderate or severe learning disability and a significant or suspected mental health need.

The Keyworking Team for Berkshire West includes the Dynamic Support Register (DSR). This service is for individuals aged 0-25 that have a diagnosis of Autism and/ or Learning Disability, are at risk of psychiatric inpatient admission, and who are RAG rated RED/AMBER on the DSR. This team supports families to navigate health, social care, education and voluntary sector systems. The service also works with families RAG rated BLUE (admitted to psychiatric hospital), to ensure that the needs of the individual are met, including any reasonable adjustments required. The team has completed presentations to professionals and have worked with young people's forums to create a video for the service, logo, and webpage. A DSR parent and carer forum is being set up, and a young person's DSR forum will be developed.

The CAMHS Children In Care Team in Berkshire West is provided by our Trust in partnership with Brighter Futures for Reading, West Berkshire Borough Council and Wokingham Borough Council. They provide a flexible, responsive service to young people in care under the local authorities in Berkshire West. The team have seen many positive outcomes in the patients they have been working with and have been able to reduce risk factors for patients.

CAMHS Clinical Care Pathways have been reviewed and improved during the year and improvements to data templates are helping to improve flow. A training package is being rolled out to improve CAMHS ability to provide brief psychosocial interventions, specialist Cognitive Behavioural Therapy (CBT) interventions, systemic approaches and management of extremely distressed young people.

The XYLA Online CBT Pilot Project has worked with an independent digital provider to provide additional capacity to the Anxiety Disorder Treatment Team. This has helped reduce their waiting list.

The Children and Young People's Berkshire Eating Disorders Service has achieved accreditation with the National Autistic Society. This is shared with the CAMHS Eating Disorder services in Buckinghamshire and Oxfordshire.

Neurodiversity

The Children, Young people and Families Neurodiversity Team have focused on increasing their capacity by expanding the team and increasing the number of appointments. This has included offering weekend clinics. They have also worked with external providers to offer online assessments on their behalf and have automated medication reviews.

Several service transformation projects have been carried out during the year. Intelligent Automation and Artificial Intelligence solutions have been implemented to improve the referral, triage and assessment processes. A new medication initiation model has been introduced as well as a suite of tableau dashboards to support decision-making. The team have also carried out a focus group with parents/carers and children/young people and have conducted regular review of family feedback. A neurodiversity newsletter has been launched, and the team continue to embed neuro-affirmative approaches.

Adult Neuropsychology

The Adult Attention Deficit Hyperactivity Disorder (ADHD) and Autism team have continued improving their RiO patient waitlists and have transformed their triage process.

The Adult ADHD service have increased patient choice treatment options. Previously all clients diagnosed were offered an appointment to explore medication. The team now provide further guidance and support to clients to choose behavioural, psychological and environmental strategies. As part of the

autism assessment process, the team have been exploring a way to collect some information from suitable clients via a written booklet. Initial feedback is positive.

The Autism and ADHD team have participated in a training session on neuro-affirmative language and are ensuring all diagnostic reports use this. The Adult ADHD team have started a project to explore the process of transitioning from child to adult services.

Family Safeguarding Model. Nationally commissioned Key Performance Indicators for the Family Safeguarding Model have indicated a sustained reduction in crisis contacts amongst their client group. Data also indicates a sustained reduction in symptomatology (anxiety and depression) and an increase in reported family functioning amongst the client group. This demonstrates evidence of healthy choices and is reflective of increased psychological resilience, and healthier self-care and coping strategies. The team offer 'emotional first aid' skills, as well as skills that help clients to regulate their 'fight/flight/freeze' system.

Both individual and group therapy provision is offered by the team and the reach of the groups has increased as they are now delivered pan-locality. The content of therapy has also been improved and updated.

The service has also improved earlier access to their Adverse Childhood Experiences Recovery Toolkit group, by raising awareness of this toolkit with midwives and health visitors, and by promoting partnership working with health colleagues.

The team are implementing a new 'drop-in' offer in 2024, akin to a more flexible service-user-led space. This will be held in Family Hubs and will supplement the remote contacts. The team have embedded the I Want Great Care (IWGC) patient experience tool in their service, yielding positive results. They have also utilised co-production within other areas where service-users have led on activities.

Lastly, bitesize training sessions have been offered to health and social care staff. These have included a focus on the interface of the physical and psychological manifestations of complex/ developmental trauma ("The body keeps the score").

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

Making Our LD SHaRON Easier to Access. Our LD service supports "Our SHaRON," a secure online platform for carers of people with learning disabilities known to our services. This platform provides carers with information and advice across a wide range of issues. The team have made it easier for our staff to refer carers to this platform.

Staying Well This Winter. The LD service has worked with the digital marketing and communications team to develop a social media campaign to raise awareness of ways in which people can help themselves to stay well in winter. This is particularly important given the significant impact of respiratory illnesses on people with LD. The campaign includes advice about flu and covid immunisations, keeping warm, and other practical information in an easier to read format using social media.

Delivering Training for Learning Disability Service Staff: Caring for People with a Personality Disorder and an Intellectual Disability (CaPDID) Training. Many people with learning disabilities have experienced adverse childhood experiences and/or trauma in their lives. This means that as adults they may have difficulties forming and sustaining relationships and can behave in ways which can be challenging for others. CaPDID training brings professionals and paid carers together to enable discussion of experiences of supporting people. The training shares some key psychological concepts which can help staff formulate and better understand people's experiences and presentations. The training has been well received with positive feedback.

Campion (Learning Disability Inpatient Service) Team have been involved in a

development programme called 'building better teams.' This programme focusses on innovative ways to learn more about team members and their work. It has supported the team to develop a Team Charter to help guide them in maintaining a supportive and caring approach within the challenging environment of an inpatient service.

2.1.10. Improvements in Mental Health Services for Adults

Talking Therapies

Expanding our Employment Support Service. Our We have been part of a successful four-year pilot to deliver employment support alongside NHS Talking Therapies in East Berkshire. Following this pilot, the Department of Work and Pensions (DWP) has committed to fund Employment Advisors in NHS Talking Therapies nationwide, and we received expansion funding to extend employment support to West Berkshire patients in April 2023. We can now offer all of our NHS Talking Therapies patients the opportunity to speak to an employment adviser who will work alongside our therapists. We have also been involved in a national Department of Work and Pensions-led project, to develop and pilot a new module for SilverCloud, the online Cognitive Behavioural Therapy (CBT) app.

Tackling Health Inequalities with Slough GPs. NHS Berkshire Talking Therapies has led a programme of outreach and engagement with grassroots community organisations and other stakeholders to help address racial health inequalities. They have collaborated with GPs and NHS Frimley Integrated Care System (ICS) colleagues to address the barriers to accessing NHS Talking Therapies in Slough. Some patients entered treatment as a result, and they will be following up on the engagement activity and outcomes.

Improving Assessment Efficiency and Experience. Quality improvement tools and methodology were used to identify inefficiencies in the initial NHS Berkshire Talking Therapies clinical assessment process- the 'Wellbeing Assessment.' As a result, the time taken to complete each assessment has been reduced by 10 minutes, releasing over 60 clinical hours a week.

Community Mental Health Services

Project One Team- One New Vision for Berkshire's Mental Health Services
The aim of the One Team Programme of work is to deliver care to the people of Berkshire at the right time, in the right place, by the right person. This work builds on our Mental Health Transformation work which saw the introduction of Mental Health Integrated Care Teams across our six localities, providing a bridge between Primary care and Community Mental Health services.

We feel there is an opportunity to develop this idea further, knocking down the boundaries and referral requirements that currently exist within our Community Mental Health teams and driving out unwarranted variation that we know currently exists.

To achieve this vision we have concentrated our efforts on 7 Priorities this year. These will all be delivered by March 2024, and will be ready for implementation from April 2024. The 7 priorities identified are: -

1. **Clear and consistent service offer defined.** The creation of the recommended, evidence-based clinical offer for Significant Mental Illness (SMI) along with the social and wellbeing-focused interventions required to meet significant mental health needs. These include interventions offered by health care providers as well as voluntary and statutory organisations.
2. **Streamlined triage process implemented.** One single triage form for all community health services.
3. **One Central Assessment Implemented.** One Assessment used by everyone that is built upon as required as patients' needs develop or change.
4. **Urgent Support Model defined.** A joined-up, watertight process for people who need urgent mental health support on the same

day but may not have previously accessed services for Serious Mental Illness.

5. **Planned support model defined.** A digital solution to support self-booking for the 120+ people per month our teams provide a planned assessment for. Patients already previously known to services will be fast-tracked back into services. There will also be improvements made to better support patients being discharged back to their GP in the form of a care passport.
6. **Integrated Place-based teams defined.** Each locality will have a Multi-Disciplinary Team (MDT) that will work together to discuss and own decisions regarding complex and challenging cases.
7. **Psychology model defined.** One unified Psychological Network to oversee and deliver all clinical activity in Berkshire.

We are now moving towards defining the form, structure and cultural factors that will be needed to move this programme of work forward into full implementation by all of our Community Mental Health Teams.

The Community Mental Health Transformation Programme (CMHTP) and Mental Health Integrated Care Services (MHICS).

Berkshire Healthcare is part of a nationwide CMHTP that aims to improve and widen access to mental health support and remove the barriers that currently exist between:

1. mental health and physical health,
2. health, social care, voluntary and community social enterprise (VCSE) organisations, and local communities, and
3. primary and secondary care.

The programme aims to deliver integrated, personalised, recovery-focused, place-based, and well-coordinated support, care and treatment in the community for adults and older adults with mental health needs. Frimley Integrated Care Board (ICB), which includes East Berkshire, was an early implementer site and piloted the new CMH Transformation approaches from 2019-21, with Buckinghamshire, Oxfordshire and West Berkshire ICB following from 2021/22. Once complete, Community Mental Health Transformation will cover the whole population across all 6 Places in East and West Berkshire, aligned to the 27 Berkshire Primary Care Networks (PCNs). Berkshire Healthcare is implementing full Community Mental Health transformation in a phased and systematic way, and in line with the 'One Team' initiative detailed above.

Mental Health Integrated Care Services (MHICS) are a key building block of the CMHTP and provide a specialist clinical and non-clinical multidisciplinary workforce in each PCN. They serve as a bridge between primary care and secondary community mental health services, to improve patient outcomes and patient experience. MHICS is fully implemented across Slough, Windsor Ascot and Maidenhead, Bracknell, Wokingham and Reading; West Berkshire MHICS is due to roll out to PCNs during Spring 2024.

Each MHICS consists of a small team of healthcare professionals from varied disciplines including psychology, psychiatry, nursing, pharmacy and administration. The teams also have Community Connectors, a service developed in partnership with our local VCSEs, who bridge clients to available VSCE support in the community. In East Berkshire. Teams also have Lived Experience Practitioners who provide peer support, promoting wellbeing and modelling recovery to others and encouraging self-advocacy and personal accountability in relation to clients' mental health.

The MHICS teams support people with significant mental health needs in primary care, where:

- Presenting difficulties are too complex to meet Talking Therapies criteria, but also do not meet secondary care thresholds.
- Established mental health services are not accessible (e.g. if people find it difficult to engage with standard services)
- There may be complex lifestyle factors.

They provide a 'no wrong door,' 'easy-in, easy-out' service, to facilitate access to MH support for those with SMI, and easier access to support for carers.

Brief assessment, formulation, and short-term intervention(s) are offered, taking a holistic (biopsychosocial) approach to understand and support management of presenting difficulties. MHICS accept 'routine' referrals primarily from primary care (GPs), as well as social care and other Berkshire Healthcare services. They are not designed as urgent or crisis support. Patient Experience feedback is also captured in the final session and outcome measures are collated and reported regularly.

Depot pathway. As part of One Team, work has started on developing and improving the pathway from CMHT to GP for those on Long-Acting Injectable depot medications.

Wokingham Older Peoples Mental Health (OPMH) Team have participated in a genetics project which has been presented nationally. There is a higher likelihood for people with young onset dementia to have a rarer presentation and a potential genetic component to their dementia. The team have set up bi-monthly Multi-disciplinary Team (MDT) meetings with the regional Genomics Centre in Oxford to discuss complex cases and possible referrals. With an Admiral Nurse in place, they can now offer and facilitate access to genetic advice, counselling and where appropriate, diagnostic testing for people living with young onset dementia and older people with atypical symptoms. DNA storage is also offered locally, with local OPMH nurses and doctors taking bloods so that people do not have to travel to Oxford.

Urgent Mental Health Care Services

Culture Workshops. The urgent care team have focussed on their own culture at Prospect Park Hospital this year. Using staff, patient and carer feedback, documentary style films were made to use in Forum Theatre Workshops. By focusing on others, the teams saw where issues were, reflected on correlations with their own teams and identified themes to address

The Ward Managers Development Programme and Space Group provides meaningful and practical support towards the professional growth of ward managers based around the NHS Leadership Model. A weekly restorative supervision group specifically for ward managers and facilitated by experienced Professional Nurse Advocates was established. The hope is that the ward managers feel supported and maintain healthy wellbeing.

Band 4 Programme. To provide and further upskill Band 4 staff when they start in post, the service has designed a programme to support their development.

Preceptee Programme. A twelve-month extended preceptee programme for newly qualified Band 5 mental health nurses has been expanded to accept any Band 5s across the Trust, including newly recruited international nurses.

Ten Minute Turbos Teaching Sessions. It can be difficult for ward staff to attend training at set times due to the nature of the busy environment and the need to attend to patient's needs. The service has therefore developed bite-sized ten-minute sessions that are designed to be accessible and provide learning on themes.

Physical Health Liaison with Royal Berkshire Hospital. Work started in May 2023 to improve safe transfer from Royal Berkshire Hospital to Prospect Park Hospital.

Life Beyond the Cubicle. Our Trust is a pilot site for this project which aims to educate and update staff on the importance of involving families wherever possible during mental health crises.

The Carers' Champion at Prospect Park Hospital supports the inpatient services with up-to-date information about the Trust workstream for carers**.** They also liaise with carers and are involved in developing appropriate leaflets to support information sharing.

Professional Nurse Advocates (PNAs). There are nine trained PNAs working in the urgent care pathway to provide staff support. This includes weekly 'drop ins' to the wards to provide wellbeing support, supervision,

careers advice and clinical discussions. PNAs have also been able to provide more structured support such as post incident supervision after assaults and patient deaths. Furthermore, The Nurse Consultant/ Practitioner Network has worked closely with the psychology wellbeing team to develop a Space Group trainer programme that PNAs can attend. Finally, a dedicated wellbeing practitioner has been employed to provide highly responsive support to staff.

Restorative Approach to Reviewing CCTV Incidents. CCTV reviews of incidents assist with learning relating to restrictive practices. Whilst video recordings can provide factual information, opportunities for learning can be limited without a fuller understanding of all of the factors leading to the incident, to maximise this, a restorative supervision process for CCTV reviews has been adopted.

Charging Units were installed in all acute Mental Health wards and the Psychiatric Intensive Care Unit (PICU) last year. This improves the patient experience.

Royal College of Psychiatrist's Accreditation on Older Adult Wards. Rowan Ward at PPH has completed the peer review process for accreditation, with Orchid Ward starting the preparation for this.

Neurodiversity Developments. There has been an increase in the number of neurodivergent service users using inpatient services. To meet this need the team has introduced Care (education) and Treatment Reviews. Work has been undertaken on the use of Neurodiversity communication and health passports and Positive Behavioural Support plans have also been introduced. Sensory trolleys are available for use on all inpatient psychiatric wards, providing items for service users to reduce their distress. Six clinicians at PPH have completed the Train the Trainer programme developed by the Anna Freud National Autism Training Programme. The Nurse Consultant Network has also provided Neurodiversity related suicide prevention training for staff in adult and CAMHS pathways.

Sexual Safety. An established working group meets on a monthly basis to gain oversight of sexual safety incidents. A deep-dive into a year's data is nearing completion and will help inform next steps. The working group will also benchmark our Sexual Safety Practices against the standards outlined by the National Sexual Safety Charter.

A New Clinical Risk Training Offer will be launched in April 2024. A new Inpatient Mental Health Clinical Risk and Suicide Prevention' training session is also being introduced.

Clinical Fire Risk. Inpatient and community mental health practitioners took part in a two-hour interactive clinical fire risk awareness workshop utilising Forum theatre.

Monthly Mental Health Division Learning Events have been established with an average of 70 staff attending each month.

The Criminal Justice Panel is still in its infancy, but work undertaken to date has had a positive impact on supporting staff in the context of police investigating crimes committed at PPH. This work is also having a positive impact in forging networks with our forensic partners.

A Move on Coordinator has been in post since October 2023 and is making a positive impact for West Berkshire patients who are at risk of delayed discharge owing to accommodation or welfare benefit issues.

Managing Substance Misuse, Including Alcohol and Tobacco. Several improvements have been made in this area during the year. The care pathway has been improved for patients who are admitted in a Mental Health crisis but also require a detox. Co-Occurring Mental Health, Alcohol and Drug (COMHAD) training has been established across the trust, and 'Making Every Contact Count' training also helps staff have motivational healthier conversations around lifestyle choice. A pathway has also been developed with the local Smokefree service to deliver very brief advice training for all frontline staff.

Prospect Park Hospital (PPH) Psychology team implemented the following this year:

- Positive Behavioural Support plans on the dementia ward.
- An older adult carers' group for carers of patients on our two older adult wards
- A neurodiversity steering group at PPH attended by staff from a variety of disciplines. Various projects are being developed from this group, including sensory trolleys, service user feedback to support use of new clinical space, OT staff training in sensory needs assessment tools, clarifying pathways, autism champions and roll-out the Anna Freud autism training.
- An Arts Psychotherapist post created.
- Crisis formulations have been introduced on our Psychiatric Intensive Care Ward (PICU) for patients with psychosis.

Specialist Mental Health Services

The Out of Area Placement (OAP) team, including the Community Rehabilitation Enhanced Support Team (CREST). The OAP team has responsibility for; the Placement Reviewing Team (PRT), Gatekeeping for Integrated Care Boards' after-care funding, Berkshire Healthcare funded patients requiring long-term rehabilitation and the new Community Rehabilitation Enhanced Support Team (CREST). The PRT is improving their RiO patient record system to capture all reviews, financial data, and clinical information in one place. Clinicians will be able to book their patients' appointments and detail the outcome of these on RiO. The new CREST service will also be able to complete a single detailed assessment form which will avoid duplication.

Op COURAGE: Veterans Mental Health and Wellbeing Service have implemented an integrated care pathway that delivers joined up Multidisciplinary Team (MDT) care throughout a long-term treatment plan. They have established 'easy-in' access to and 'easy-out' discharge from the service. The service has also developed a strong Equality, Diversity and Inclusion strategy which is focused on creating neuro-affirmative practice and increasing access for underrepresented groups (e.g. female veterans). A pathway has also been developed to deliver better treatment for veterans experiencing trauma and substance misuse. Assessments now explore physical health in greater depth and care plans are more reflective of this. GPs are more involved in assessment summaries, and the service are providing more advocacy in this area. The team are also linked with social prescribing activities in the local communities, such as walking groups and gyms.

Berkshire Traumatic Stress Service have developed a new group for clients focussing on rebuilding life. This has been developed with the help of a service user involvement group and is designed to be offered between the end of the client's individual therapy and their follow-up appointment. The aim of this group is to consolidate learning from therapy, to support clients to live in line with their values and to continue to develop self-compassion. The service continues to offer watchful waiting, assessment and therapy for people affected by the Rowe Court Fire of 2021. Lastly, the service is a study site for a randomised controlled trial evaluating phased vs. non-phased treatments for Complex Post Traumatic Stress Disorder (PTSD).

Birth in Mind. The Birth Trauma Pathway has merged with the Fear of Birth Pathway (formerly known as the Tokophobia Pathway) under the name 'Birth In Mind.' There is frequent overlap between these two conditions and this merger will allow easier access to and movement between the pathways. The Birth Trauma Pathway has been involved in a research project using an online version of trauma-focused cognitive therapy for Post Traumatic Stress Disorder (known as iCT-PTSD). The outcomes from this study are very positive and the service hope to be able to continue to access this resource.

Elmore Floating Support are a contracted service that provide community support to individuals with a diagnosis of Emotionally Unstable Personality Disorder. Support has been provided to triage referrals, alongside the Head of Service for the personality disorder pathway.

2.2. Setting Priorities for Improvement for 2024/2025

ⓘ This section details the Trust's priorities which reflect our Trust Annual Plan on a Page for 2024/25 (see Appendix A). Priorities have been set in the areas of patient experience, harm free care, clinical effectiveness, and supporting our people. They have been shared for comment with Trust governors, Integrated Care Boards, Healthwatch Organisations and Health Overview and Scrutiny Committees. Responses to this consultation are included in Appendix H, together with our response to each comment made.

2.2.1. Harm-Free Care Priorities

Providing Safe Services

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

2.2.2. Clinical Effectiveness Priorities

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

2.2.3. Patient Experience Priorities

Improving Outcomes

- We will identify and reduce health inequalities in access, experience and outcomes.
- We will involve patients in co-production of service improvement.
- We will reduce length of time patients wait for Trust services, year on year (compared to 2022 waits)
- We will make every contact count by offering advice in making healthy choices.
- We will gain feedback from at least 10% of our patients in each service and demonstrate service improvements based on feedback.

2.2.4. Supporting our People Priorities

A great place to work.

- We will promote a culture of respect, compassion, kindness and inclusivity.
- We will act against anyone who is verbally, racially, physically or sexually abusive.
- We will act on our anti-racist commitment, removing barriers to equity and improving representation in senior positions.
- We will create a supportive work environment that values each team member's contribution, wellbeing and professional development.
- We will provide opportunities for staff to show initiative and make improvements.
- We will reduce staff leaving (turnover to 10%)
- We will ensure we have a highly skilled permanent and temporary workforce by actively developing staff and proactively attracting great external candidates.

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

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 2024/25

2.3. Statements of Assurance from the Board

During 2022/23 Berkshire Healthcare NHS Foundation Trust provided and/or sub-contracted 50 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 2023/24 represents 100% of the total income generated from the provision of relevant health services by Berkshire Healthcare NHS Foundation Trust for 2023/24.

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

2.3.1. Clinical Audit

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

National Clinical Audits and Confidential Enquiries
During 2023/24, 12 national clinical audits and 3 national confidential enquiries covered relevant healthcare services which Berkshire Healthcare NHS Foundation Trust provides.

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

The national clinical audits and national confidential enquiries that Berkshire Healthcare NHS Foundation Trust was eligible to participate in during 2023/24 are shown in the first column of Figure 26 below. This column also details the national clinical audits and national confidential enquiries that Berkshire Healthcare NHS Foundation Trust participated in during 2023/24.

The national clinical audits and national confidential enquiries that Berkshire Healthcare NHS Foundation Trust participated in and for which data collection was completed during 2023/24 are also listed below in Figure 26 alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry (detailed in the second column of Figure 26.

Figure 26- 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 2023/24	Data collection status and number of cases submitted as a percentage of the number of cases required by the terms of each audit and other comments
1. National Clinical Audits (N=12)	
National Clinical Audit and Patient Outcomes Programme (NCAPOP) Audits	
National Sentinel Stroke Audit	Data Collection: Apr 2023 to March 2024. 341 patients submitted, across 3 services, 129 six-month follow-ups (final figure not yet available). Report due: Annually November 2024 (tbc)

National Clinical Audits and Confidential Enquiries that the Trust was eligible to participate in and did participate in during 2023/24	Data collection status and number of cases submitted as a percentage of the number of cases required by the terms of each audit and other comments
National Diabetes Footcare (Community Podiatry Care)	Data Collection: Apr 2023 to March 2024. 321 patients submitted, across 1 service (final figure not yet available). Report due: 2025 (tbc)
National Respiratory Audit Programme (NRAP)- Pulmonary Rehabilitation	Data Collection: Apr 2023 to March 2024. 98 patients submitted, across 1 service (final figure not yet available). Report due: Annually 2024/25 (tbc)
National Audit of Inpatient Falls	Data Collection: Apr 2023-March 2024. 3 patients submitted, across inpatient services. Report due: Annually- November 2024
National Diabetes Audit - Secondary Care	Data Collection: Apr 2023 to March 2024. 1078 patients HbAc1, 476 Structured Education and 133 Insulin pump patients submitted, across 1 service (final figure not yet available). Report due: August 2025 (tbc)
National Audit of Dementia – Memory Services Audit	Data Collection: September 2023 to January 2024 329 patients submitted, across 6 services (final figure not yet available). Report due: Summer 2024 (tbc)
National Clinical Audit of Psychosis – Early Intervention in Psychosis (EIP)	Data Collection: Feb 2024 - March 2024. 113 patients submitted, across 2 services. Report due: June 2024
National Audit of Care at End-of-life	Data Collection: Jan 2024 to March 2025. 11 patients submitted, across inpatient services (final figure not yet available). Report due: (tbc)
Non- NCAPOP Audits	
National Audit of Cardiac Rehabilitation	Data Collection: Apr 2023 to March 2024. 197 patient assessment 1's and 134 assessment 2's submitted across 1 service (final figure not yet available). Report due: 2024/25 (tbc)
Prescribing Observatory for Mental Health (POMH) - 7g: Monitoring of patients prescribed Lithium	Data Collection: March 2023 to April 2023. 141 patients submitted, across 4 services. Reported September 2023
POMH – 22a: Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services	Data Collection: July 2023 to August 2023. 373 patients submitted, across 1 service. Reported February 2024
POMH - 16c: Rapid Tranquillisation	Data Collection: March 2024 to April 2024. 16 patients submitted, across 1 service Report due: September 2024
2. National Confidential Enquiries (N=3)	
National Confidential Enquiry into Patient Outcome and Death (NCEPOD) – Child Health Clinical Outcome Review Programme. End of Life Care Study	Data Collection: July 2023 to February 2024. 7 patients submitted, across 2 services Report due: tbc

National Clinical Audits and Confidential Enquiries that the Trust was eligible to participate in and did participate in during 2023/24	Data collection status and number of cases submitted as a percentage of the number of cases required by the terms of each audit and other comments
National Confidential Enquiry into Suicide and Homicide (NCISH) - Mental Health Clinical Outcome Review Programme Suicide and Homicide 2022/23	Data Collection: April 2023 to March 2024. 29 (100%) patients submitted, across mental health services Report due: 2025/26 (tbc)
Learning Disability Mortality Review Programme (LeDeR)	Data Collection: April 2023 to March 2024. 100% patients submitted, across Trust services (final figure not yet available). Report due: 2026 (tbc)

The reports of 9 (100%) national clinical audits were reviewed by the Trust in 2023-24. This included national audits for which data was collected in earlier years with the resulting report being published in 2023/24. 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 12 local clinical audits and 4 service evaluations were reviewed by the Trust in 2023/24 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

ⓘ Clinical Research is crucial to ensure the quality of care we provide through evidence-based practice. Evidence shows that clinically research-active hospitals have better patient care outcomes and a happier workforce.

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

The number of patients receiving relevant health services provided or subcontracted by Berkshire Healthcare NHS Foundation Trust in 2023/24, that were recruited to participate in research approved by a research ethics committee is 1,001. Of this a total of 860 were recruited to 30 National Institute for Health and Care Research (NIHR) portfolio studies.

Berkshire Healthcare conducts community-based health and social care research across a range of specialty areas including Physical Health, Mental Health, Children and Young People, Learning Disabilities, Health Services Research and Ageing.

There has been research activity across all of our divisions and services with the Mental Health division being our most research active. We host grants and lead trials as well as contributing to research studies being led by other NHS trusts and universities. We are the host for a grant that supports a Research project that is looking to improving Peer Online Forums. The aim is to find out: how online mental health forums work; why some work better than others; and why some people find them helpful, and others do not. This study/project is funded by the National Institute for Health and Care Research (NIHR) (UK), 134035 and is being led out of Lancaster University.

In 2023/24 Berkshire Healthcare were informed of findings for some of the research we supported in previous years. These findings have been shared with the relevant clinical services across the Trust.

BASIL+ (Behavioural Activation in Social Isolation) was an urgent public health study that aimed to assess the effectiveness of behavioural activation in mitigating depression and loneliness among older people during the COVID-19 pandemic. The research findings were published in February 2024. The BASIL+ study found that behavioural activation is an effective and potentially scalable intervention that can reduce symptoms of depression and emotional loneliness in at-risk groups in the short term. (*Behavioural activation to mitigate the psychological impacts of COVID-19 restrictions on older people in England and Wales (BASIL+): a pragmatic randomised controlled trial – ScienceDirect)*

HIS-UK was an NIHR Public Health Research Programme that evaluated the Home-Based Intervention Strategy to reduce new chlamydia infection among young men aged 16-25 years by promoting correct and consistent condom use. The HIS-UK study found that the intervention induced a positive change in condom use behaviour over the observed period. It also showed that there was a robust positive effect on condom-related beliefs and perceptions.

Attitudes to Voices was an online survey that aimed to explore factors that might influence clinicians' intention to assess voice-hearing young people once this experience is disclosed. The study found that assessment of young peoples' voice hearing experience is supported by clinicians having positive attitudes towards this aspect of practice and that provision of resources with age-relevant information on voice-hearing could improve clinician-patient interactions and enhance young people's engagement with the healthcare system. (*Frontiers | "Attitudes to voices": a survey exploring the factors influencing clinicians' intention to assess distressing voices and attitudes towards working with young people who hear voices (frontiersin.org)).*

Patient experience

In 2023/2024, 5,503 participants volunteered for Research (NIHR portfolio reported only) within the county of Berkshire. In 2023/2024 44 participants (5% response rate) have provided feedback on the service they have received by participating in a Clinical Research study (NIHR portfolio reported only) through the Patient Research Experience Survey. Patients are also encouraged to complete the "OK to Say No" questionnaire which allows us to get feedback on our approach to people who did not choose to take part in research. In 2023/24, 18 people have provided feedback via the "OK to Say No" questionnaire. Patients are also encouraged to ask their doctor or health professional about research opportunities and search for and sign up to be contacted about trials through NIHR national online platforms such as bepartofresearch.nihr.ac.uk and joindementiaresearch.nihr.ac.uk.

Berkshire Healthcare is committed to providing research opportunities and improving care for our underserved and disadvantaged populations. Berkshire Healthcare have approved sponsorship for one study this year which is an NIHR Fellowship research study. The research project aims to test a co-designed mental imagery anxiety intervention for people with mild to moderate intellectual disabilities. The research study will be recruiting participants from the Children, Family and All Age division. Berkshire Healthcare are also reviewing three Sponsorship Applications for studies recruiting from the Mental Health Service division. One project aims to investigate a compassionate resilience group as part of a phased approach to treating Complex Post-Traumatic Stress Disorder (PTSD) within an NHS specialist traumatic stress service. Another project aims to understand factors that account for the variance in trauma-related shame in adults experiencing Complex Post-Traumatic Stress Disorder and the final research project aims to explore the potential benefits of racket-based sports (specifically table tennis) on the clinical outcomes of Habit Reversal Therapy (HRT).

Supporting our staff

Evidence shows that clinically research-active hospitals have a happier workforce. There are examples of benefits in relation to care quality

and service delivery, as well as on staff motivation and retention. The Research culture at Berkshire Healthcare demonstrates clear benefits for the development of staff skills. This financial year we have supported staff, with several applications in process at this current time. Work is also underway to ensure that all opportunities are disseminated effectively across the Trust. A member of staff within our Mental Health Division applied for the National Institute for Health and social care Research (NIHR) Pre-doctoral Fellowship Round 6. With another member of staff successfully applying for the Applied Research Collaboration Oxford Thames Valley Social Care Internship to support Older Adult Mental Health services. These internships aim to develop the research skills of health and social care professionals and researchers through supporting growth in applied health and care research, supporting career development across professions and disciplines, and supporting the development of the next generation of applied health and care researchers.

Capacity and capability for Research has increased within the Community Physical Health Division. A member of the nutrition and dietetic team applied for the Oxford Institute of Applied Health Research Integrated Clinical Academic (ICA) Internship Programme (2024-2025). This programme introduces a range of concepts and approaches relating to applied health research aimed at supporting Nursing, Midwifery and Allied Health Professional interns develop research skills further. Green shoots funding provided by the Clinical Research Network provided the Clinical Director for Community Scheduled Care Services with protected time to raise the profile of Research within the division. There is an increased visibility and engagement. Research is included as an objective for the division and services. The protected time was used to encourage research in staff student projects, arrange a successful show-and-tell event with another one arranged for October 2024, for those staff who have participated or run their own research projects to share amongst the division. The funding achieved the objective to raise the profile and has provided the research and development department with the research interests of the services and support required across the division. Further collaborations to demonstrate shared learning and using research within the service is planned for 2024/25, and this is specifically with the Applied Research Collaboration and the clinical director for Oxford Health's Community Directorate. There is also work ongoing to develop research to reduce the pressures on these services and to contribute to the evidence base where there are significant gaps.

Patient safety priorities and clinical effectiveness. Berkshire Healthcare work in partnership across the Integrated Care System, within Frimley ICS and Buckinghamshire, Oxfordshire, and Berkshire West (BOB) to host research studies relevant for the population we serve. In 2023/24, a total of 30 studies have received confirmation of capacity and capability for 17 Portfolio studies and 13 non-Portfolio.

2.3.3. CQUIN Framework

ⓘ The Commissioning for Quality and Innovation (CQUIN) payments framework was set up from 2009/10 to encourage NHS providers to continually improve the quality of care provided to patients and to achieve transparency. They enable commissioners to reward excellence, by linking a proportion of service providers' income to the achievement of national and local quality improvement goals.

A proportion of Berkshire Healthcare NHS Foundation Trust's income in 2023/24 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 2023/24 and for the following 12-month period can be found in the appendices.

The income in 2023/24 conditional upon achieving quality improvement and innovation goals is X (TBC in June 2024). The associated payment received for 2022/23 was £2,833,702

2.3.4. Care Quality Commission (CQC)

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

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

The Care Quality Commission has not taken enforcement action against Berkshire Healthcare NHS Foundation Trust during 2023/24.

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

The CQC detailed the following actions that the Trust must take to improve:
Acute wards for adults of working age and psychiatric intensive care wards. The Trust must:

- Ensure that ligature risks are managed appropriately, ensure that patients are kept safe- for example promoting the sexual safety of people using the service, and ensure an alarm system is easily accessible to patients and visitors and that they are made aware of how to use them (Regulation 12)
- Ensure that the ward environment is always adequately furnished and maintained. (Regulation 15)
- Ensure restrictions are necessary and proportionate responses to risks identified for particular individuals (Regulation 13)

Specialist community mental health services for children and young people. The Trust must:

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

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

Berkshire Healthcare NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission relating to the following areas during 2023/24.

The CQC has carried out the following unannounced Mental Health Act (MHA) visits during the 2023/24 financial year:

- Snowdrop ward and Daisy ward and Bluebell ward- April 2023

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

2.3.5. Data Quality and Information Governance

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

The Secondary Uses Service (SUS)

The Trust submitted records during 2023/24 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 admitted patient care.
100% for outpatient care, and
* for accident and emergency care

— Which included the patient's valid General Medical Practice Code was:
100% for admitted patient care.
99.9% for outpatient care, and
* for accident and emergency care

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

Information Governance

ⓘ Information Governance requires us to set a high standard for the handling of information. The aim is to demonstrate that we 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 overall score for 2022/23 was 'Standards Exceeded'. The Score for 2023/24 will be available in June 2024.

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

Data Quality

Berkshire Healthcare NHS Foundation Trust is not subject to the Payment by Results clinical coding audit during 2023/24 by the Audit Commission. Berkshire Healthcare NHS Foundation Trust are taking the following actions to improve data quality:

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

The Trust continues to track the improvement of data quality. An overarching Information Assurance Framework provides a consolidated summary of every performance information indicator and action plans. The key messages are shared at all data quality forums and quarterly super user presentations. The six-weekly data quality forum also shares the priorities and audit results with services. The forum is recorded for all staff to access if they are not available to attend. A separate In-Patient Data Quality meeting is held monthly with matrons and medics. A data quality intranet page, containing all data quality related policies, procedures, training, and guides, is available for all staff to access.

Data Quality and Data Assurance audits have been carried out throughout the year as part of the Information Assurance Framework, 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. An external RSM data quality audit took place in Q2 of 2023/24 looking at three key performance indicators. 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 January 2024, which showed that 90% of primary and 91.1% of secondary diagnoses were coded correctly. The final audit report stated that the results of this audit against the accuracy levels contained within NHS Digital's Data Security and Protection Toolkit (DSPT) Data Security Standard 1 achieved 'Exceeded' level, which is the highest level of attainment. The performance illustrates the commitment to data quality; and provides assurances of the integrity of the data currently to the Trust Board. The organisation should be commended for its clinical coding proficiency

2.3.6. Learning from Deaths

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

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

Figure 27 below details the number of deaths of Trust patients in 2023/24. 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 27- Deaths of Trust patients in 2023/24- case reviews and investigations carried out in 2023/24

	1. Total number of Deaths	2. Total number of reviews and investigations carried out			3. Deaths more likely than not due to problems in care
Mandated Statement	During 2023/24 the following number of Berkshire Healthcare NHS Foundation Trust patients died	By 31st March 2024, the following number of case record reviews and investigations have been carried out in relation to the deaths.			The number and percentage of the patient deaths during the reporting period that are judged to be more likely than not to have been due to problems in the care provided to the patient are detailed below. *
		1st Stage Case Record Reviews (Datix)	2nd Stage Review (IFR/ SJR)	Case Record Review & Investigation (SI)	
Total 2023/24	**453** ↓	**453**	**203** ↓	**31**	**0** ↓
Mandated Statement	This comprised of the following number of deaths which occurred in each quarter of that reporting period:	The number of deaths in each quarter for which a case record review or an investigation was carried out was:			In relation to each quarter, this consisted of:
Q1 23/24	**109**	**109**	**50**	**8**	**0**
Q2 23/24	**121**	**121**	**48**	**8**	**0**
Q3 23/24	**108**	**108**	**46**	**10**	**0**
Q4 23/24	**115**	**115**	**59**	**5**	**0**

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

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

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

Figure 28 below details the number of deaths of Trust patients in 2021/22 that had case note reviews and investigations carried out in 2022/23. This is presented alongside an assessment of the number of these deaths that were more likely than not to have been due to problems in care provided and, as a result, a revised estimate of the number of deaths that were more likely than not due to problems in care in 2021/22. Please note that the table contains statements that are mandated by NHS Improvement for inclusion in the Quality Account.

Figure 28- Deaths of Trust patients in 2022/23 with case reviews and investigations carried out in 2023/24

	1. Reviews and investigations carried out		2. Deaths more likely than not due to problems in care	3. Revised estimate of deaths in 2022/23 that were more likely than not due to problems in care
Mandated Statement	The number of case record reviews and investigations completed after 31st March 2023 which related to deaths which took place before the start of the reporting period (deaths before 1st April 2023)		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 2022/23 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	**1**	**1**	**0**	**0**

2.4. Reporting against core indicators

ⓘ All NHS Foundation Trusts are required to report performance against a core set of indicators. This section details our performance against these core indicators. Where available, the national averages for each indicator have also been included, together with the highest and lowest scores nationally.

It is important to note 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 29	2021/22	2022/23	2023/24	National Average 2023/24	Highest and Lowest
The percentage of adult mental health inpatients receiving a follow-up within 72 Hours of Discharge *	88.3%	94%	**92%**	**Data not yet available**	**Data not yet available**
* Please note that we have replaced the older indicator, relating to 7-day follow up of mental health patients discharged with a Care Programme Approach, as it is no longer being reported as part of the NHS Oversight Framework. Measurement against this new indicator, which requires mental health inpatients to be followed up within 72 hours (3 days) of discharge, is a key part of the work to support the suicide prevention agenda within the NHS Long Term Plan. The National Confidential Inquiry into Suicide and Safety in Mental Health (2018) found that the highest number of deaths occurred on day 3 post discharge, and this new indicator helps to address this.					
Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: In line with national policy to reduce risk and social exclusion and improve care pathways we aim to ensure that all patients discharged from mental health inpatient care are followed up (either face to face or by telephone) within 72 hours of discharge.					
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services: The Trust has a good level of compliance with this indicator through the implementation of our policies and procedures relating to discharge.					

Source- Trust Tableau Dashboard

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

Figure 30	2021/22	2022/23	2023/24	National Average 2023/24	Highest and Lowest
The percentage of Mental Health patients aged— (i) 0 to 15; and (ii) 16 or over, readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	6.2%	4.3%	**3.4%**	**Data not yet available**	
Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: The Trust focusses on managing patients at home wherever possible and has fewer mental health beds for the population than in most areas. Sometimes the judgement to send a patient home may be made prematurely or there may be deterioration in the patient's presentation at home due to unexpected events.					
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services, by: Work being undertaken around gatekeeping for admission to the hospital should ensure all admissions are appropriate and/or have greater consideration of their benefits and risks. Review is in place and embedded which takes place within 72 hours (wherever possible) and produces an intended discharge date. This is monitored at the daily bed management team meeting so that plans are checked, and any concerns escalated.					

Source- Trust Tableau Dashboard

Figure 31	2021/22	2022/23	2023/24	National Average 2023/24	Highest and Lowest
The indicator score of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends. * This finding has been taken from the percentage of staff respondents answering, 'yes' to Question 25d 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."	77%	76.5%	**77.6%**	**65.2%**	**43.6%-80.4%**
Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: The Trust's score is better than average, and this is maintained.					
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services, by: Implementing a People Strategy that has the overall aim of making the trust a great place to work for everyone.					

Source: National Staff Survey

Figure 32	2021/22	2022/23	2023/24	National Figures 2023/24	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	6.7	**6.7**	**6.7**	**5.9-7.7**
Berkshire Healthcare NHS Foundation Trust considers that this score is as described for the following reasons: The Trusts score is in line with other similar Trusts.					
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this score, and so the quality of services, by: Being committed to improving the experience of all users of their services. Data is collected from several sources to show how our users feel about the service they have received. Actions are put in place through several initiatives to improve both an individual's experience and if required to change the service provision.					

Source: National Community Mental Health Survey

Number and Rate of Patient Safety Incidents

NHS Trusts are required to report the number and, where available, rate of patient safety incidents reported within the trust and the number and percentage of such patient safety incidents that resulted in severe harm or death.

NHS Trusts are currently in the process of transitioning from the National Reporting and Learning System to the new Learn from Patient Safety Event (LPSE) Service. As such, incident data is in flux, and caution should be applied. We have therefore paused reporting of this indicator in our quality account and will resume this reporting once the transition is completed and data reporting is reliable.

Part 3. Review of Quality Performance in 2023/24

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

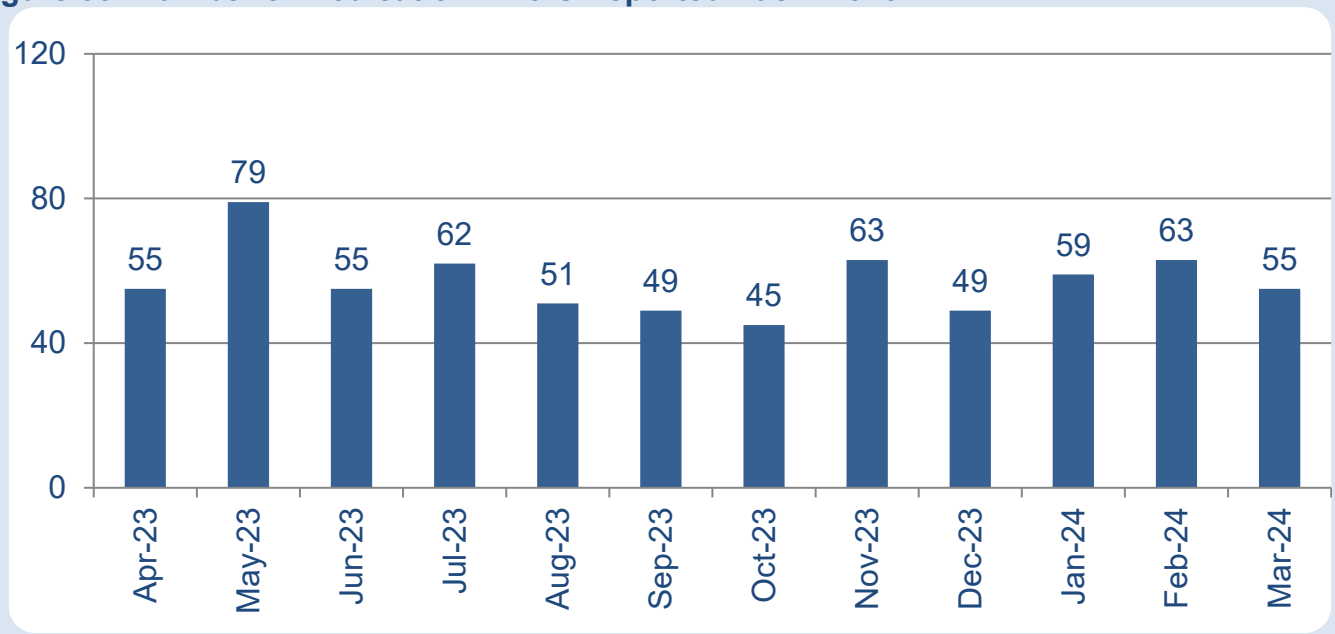
Medication errors

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

Figure 33 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 medication error in 2023/24 that led to moderate patient harm for a patient. This related to a delay of 4 hours in end-of-life pain relief. This was investigated and identified as being due to miscommunication between services after initial referral.

Figure 33: Number of Medication Errors Reported Each Month



Source: Medicines Safety Quarterly Report

Absent without leave (AWOL) and absconsions.

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

Figures 34 and 35 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 34- Absent without leave (AWOL) on a Mental Health Section

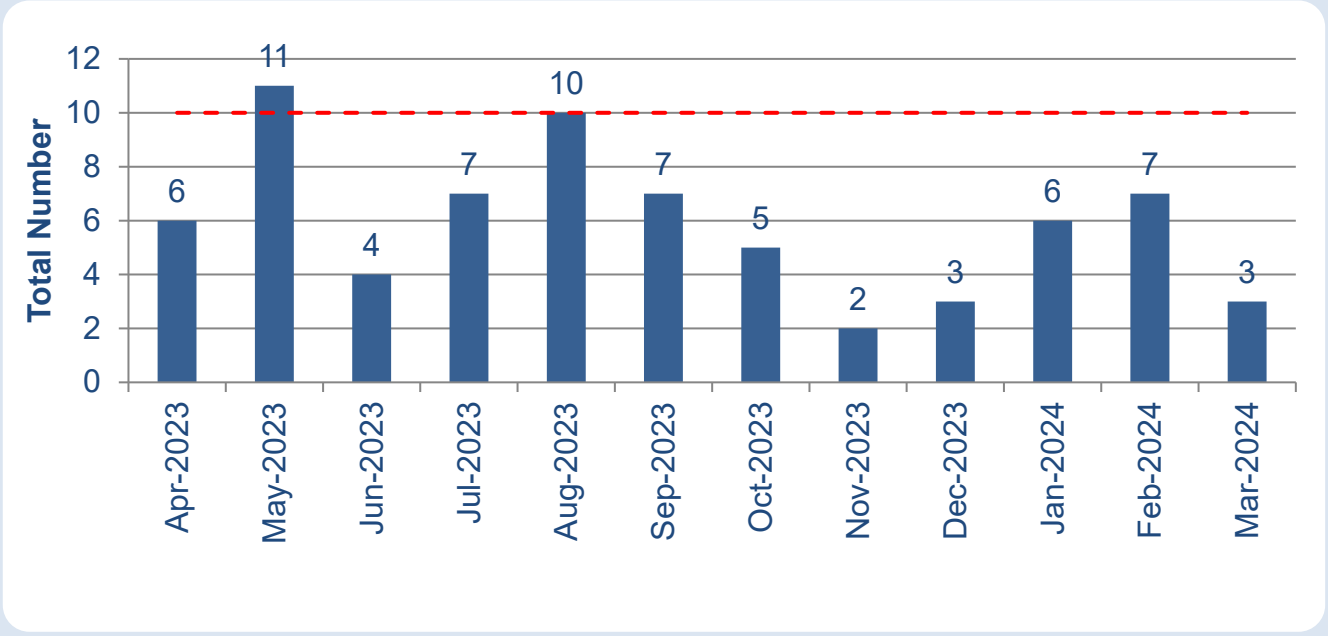
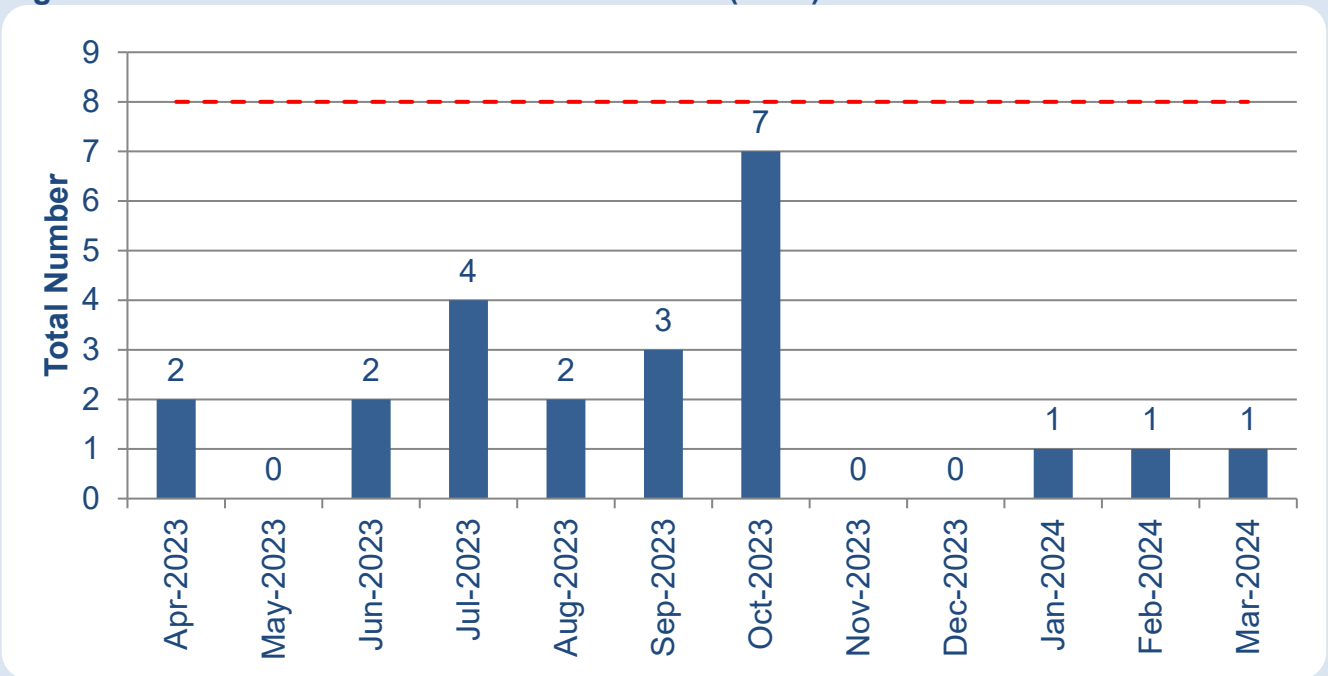


Figure 35- Absconsions on a Mental Health Act (MHA) Section



Source- Trust Tableau Dashboard

Other Quality Indicators

Figure 36- Other Quality Indicators	Annual Target	2021/22	2022/23	2023/24	Commentary
Patient Safety					
Never Events	0	0	1	**0**	Total number of never events
Infection Control- MRSA bacteraemia	0	1 (No Lapse in care)	0	**0**	Total number of MRSA Cases Source- Trust Infection Control. Report.
Infection Control- C. difficile due to lapses in care	<6	3	2	**0**	Total number & rate per 1000 occupied bed days of C. Diff due to lapse in care by Trust. Source- Trust Infection Control Report
Medication errors	N/A	691	800	**685**	Total number of medication errors reported. Source- Trust Medicines Management Report
Inappropriate out-of-area placements (OAP) for adult mental health services (Occupied Bed days as OAP)	Reduce as per Target	194 (Target not met)	129 (Target not met)	**193 (Target not met)**	Average monthly total bed days spent out of area
Clinical Effectiveness					
Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	60%	81.6%	91.4%	**89.8%**	Average monthly %
Improving access to psychological therapies (IAPT): proportion of people completing treatment who move to recovery	50%	53.6%	49.6%	**46.7%**	Average Monthly %

Figure 36- Other Quality Indicators	Annual Target	2021/22	2022/23	2023/24	Commentary
People with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral	75%	97.7%	94.8%	**90.4%**	Average monthly %
People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral	95%	100%	100%	**100%**	Average monthly %
Accident and Emergency: maximum waiting time of four hours from arrival to admission/ transfer/ discharge	95%	99.1%	99.3%	**99.3%**	Average monthly %
Patient Experience					
Community Paediatric Service- Referral to Treatment waiting times (RTT)- Incomplete pathways	95% <18 weeks	98.4%	99.6%	**99.9%**	Average monthly %
Diabetes Service- RTT- Incomplete pathways	95% <18 weeks	100%	100%	**100%**	Average monthly %
Complaints received		231	240	**281**	Total number of complaints
Complaints acknowledged within 3 working days	100%	99.0%	99.2%	**99.7%**	Average monthly %
Complaint resolved within timescale of complainant	90%	100%	99.6%	**100%**	Average monthly %

Source- Trust Tableau Dashboard except if indicated in commentary.

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

Statement of Directors' responsibilities in respect of the Quality Report

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

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

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

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust annual reporting manual 2023/24 and supporting guidance detailed requirements for quality reports 2023/24
- 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 2023 to May 2024
  - papers relating to quality reported to the Board over the period April 2023 to May 2024
  - feedback from commissioners dated April 2024
  - feedback from governors dated April 2024
  - feedback from local Healthwatch organisations dated April 2024
  - feedback from Overview and Scrutiny Committees dated April 2024
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2024
  - the 2023 national patient survey, March 2024
  - the 2023 national staff survey, March 2024
  - the Head of Internal Audit's annual opinion of the Trust's control environment dated May 2024
  - 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.

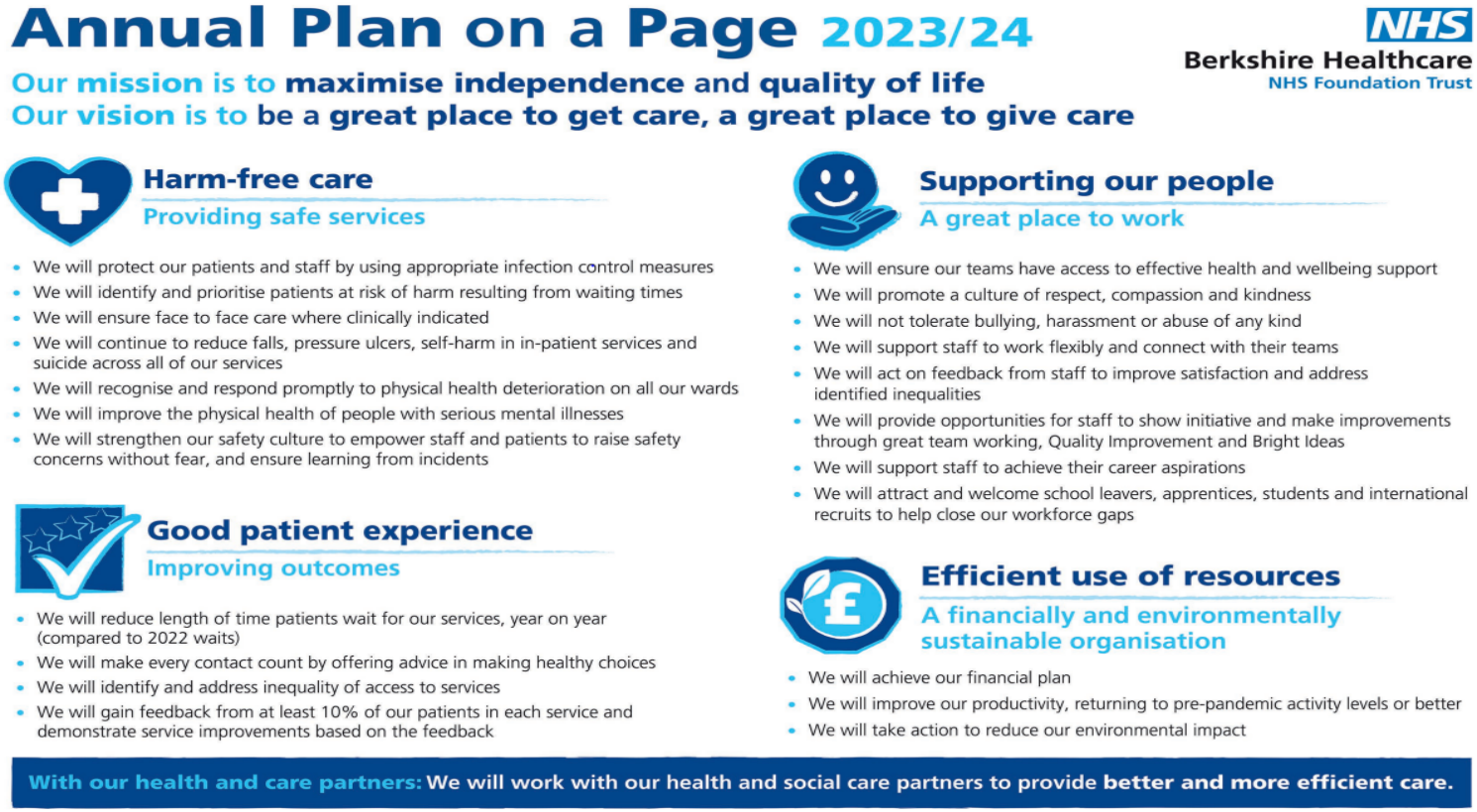
By order of the Board

[DATE] **Martin Earwicker, Chairman**

[DATE] **Julian Emms, Chief Executive**

Appendix A- Annual Plan on a Page

2.5. Annual Plan on a Page- 2023-24



2.6. Annual Plan on a Page- 2024-25

Annual Plan on a Page 2024/25

NHS
Berkshire Healthcare
NHS Foundation Trust

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

Harm-free care
Providing safe services

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

Good patient experience
Improving outcomes

- We will identify and reduce health inequalities in access, experience and outcomes
- We will involve patients in co-production of service improvement
- We will reduce length of time patients wait for Trust services, year on year (compared to 2022 waits)
- We will make every contact count by offering advice in making healthy choices
- We will gain feedback from at least 10% of patients in each service and demonstrate service improvements based on feedback

Supporting our people
A great place to work

- We will promote a culture of respect, compassion, kindness and inclusivity
- We will act against anyone who is verbally, racially, physically or sexually abusive
- We will act on our anti-racism commitment, removing barriers to equity and improving representation in senior positions
- We will create a supportive work environment that values each team member's contribution, wellbeing and professional development
- We will provide opportunities for staff to show initiative and make improvements
- We will reduce staff leaving (turnover to 10%)
- We will ensure we have a highly skilled permanent and temporary workforce by actively developing staff and proactively attracting great external candidates

Efficient use of resources
A financially and environmentally sustainable organisation

- We will achieve our financial plan
- We will identify and deliver efficiencies
- We will increase our productivity
- We will reduce our impact on the environment, minimise waste and reduce carbon emissions
- We will maximise use of our digital tools to release time to care and empower patients

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

Appendix B- National Clinical Audits- Actions to Improve Quality

National Clinical Audits Reported in 2023/24 and results received that were applicable to Berkshire Healthcare NHS Foundation Trust

National Audits		National Audit Aim/ Objectives	Actions to be Taken
National Clinical Audit and Patient Outcomes Programme (NCAPOP) Audits			
1	National Clinical audit of Psychosis (NCAP) Early Interventions in Psychosis (EIP) Local outcomes. (No National Report is being produced)	This re-audit is part of a 5-year programme by the Royal College of Psychiatrists (RCPsych). The aim of the audit is to improve the quality of care that NHS mental health trusts in England and Health Boards in Wales provide to people with psychosis	- A Quality Improvement project has started, and caseload review completed. - Questionnaires sent to care coordinators and carers to seek improvements, - Create Standard Operating Procedures (SOP), including the offer of carers education and support and progress notes. - Provide carer education and support training including care pathways - Submit a Bright Idea to develop a digital platform for carer support. - Access Consent to Share form information on the RiO patient record that is linked to a Tableau dashboard. Trial the Consent to Share dashboard - Develop an SOP for recording Consent to Share information on RiO. - Develop protocol for better scrutiny of waitlist and allocation from that. - Psychologists to only engage in complex systemic work, - Health Education England funding requested for recruit to train posts. - Develop SOP and training needs around utilising care pathways on RiO that identifies when PROMS and CROMS are required. - Senior Leadership team to review NHS Guidance and RCPsych EIPN accreditation to identify skill mix and focus of interventions. - Skill mix and set up of the service reviewed as part of One Team approach. - Develop and implement scorecard for CYP EIP team
2	National Audit of Care at End-of-life (NACEL)	This audit is open to all acute and community organisations who provide inpatient services. It aims to improve the quality of care at the end of their life.	- Conduct an audit to ensure that the paper-based care plan is used for all patients throughout all inpatient units. - Short task and finish group to be put together to write a standard of work for documentation and support, including Hydration and nutrition. - To review the current care plan and make changes as required, including to meet community nursing role.

National Audits		National Audit Aim/ Objectives	Actions to be Taken
3	Sentinel Stroke National Audit Programme	This national quality improvement programme measures the quality and organisation of stroke care in the NHS.	No actions were required from the national annual report.
4	National Audit of Inpatient Falls (NAIF)	This national audit measures compliance against national standards of best practice in reducing the risk of falls within Inpatient care.	- Use our own data to determine quality of Multi-factorial risk assessment - Implement process to routinely collect lying/sitting BP readings. - Review the Royal College of Physicians post falls guidelines and amend existing post falls process. Update Falls policy. - Review current process for prescription of analgesia post falls. - Consider new process or how time can be reduced to ensure patients receive appropriate pain medication post fall.
5	National Diabetes core audit	This audit measures the effectiveness of diabetes healthcare against NICE Clinical Guidelines and NICE Quality Standards, in England and Wales.	- Audit the change in HbA1c for people with Type 2 Diabetes, on referral and completion of care from Diabetes Specialist Service. - Explore options with the ICB for establishing an Intermediate Level Community Diabetes service in order to improve care for Type 2 diabetes.
Non- NCAPOP Audits			
6	National audit of Cardiac Rehabilitation (NACR) annual report	This is a British Heart Foundation strategic project which aims to support cardiovascular prevention and rehabilitation services to achieve the best possible outcomes for patients with cardiovascular disease,	- The 2022 annual report makes five key national recommendations, all of which are relevant to our Cardiac Rehabilitation service and have been reviewed by the Cardiac and Respiratory Specialist services (CARRS) Lead. All five recommendations were met by the service and no actions were required. The Berkshire Healthcare Cardiac Rehab service is currently a certified service by NACR.
7	Prescribing Observatory for Mental Health (POMH): Use of Melatonin	This new national audit was undertaken during June and July 2022, with practice standards derived from multiple sources including NICE and The British Association for Psychopharmacology.	- Create a service Standard Operating Procedure (SOP) for the prescribing of melatonin and share this with all existing and new staff - Amend Attention Deficit Hyperactivity Disorder (ADHD) prescribing agreement to add information about unlicensed medicines. - Finalise leaflet regarding licensed and unlicenced medicines. - Share audit report and outcome to raise awareness. - Include process for 3 month and annual review in Service SOP.

National Audits		National Audit Aim/ Objectives	Actions to be Taken
8	Prescribing Observatory for Mental Health (POMH). Topic 20b: Improving the quality of prescribing valproate in mental health services.	This is a national audit to determine and improve the quality of valproate prescribing in mental health services, including physical health checks and off-label prescribing.	- Valproate training sessions for clinicians covering; NICE guidelines, where and how valproate should be prescribed, safety, mandatory requirements when prescribing to women of child-bearing age- the 'PREVENT' programme, the EPRO clinical letter prompt, and the importance of clearly documenting clinical reasoning for prescribing valproate. - Utilise the Population Health System to produce a quarterly report that identifies women of child-bearing age prescribed valproate. - Create a monitoring process and create a Standard Operating Procedure (SOP) with named role overseeing women of child-bearing age patient list. - The EPRO letter template for clinic letters will have a prompt for special prescribing including asking if the patient is on valproate and the date of their annual ARAF review. - Investigating whether the EPRO valproate question can be made reportable whereby using it to search who is on it. To implement further actions from this if it is possible. - To provide EPRO training and ensure the adoption of the EPRO system.
9	POMH 7g: Monitoring of Patients Prescribed Lithium	This re-audit aims to improve the monitoring of patients prescribed lithium in mental health inpatients and community mental health services. The previous audits were conducted in 2013, 2016 and 2019. Lithium is licensed for the treatment of bipolar affective disorder and depression and its use in these conditions is supported by National Institute for Health and Care Excellence (NICE) guidelines. Its side-effect profile is well established.	- Within E-Pro, generate prompt on Tests for prescribing clinicians who initiate or maintain Lithium. Prompt will direct clinicians to latest guidance. - Update staff of the requirement to provide both written and verbal communication and the need to document it through Training at the Academic Meeting. - Update staff on the use of the Lithium Side-Effect Rating Scale (LISERS) to support systematic reviewing of side-effects through training at the academic meeting.

Appendix C- Local Clinical Audits- Actions to Improve Quality

	Audit Title	Aim/Actions
1	(8540/CA) - An Audit of the Implementation of Enhanced Constipation Screening in Clozapine-treated patients	Worldwide, clozapine-related constipation remains hard to ascertain, diagnose and treat and remains a leading cause of harm. Self-reporting of constipation can be poor at best, and research has shown the detection of constipation in clozapine induced gastric hypomotility is not improved by using screening tools. A Berkshire Healthcare Serious Incident report prompted this audit of the robustness of bowel screening in our own clozapine-treated patients. The objectives are to ascertain how diligently constipation symptoms are enquired after, documented and actioned; the extent to which laxatives are prescribed and if this is influenced by the presence of other risk factors for constipation; the levels of compliance with advice given to Healthcare professionals by the manufacturer of Clozaril around the management of constipation; the degree to which clozapine prescribing is accurately reflected on GP records. Key recommendations/Actions: • Improve compliance with requirement for annual consultant review to be carried out, shared with the GP and uploaded to RiO; this review should include a documented constipation management plan. • Patients receiving clozapine by post should have bowels monitored with the same level of scrutiny as other Clozapine Clinic patients. • Stimulant laxatives should be prescribed pre-emptively, and first line as recommended in the Porirua Protocol; prophylactic laxative prescribing should be encouraged unless diarrhoea is present. • A closed loop process should be considered to ensure all patients showing symptoms of constipation are followed up and an outcome documented on RiO. • The enhanced bowel questions should be further improved, using the Rome IV criteria, to give a representative overview of bowel habits rather than a snapshot.
2	(9976/CA) - Consent to Electroconvulsive therapy (ECT) Re-audit 2021-2022	This is a re-audit to monitor Berkshire Healthcare ECT Department's compliance with national guidelines for consent for ECT and to ensure that all patients have a robust capacity assessment with relevant documentation prior to ECT. Aims: To monitor Berkshire Healthcare ECT Department's compliance with national guidelines relating to consent for ECT. Objectives: To ensure that ECT Accreditation Service (ECTAS) standards are upheld, and that patient safety remains at the utmost forefront whilst ECT is delivered. To ensure a capacity assessment is conducted for all patients, and relevant documentation completed during each ECT cycle to ensure the validity of informed consent. Recs/Actions: - We maintain that all capacity assessments must be recorded electronically on RiO as lack of accessible documentation around capacity and consent for ECT has the potential to leave the Trust open to future medico legal issues and represents poor clinical practice. -All new staff who will be involved in ECT must be made aware of the protocols, forms and consent procedures at the time of their induction with additional staff training sessions to be arranged if necessary.

	Audit Title	Aim/Actions
3	(10212/CA) - Quality Schedule Audit of Safeguarding Referrals to Berkshire Local Authorities	This is a trust wide clinical audit carried out by the Safeguarding team to ensure safeguarding concerns reported on Datix have been sent to the Local Authority (LA) and that the views of the service user have been documented accordingly, as per Trust policy. Aim: To improve the quality of the completion of Datix fields on the Safeguarding form Recommendations/Actions:1. Staff referring safeguarding concerns to LAs via Datix must contact the LAs concerned and confirm referral was received. This should be documented on the patient's electronic record and added to Datix by the handler before closing. 2. Named Professionals for Adult Safeguarding to visit locality teams who did not perform well to discuss findings and remind professionals to discuss referral with patient/ client including recording their wishes on Datix. 3. Reminder of correct process to all clinical staff via Patient Safety and Quality meetings.4. Put Safeguarding Adult Training Levels 2 & 3,4. Reminder in Circulation bi-annually. 5. Head of Safeguarding and Practice Improvement to meet with Royal Borough of Windsor and Maidenhead LA to discuss the findings. 6. If patient/ client lacks capacity or it is not safe to discuss the referral due to level of risk or presence of the alleged abuser, this information should be clearly recorded on Datix.
4	(10102/CA) - The Presence of Dental Radiographs for Paediatric Patients undergoing General Anaesthetic	This audit assesses the presence of dental radiographs for paediatric patients undergoing General Anaesthetic within Berkshire Community Dental Services. Aim: To reduce the likelihood of a repeat General Anaesthetic. Objectives: To ensure all (100%) paediatric patients have recent radiographs taken as part of their assessment prior to General Anaesthetic Recommendations/Actions: 1. To discuss documenting attempted radiographs at staff meeting with all clinicians. 2. To provide additional time and appointments to attempt radiographs. 3. To install digital x-ray system through Carestream.

	Audit Title	Aim/Actions
5	(10349/CA) - Tissue Viability Service Quality of Patient Visit Documentation Audit	A local clinical audit in the Tissue Viability Service to ensure patient's tissue viability needs are reflected in the clinician's assessment, recommendations, and ongoing plan. Aim: To improve the quality of documentation by the Tissue Viability Service. Objectives: To determine whether Nursing and Midwifery Council standards are being followed. To establish if National Wound Care Core Capabilities Framework for England is being followed. To enable reflection on issues affecting standards of documentation. To help increase nurses' confidence with documentation issues, such as use of Situation, Background, Assessment, Recommendation (SBAR) tool. Recommendations/Actions: 1. To discuss the SBAR tool, start time of review, variable documentation of assessment, photographs of wounds, and completion of discharge letter at Tissue Viability Team meetings. 2. To update/ learning on how to document using SBAR for the team with wound care examples. 3. To discuss start time of review, variable documentation of assessment, photographs of wounds, and completion of discharge letter at peer review. 4. To discuss with RiO team the possibility of adding the discharge letter on RiO and feedback at Tissue Viability team meetings.
6	(10448/CA) - Audit of Oral Hygiene Practices at Thornford Park Hospital	A clinical audit by Berkshire Community Dental Service where it has been recognised that many service users have poor oral hygiene and that there is a high level of dental need at Thornford Park Hospital. Aim: To improve the oral healthcare practices of services users at Thornford Park Hospital. Objectives: To determine how many times a day that patients are brushing their teeth. To establish the fluoride level of the toothpastes used by patients. Recommendations/Actions: 1. To send a questionnaire to all service users at Thornford Park Hospital to understand their attitudes towards oral health and how they can be supported to improve their oral health. 2. Senior Dental Nurse Prevention Lead to provide a talk to both the service users and staff about oral health. 3. To produce oral health promotion leaflets for service users in multiple formats. 4. To provide samples of toothpaste and toothbrushes to the nursing staff at Thornford Park Hospital for them to distribute to service users accordingly. 5. To ensure all service users have access to a toothbrush and toothpaste twice a day. For some service users this will have to be under supervision. 6. The dental team who attends Thornford Park Hospital for dental examinations to provide tailored oral health advice to individual service users.

	Audit Title	Aim/Actions
7	(10706/CA) - Prolactin monitoring inpatient re-audit (Rose Ward)	This re-audit looks at local Trust standards of care relating to inpatients admitted on Rose Ward, who should have baseline prolactin levels taken, which needs to be repeated at 3 months if they are on antipsychotic medication. Previous audit ID: 9529. Aim: To improve prolactin monitoring of inpatients on Rose Ward who are taking antipsychotic medication. Objectives: To determine to what extent Trust guidelines are being followed. To establish whether actions from previous audit were successful. Recommendations/Actions: 1. Presentation slides circulated to all the medical staff via email. 2. Importance of taking serum prolactin, at least once a week, during ward huddles, handover, and multidisciplinary team meetings. 3. Psychoeducation to improve patients' understanding of prolactin monitoring and improve compliance. 4. The community team, including the GP, to be notified of patients who have not had their prolactin levels done due to short admissions to regularly monitor serum prolactin levels.
8	(8193/CA) - Record Keeping by S12 doctors during mental health act assessment	The purpose of the audit was to determine whether Section 12 doctors in Berkshire made contemporaneous records of the Mental Health Act (MHA) assessment and that these were included in the patient record. There should be two separate records, one from each of the doctors. The key findings of the assessment are crucial in determining the extent of the condition and risks, the current treatment and the available community treatment. The General Medical Council makes it clear that doctors must record their work clearly, accurately and legibly. These records should be contemporaneous. More specifically, and highly relevant to Mental Health Act Assessments, the General Medical Council instructs doctors to document for every medical examination in whatever context: who is making the record and when, relevant clinical findings, the decisions made and actions agreed and who is making the decisions and agreeing the actions, and finally the information given to patients. The records made by section 12 doctors during a Mental Health Act assessment should become part of the patient's record. Recommendations/Actions: 1. The date and time and place of assessment needs to be recorded, along with the name of the AMHP. 2. The current treatment including medication needs to be recorded. 3. The active risks need to be clearly recorded. 4. The available treatment such as home treatment team or crisis team requires to be recorded. 5. Adequate background information about the condition needs to be documented so that the nature of the condition was adequately described. 6. The reason for the assessment needs to be better recorded e.g. attempted suicide, aggressive behaviour etc. 7. The name of both doctors needs to be documented. 8. The degree of the condition including the active psychiatric symptoms or behaviours requires recording. 9. The decision and outcome of the assessment needs to be recorded.

	Audit Title	Aim/Actions
9	(10328/CA) - Mental Capacity Assessment Audit	A Trust-wide local audit of the Trust's RiO Mental Capacity Assessment form to ensure it meets the Mental Capacity Act (2019) and NICE clinical guideline NG108. Aim: To improve the quality and increase the amount of mental capacity assessments completed on the Trust's RiO mental capacity assessment form. Recs/Actions:1. Create 'bitesize' training videos that staff can easily access on NEXUS to support the assessment of mental capacity and subsequent documentation. 2. Trust-wide promotion of bitesize training videos. 3. Create example capacity assessments using the new RiO mental capacity assessment form 4. Consider how local audit can be used to monitor the quality of mental capacity assessments. 5. Included a prompt in the new mental capacity assessment form about the amount and detail of information used should be proportionate to the seriousness of the decision being made. 6. The new RiO mental capacity assessment form will include a section for information relevant to the decision to be recorded. 7. Update mandatory training to ensure it is made clear that the assessment of capacity requires a functional assessment of the person's ability to make the decision. 8. The new RiO mental capacity assessment form follows case law in moving consideration of the functional test before the diagnostic test. 9. Update Trust's Mental Capacity Act Policy to reflect the approach to assessing capacity set out in A Local Authority v JB [2021] UKSC 35. 10. The new RiO mental capacity assessment form will include the option to set a review date. 11. A prompt will be added to the new RiO mental capacity assessment form to ask the person if they want anyone to be involved in the assessment. 12. The new RiO mental capacity assessment form will be emphasised in mandatory training. 13. Meet with Community Mental Health Services to discuss further steps to support staff to use the RiO mental capacity assessment form. 14.Offer further Mental Capacity Act support to Community Mental Health Services.
10	(9805/CA) - Audit of Alcohol Intake doc in Initial Assmts - Maidenhead Memory Clinic	Drinking alcohol at harmful levels has significantly increased over the last 20 years. The Royal College of Psychiatrists report that 1 in 5 older men and 1 in 10 older females are drinking at that level (Alcohol and older people, rcpsych.ac.uk). Asking about alcohol intake is an important part of the mental health assessment, and this is important in a memory clinic due to the role alcohol has in brain function and its effect on cognitive functioning. This audit has looks at current practice, to see what we do well and what we need to improve upon moving forwards. Recs/Actions: 1. Ask more in-depth questions to clarify what patients are drinking. 2. Work out and document the number of weekly units. 3. Complete the alcohol section of the physical health and lifestyle assessment form. 4. Complete the AUDIT C tool for anyone who drinks alcohol. 5. Document advice given to patients. 6. Consider discussion about local alcohol services. 7. Document any information given re local alcohol services. 8. Determine if standards need altering, e.g. is it appropriate to discuss local alcohol services with people who drink 15-20 units a week? Should it be a higher level?

	Audit Title	Aim/Actions
11	(10859/CA) - Tinnitus Service Audit	A United Kingdom Accreditation Service Improving Quality in Psychological Services Accreditation assessment recommended we conduct a vertical audit that checks all aspects of a quality system from referral to discharge. Aim: To gain assurance and improve the quality of the Tinnitus care pathway from referral to discharge. Recs/Actions:1. Patient reports not being locked, ethnicity not being recorded & Tinnitus Functional Index / Visual Analog Scale completion scores email reminder to all staff. 2. refresher training to be given at staff meeting. 3. Tinnitus staff to meet to decide on best process for maintaining information security while completing reports. 4. Admin to hand out demographic update forms at King Edward VII Hospital, Windsor. 5. Admin to check on EPIC/ RiO patient record system where information is not provided on referral. 6. To amend referral template to act as a prompt. 7. Admin team to send tinnitus appointment letter to all patients (includes Tinnitus Functional Index).
12	(10864/CA) - Audiology Paediatric Record Keeping Audit	This clinical audit by the Hearing & Balance Service's Audiology team looks at paediatric hearing assessment appointments, Hearing Aid Review appointments, programmable ventriculo-peritoneal shunts, documentation of ethnicity and locking of completed reports on AuditBase system. Aim: To improve the quality of paediatric documentation on AuditBase system. Recs/Actions:1. Email reminders to staff and provide refresher training of reports locked after appts procedure. 2. Monthly user report on unlocked reports with findings circulated to staff. 3. Admin to hand out demographic update forms at King Edward VII hospital.4. Admin to check on EPIC /RiO patient system where info. not provided on ref. 5. Email to remind all clinicians that ethnicity should be recorded on AuditBase, and refresher training provided at June 2023 staff meeting. 6. Amend referral template to act as a prompt to record ethnicity of patients. 7. Review Hearing Aid Review guideline and share with staff. 8. Add hearing aid validation questionnaires to AuditBase. 9. To explore potential of AuditBase to automatically record and print locked reports.
13	(9749/SE) - Low Carbohydrate East – A Service Evaluation	This service evaluation assesses East Berkshire Community Dietitians' pilot of a Low Carbohydrate Diet Pilot Programme for people with Type 2 Diabetes, as an alternative to the Low Energy Liquid Diet Remission Programme. Aim: To review the LCDs Pilot Programme's clinical outcomes. Recommendations/Actions: No further recommendations / Actions identified

	Audit Title	Aim/Actions
14	(9353/SE) - Understanding Older Adults Who Do Not Opt-In to Talking Therapies Berkshire	The NHS Long Term Plan (NHS England, 2019) has identified Improving access to psychological therapies (IAPT) for older adults (aged 65+) as a priority for improvement across all mental health services. Older adults are underrepresented in Improving IAPT services in the UK. Talking Therapies, the IAPT provision for Berkshire, recognized that many older adults who were referred did not opt-in to assessment. This service evaluation aimed to explore the characteristics of older adults who did not opt-in and to understand their experiences, to inform recommendations to support older adults to opt-in in future. Recs/Actions: 1. Increase accessibility of information. 2. Change procedures to improve personal connection. 3. Explore and overcoming practical barriers. 4. Improving routine data and feedback collection from people who do not opt-in will be important to inform and evaluate improvements.
15	(11025/SE) - Diagnosing Advanced Dementia Mandate (DiADeM): An end-of-year service evaluation.	The DiADeM project aims to increase dementia diagnosis rates in care homes across East Berkshire. It aims to highlight the outcomes of the project in East Berkshire and identify areas for improvement to continually develop the project. This pilot is being run in various localities across England. A mid-year evaluation was conducted in 2023, which showcased the positive outcomes of implementing the project as well as areas for improvement. This is the year-end evaluation to highlight strides made, pinpoint areas that require attention, and produce guidance and recommendations to improve DiADeM. Recommendations/Actions:- Enhancing communication between primary and secondary mental health services is imperative- Understanding the factors behind the reluctance of care homes to engage with DiADeM is crucial.- Maintaining connections with the Berkshire Care Association and GP leads will allow us to boost care home engagement with the DiADeM project.- Information sessions and educational resources can further enhance care homes' understanding of the project's importance and their integral role within it.
16	(9981/SE) - Post-discharge Mental Health Support for Post-Stroke Adults of Working Age (AWA)	This is a service evaluation to evaluate the degree to which the service provision of the East Berkshire Earlier Support Discharge (ESD) for Stroke service meets the mental health needs of Adults of Working Age (AWA) and Older Adults (OA) service users. Aim: To evaluate the service's mental health support provision for AWA, according to service users, identifying areas of service delivery perceived to be helpful, as well as aspects for service improvement. Recommendations/Actions: To offer a family session earlier in the 6 weeks to support psychoeducation and support within the family.

Appendix D- CQUIN 2023/24

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

Appendix E- CQUIN 2024/25

To be added when published

Appendix F- Statements from Stakeholders

Berkshire Healthcare NHS Foundation Trust – Quality Account 2023/2024 - Response from the Council of Governors to the Trust

At the time of writing this response, it was very pleasing to see the following quoted in the LinkedIn social media channel:

“We’re delighted to announce our best ever results after receiving the top score (7.45) for staff engagement compared to similar NHS Trusts for the fifth year running, which is also the fifth top score among all NHS organisations.
We're really proud to be the top scoring community and mental health Trust for staff recommending their organisation as a place to work.”

The reason for referring to this is that one of the great strengths observable about BHFT is the very good organisational and workplace culture throughout the Trust and which is one of the strongest possible drivers of quality performance and quality improvement. In all the meetings and committees Governors are able to attend there is good evidence of this happening in real practice in service units.

Service excellence is made up of two essential components: the first is excellent service delivery (much in evidence) and the second is excellent service recovery. The latter is a real-world requirement because nothing is perfect and sometimes something will go wrong. The learning from patient and family/carer complaints and the “You said/We did” process are two good recovery examples.

Great team working, Quality Improvement and Bright Ideas presentations have been made to Governors and have been well received.

From the March 6th Council of Governors and the Patient Experience Report Q3 there were a couple of recommendations noting “assist patients in their self-care”. We look forward to hearing further about the implementation. It has become part of the usual patient psychology that they turn up to their appointments with a “I’m here now, so fix me” expectation or mentality. This is an important area worthy of further development within patient care settings.

National mandated access targets: an impressive number of targets met. The staff turnover data is of particular note. The target response percentage for iWGC has not been met but we are aware of creative and innovative ideas and efforts in a number of service units to drive up the response rate. We wish them every success in their endeavours.

The Governors take a very keen interest in waiting times across the Trust and we look forward to continuing updates on progress in this major area.

The Staff Survey continues to be a major success overall. There are areas for improvement, and we acknowledge the Trust’s awareness of these, particularly with WRES and WDES.

Finally, from the Quality Account to date we see progress in integration of service delivery, Multi-disciplinary Teams (MDTs) and increasing Berkshire-wide patient care where possible. Again, this is an area of interest to Governors and we would welcome additional formal updates to the Council

of Governors as this is developed across the Trust and especially noting the East West ICS relationships.

Brian Wilson
Lead Governor, April 2024

Berkshire Healthcare NHS Foundation Trust Response:
We wish to thank our Board of Governors for their response to our 2023/24 Quality Account. We greatly appreciate the time given by the Governors to review our Quality Account and acknowledge their valuable, consistent and ongoing support in making it more user friendly and readable over the years.

We look forward to keeping the Council of Governors appraised of our progress.

NHS
Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

NHS
Frimley

Integrated Care Boards' Response – BHFT Quality Account 2023/24

This statement has been prepared on behalf of:

- Frimley Integrated Care Board (ICB),
- Buckinghamshire, Oxfordshire & West Berkshire ICB.

The ICBs are providing a response to the Quality Account 2023/24 submitted by Berkshire Healthcare Foundation Trust (BHFT). Note: This commentary is based on the draft Quality Account shared with the ICBs which included data from Quarter 1 to Quarter 3 of 2023/4.

The Quality Account provides information on the achievements, improvements and priorities that were set for 2023/24 and gives an overview of the services and quality of care provided by the Trust during this period. The priorities for 2024/25 are also detailed in the report. The ICBs are committed to working with the Trust to support further improvement in the areas identified within this Quality Account.

Progress in respect of the Trust's 2023/24 Quality Priorities is detailed in the Quality Account, covered within the overarching domains of Patient Experience, Harm-Free Care (Patient Safety), Clinical Effectiveness, and Supporting Staff. The priorities for 2024/25, using the same overarching domains, have been agreed by the Trust and set out in this Quality Account, with confirmation that these will be monitored on a quarterly basis by the Trust's Quality and Performance Executive Group (QPEG).

Frimley and Buckinghamshire, Oxfordshire & West Berkshire ICBs would like to take this opportunity to acknowledge and praise BHFT for their continued commitment to quality improvement and innovation, as well as ensuring that the ICB and partners are actively involved in conversations around the quality and safety of services being provided. The ICBs have been in attendance at the Trust's QPEG throughout the year and are assured of the strength of the organisation's clinical governance framework. The Trust has also consistently contributed as a partner in the System Quality Groups, bringing expertise, learning, and quality escalations to these system-wide forums. Alongside the progress reported on the Trust's main quality priorities, we also acknowledge the wide variety of improvement work reported across all of its divisions. The ICBs would like to offer ongoing support to the Trust with an aim to further strengthen our working partnership.

Patient Experience and Involvement

We note that the Trust is meeting all six of its mandated access targets and acknowledge the Trust's work on reducing waiting times. The ICBs have observed that the Trust has an effective system in place for identifying which services are experiencing the greatest challenges and its application of targeted interventions to improve waiting times in these areas. This has shown notable improvements in waiting times for Musculoskeletal Physiotherapy in East Berkshire, Diabetes Education, and the Integrated Pain and Spinal Service. The focus on waiting times is also relevant to the Trust's 'Harm-Free Care' priorities, and harm reviews with remedial actions have been undertaken and reported to the Quality and Performance Executive Group in respect of services with significant waiting list challenges. The Trust has also ensured that where significant challenges exist, these are recorded on its Quality Concerns Risk Register, along with mitigating actions, and these are fed into the System Quality Groups.

We note that the Trust continues to promote and encourage patient feedback, particularly via its " I Want Great Care" surveys. The response rate has increased slightly and although below target, we acknowledge the further work being undertaken to improve towards the target of 10%. It is pleasing to see that, Trust-wide,

a 94.1% positive experience score was achieved for Q3 of 2023/24 with an average 4.74-star (out of 5 star) rating. We also note that the Trust has a Carers Strategy and Toolkit in place, and a Carer's Lead to assist and advise services on involvement and support for carers. We commend the Trust on its processes for analysing and acting on feedback from surveys and complaints, and its use of a 'You Said, We Did' approach to assurance on improvement actions.

We are also pleased to acknowledge the Trust's continued commitment to reducing health inequalities, in particular the development of a reducing health inequality strategy, which focuses on access, experience and outcomes, and the analytical / task-and-finish work being undertaken in support of this strategy. Also of note is the Trust' Anti-Racism Task Force and its work in supporting the Trust's commitment to being an anti-racist organisation.

Harm-Free Care

The Trust has taken a strong approach to the implementation of the National Patient Safety Strategy, with regular Patient Safety Strategy Implementation Group meetings including membership from the ICB Quality Teams.

We commend the hard work that has gone into the Trust's transition from the SI Framework to the new Patient Safety Incident Response Framework (PSIRF), including the development of the Trust's PSIRF policy and plan, which were ratified in late 2023, followed by the launch of PSIRF in the organisation in January 2024. Among the many workstreams put in place to support this transition, the Trust has undertaken excellent work on communicating with and supporting families, a key principle within PSIRF. The Trust has launched its new Mortality and Patient Safety (MAPS) Group for oversight of patient safety responses, learning and improvement, and has included the ICBs in the membership of this group. We also acknowledge the Trust's commitment to participation in the joint Frimley-BOB ICBs quarterly PSIRF review meetings, and the ICBs' system-wide Patient Safety Forums.

We also note that the Trust has implemented automated reporting to the Learning from Patient Safety Events (LfPSE) system and continues to adapt to the evolving reporting criteria and to support staff on reporting requirements.

We are pleased to note that the Trust has adopted and is implementing the National Infection Prevention and Control Board Assurance Framework.

We acknowledge the improvement work and progress made in the following key areas:

- Number of falls on Older People's Inpatient Wards (Community Inpatient Wards and Older People's Mental Health Wards): The target was met in 8 out of 9 months (Q1-Q3) and the Trust has showed continued commitment to, and achievements in relation to improvements in falls prevention work.
- Pressure ulcers (PUs) due to lapse in care by the Trust: Targets across categories 2 to 4 pressure ulcers were once again achieved by a wide margin, supported by staff training and regular thematic reviews.
- Self-harm incidents by mental health inpatients: Significant improvement with targets met in all months (Q1-Q3), compared to the previous year when targets were met in 3 months. This is supported by a focus on neurodiversity and safety planning adjustments. We also acknowledge the extensive work the Trust is undertaking on ligature safety at the Prospect Park Hospital site, based partly on learning from the Never Event reported in Q4 of 2022/23.
- Suicide Prevention: We acknowledge the Trust's continued commitment to suicide prevention work, both within its services and as a key partner across the two ICS geographies. We note that the Trust has refreshed its suicide prevention strategy action plan in line with the Berkshire-wide strategies and findings from the National Confidential Inquiry into Suicide and Homicide (NCISH).
- Patients with Severe Mental Illness (SMI) referred to Community Mental Health Teams (CMHT) will have all parameters of the annual physical health check completed within one year of referral to the CMHT:

We are pleased to note that the 85% target was exceeded, with performance standing at 90% at the end of Q3. We mentioned in last year's report that a focus on improving performance in the Slough area was desirable, and the Quality Account reports that improvement has been achieved, with an increase across the year to an above-target position as of January 2024. A similar focus on achievement in the Windsor, Ascot and Maidenhead area would be desirable in 2024/25.

- Co-Occurring Mental Health, Alcohol and Drugs (COMHAD) pathways: We note the specialist support the Trust has put in place for staff in managing COMHAD cases, and the Trust's system-level work on reviewing and improving care and treatment pathways. We look forward to working with the Trust to further improve the effectiveness of care and treatment in this area.

We also note that the Trust has not reported any Never Events in 2023/24, and as discussed above, we acknowledge the work on ligature safety in response to the Never Event which was reported in Quarter 4 of 2022/23. Serious Incidents are lower in number than the previous year, although this was a likely change in view of the transition from the SI Framework to PSIRF.

The ICBs see the work on harm-free care described by the Trust as representative of its ongoing commitment to patient safety.

Clinical Effectiveness

We note that the Trust has a strong clinical audit programme, and has participated in all applicable national clinical audits, with improvement actions emanating from national audit findings set out in the Quality Account

We are assured that the Trust operates an effective system for reviewing and reporting on compliance with NICE guidance and technology appraisals.

In respect of mortality reviews and learning from deaths, the Trust reported no deaths that were judged definitely, strongly, or probably avoidable. The Trust has maintained a diligent approach to reviewing and acting on learning from deaths even where there was no likelihood of avoidability and has been a valued partner in system-wide mortality review forums. We commend the Trust on its work to integrate mortality review governance into the wider patient safety framework in the context of its adoption of PSIRF. We also acknowledge the Trust's contributions to ensuring efficient and effective system-wide Medical Examiner functions.

We also note the continued work on the Learning Disability Improvement Standards, and we are grateful to the Trust for its continued excellent engagement with the LeDeR Programme. This has included the timely and comprehensive provision of evidence to support the undertaking of LeDeR reviews.

We note the challenges in increasing reporting on outcome measures (ROMS) in mental health services, linked to the CQUIN, and this is an area of focus for improvement among providers nationally. Progress has been made and there is further work in progress targeting an increase in the percentage of eligible service users with matched outcome measures recorded in their clinical records.

Supporting Staff

We note that the Trust continues to implement its People Strategy 2021-24, including a focus on staff health and wellbeing, working hours, violence reduction, sexual safety, anti-bullying, anti-racism, and supportive and compassionate leadership.

Key elements within this are the 'Freedom to Speak Up' Guardian and Safety Culture Charter, both in place to support staff in raising concerns, and also of great importance in the delivery of harm-free care. This demonstrates commitment to being a supportive and transparent organisation with the safety of its staff and service users at its core.

We also note the Trust's dedication to Quality Improvement (QI) programmes and supporting staff in applying a QI mindset and methodologies to their services. The fruits of this are evident in the array of service improvement and innovation work detailed in this year's Quality Account.

We acknowledge the successful results achieved by the Trust on some of the key questions in the national staff survey, and its commitment to identifying and addressing areas for improvement.

We are assured that the Trust has identified and is focused on areas for improvement in relation to the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard.

Priorities for Improvement for 2024/25

The ICBs acknowledge and support the improvement priorities set out for the coming year under the domains of Patient Experience, Patient Safety, Clinical Effectiveness, and Supporting Our People. We agree that these priorities encompass the most important areas of work in support of continuous quality improvement.

In the context of system-wide improvement, we also encourage and support a continued focus on:

- Improvement in the numbers of inappropriate out of area placements for adult mental health services.
- Improvement in performance on Talking Therapies outcome measures (the proportion of people completing treatment who move to recover).
- Further improvement in the effectiveness of pathways for Co-Occurring Mental Health, Alcohol and Drugs (COMHAD).
- The implementation of the Right Care Right Person protocol (on which the Trust has been actively engaged at system-level).

Conclusion

The commentary above, provided by both Frimley ICB and Buckinghamshire, Oxfordshire & West Berkshire ICB, covers selected key areas reported in this year's Quality Account. We also acknowledge the continual focus on quality improvement through numerous other ongoing projects within a wide range of BHFT services which the Quality Account effectively summarises. We commend the Trust's achievements throughout 2023/24 and look forward to working together as partners in the delivery of great care to our population in the coming year.

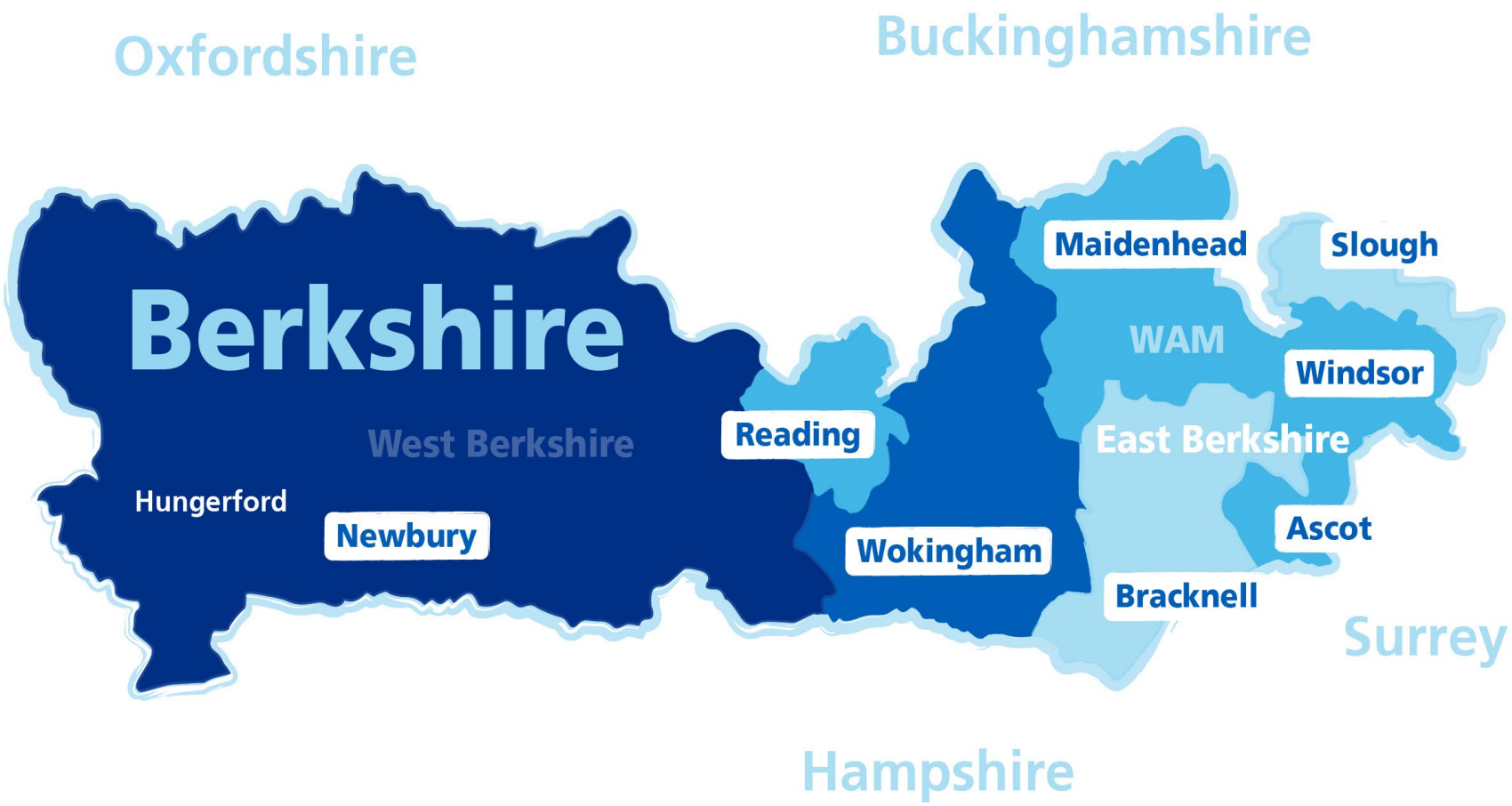
Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust Response:

We wish to thank Frimley Integrated Care Board (ICB) and Buckinghamshire, Oxfordshire and West Berkshire ICB for their joint response to our 2023/24 Quality Account. We would also like to thank both ICBs for their engagement in partnership working, and we have again reaffirmed our commitment to this in our 2024/25 annual plan on a page document. We look forward to working with both ICBs to achieve our shared objectives.

Appendix G- Map of Berkshire Localities



Glossary of acronyms used in this report.

Acronym	Full Name
ACP LD/A	Advanced Practice Credential in Learning Disability and Autism
ADHD	Attention Deficit/ Hyperactivity Disorder
ADTT	Anxiety Disorder Treatment Team
AF	Atrial Fibrillation
ARC	Assessment and Rehabilitation Centre
AWOL	Absent Without Leave
BAME	Black Asian and Minority Ethnic
BEACH	Bedside Emergency Assessment Course for Healthcare Staff
CAMHS	Child and Adolescent Mental Health Service
CaPDID	Caring for People with a Personality Disorder and an Intellectual Disability
CARRS	Cardiac and Respiratory Rehabilitation Service
CBT	Cognitive Behavioural Therapy
CCN	Community Children's Nursing
CCTV	Closed-Circuit Television
CDiff	Clostridium Difficile
CFAA	Children, Family and All Age Services
CMHT	Community Mental Health Team
COMHAD	Co-occurring Mental Health, Alcohol and Drug Disorders
COVID	Coronavirus disease
CPD	Continuing Professional Development
CPE	Common Point of Entry
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CREST	Community Rehabilitation Enhanced Support Team
CRHTT	Crisis Resolution and Home Treatment Team
CSS	Community Specialist Service
CYPIT	Children and Young People's Integrated Therapy Service
DNA	Did Not Attend
DSR	Dynamic Support Register
ECT	Electroconvulsive Therapy
ECTAS	Electroconvulsive Therapy Accreditation Service
EIP	Early Intervention in Psychosis
EOL	End of Life
EPMA	Electronic Prescribing and Medicines Administration
FFT	Friends and Family Test
FLO	Family Liaison Office
FTSU	Freedom to Speak Up
GDE	Global Digital Exemplar
HCSW	Healthcare Support Worker
HV	Health Visitor, Health Visiting

Acronym	Full Name
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IFR	Initial Findings Report
IPASS	Integrated Care and Spinal Service
IPC	Infection Prevention and Control
iWGC	I Want Great Care (patient experience monitoring)
LA	Local Authority
LD	Learning Disability
LeDeR	Learning Disability Mortality Review Programme
LGBTQ+	Lesbian, Gay, Bi, Trans, Queer, Questioning and Ace
LPSE	Learn from Patient Safety Event
MDT	Multi-Disciplinary Team
MH	Mental Health
MHA	Mental Health Act
MHICS	Mental Health Integrated Community Health Service
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSK	Musculoskeletal
NACEL	National Audit of Care at the End of Life
NCAP	National Clinical Audit of Psychosis
NACR	National Audit of Cardiac Rehabilitation
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
NEWS	National Early Warning System
NG	NICE Guideline
NHS	National Health Service
NICE	The National Institute of Health and Care Excellence
NIHR	National Institute of Health Research
NRAP	National Respiratory Audit Programme
OAP	Out of Area Placement
OPMH	Older Peoples Mental Health
OSCE	Objective Structured Clinical Examination
PCN	Primary Care Network
PDSA	Plan, Do, Study, Act
PICU	Psychiatric Intensive Care Unit
PMVA	Prevention and Management of Violence and Aggression
PNA	Professional Nurse Advocate
POMH	Prescribing Observatory for Mental Health
PPH	Prospect Park Hospital
PRT	Placement Review Team

Acronym	Full Name
PSII	Patient Safety Incident Investigation
PSIRF	Patient Safety Incident Response Framework
PTSD	Post-Traumatic Stress Disorder
PU	Pressure Ulcer
QI	Quality Improvement
QMIS	Quality Management and Improvement System
RAG	Red, Amber, Green
RiO	Not an acronym- the name of the Trust patient record system
ROM	Routine Outcome Monitoring
RRT	Rapid Response Team
RTT	Referral to Treatment Time
SBAR	Situation, Background, Assessment, Recommendation
SCT	Specialist Community Team
SE	Service Evaluation
SEND	Special Educational Needs and Disability
SI	Serious Incident
SJR	Structured Judgement Review
SLT	Speech and Language Therapy/ Therapist
SMI	Severe/ Serious Mental Illness
SOP	Standard Operating Procedure
SSPI	Staff Support Post Incident
STEIS	Strategic Executive Information System
SUS	Secondary Uses Service
TA	Technology Appraisal (NICE)
UCR	Urgent Community Response
VFW	Virtual Frailty Ward
VPR	Violence Prevention and Reduction
VCSE	Voluntary and community social enterprise
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard

Berkshire Healthcare NHS Foundation Trust

Trust Board Paper

Board Meeting Date	14 May 2024
Title	**Executive Report**
	Item for Noting and Approval of the Modern-Day Slavery Statement
Reason for the Report going to the Trust Board	The Executive Report is a standing item on the Trust Board agenda. This Executive Report updates the Trust Board on significant events since it last met. The Trust Board is requested to seek note the report and to seek any clarification on the issues covered in the report.
Business Area	Corporate Governance
Author	Chief Executive
Relevant Strategic Objectives	The Executive Report is relevant to all the Trust's Strategic Objectives

Berkshire Healthcare
NHS Foundation Trust

Trust Board Meeting – 14 May 2024

EXECUTIVE REPORT – Public

1. Never Events

Directors are advised that no 'never events' have occurred since the last meeting of the Trust Board.

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

2. Modern Day Slavery Statement

The Modern Slavery Act 2015 is designed to consolidate various offences relating to human trafficking and slavery. The provisions in the Act create a requirement for an annual statement to be prepared that demonstrates transparency in supply chains. In line with all businesses with a turnover greater than £36 million per annum, the NHS is obliged to comply with the Act.

Summary
The legislation addresses slavery, servitude, forced or compulsory labour and human trafficking and links to the transparency of supply chains.

Section 54 of the Act specifically addresses the point about transparency in the supply chains. It states that a commercial organisation (defined as a supplier of goods or services with a total turnover of not less than £36million per year) shall prepare a written slavery and human trafficking statement for the financial year. The statement should include the steps an organisation has taken during the current financial year to ensure that slavery and human trafficking is not taking place in any part of the supply chain or its business. The statement must be approved by the Trust Board.

The Trust's Modern-Day Slavery Statement is attached at appendix 1.

The Trust Board is requested to approve the Modern-Day Slavery Statement which will be included as part of the Trust's Annual Report for 2023-24.

Executive Lead: Paul Gray, Chief Financial Officer

3. Improving the Working Lives of Doctors in Training

Following publication of the 2024/25 priorities and Operational Planning Guidance by NHS England, the Medical Director attended the Trust Postgraduate Doctors' Forum on 4 April 2024 and provided assurance that Medical Staffing and Directors of Medical Education (DME) would work with our doctors in training to address the 3 areas of priority as listed in the Planning Guidance:

- increasing choice and flexibility in rotas
- reducing duplicative inductions
- reducing payroll errors.

Although discussions which followed suggested that our doctors in training did not have concern about how the trust managed and supported them with these priority areas, it was agreed that the 3 priority areas for doctors in training would be reviewed with their representatives to ensure it met their needs.

Further detail about these priorities was published in an NHS England letter on 25 April, with the expectation that trust boards will take responsibility for this agenda around improving the working lives of doctors in training.

Medical Staffing and DME will now be conducting a current state and gap analysis review with representatives from the Postgraduate Doctors forum and implement countermeasures where trust processes can be further enhanced to improve working lives of our doctors in training.

An update will be provided to the Quality Assurance Committee of the Trust Board in August 2024

Executive Lead: Dr Minoo Irani, Medical Director

4. Organisational compliance with ensuring that staff have access to fit testing to enable use of respiratory protective equipment (FFP3 masks) when required

This briefing is to provide assurance to the Trust Board that the Trust has robust fit-testing processes in place.

All staff who might be required to wear an FFP3 (respirator face mask) mask as part of the infection prevention and control hierarchy of control measures must be fit - tested before they can wear an FFP3 mask (legal requirement). Staff are fit tested to specific masks (these should be UK manufactured masks) with testing required to ensure that the mask fits properly and therefore protection is provided as intended. A record of the type of mask that an individual staff member has been tested for should be added to their ESR record.

The Trust have good stock/supply of a number of differing UK manufactured masks. The Fit testing process is managed through our Estates and Facilities Management, with clinical input and support from the infection Prevention and Control Team. There is a written process to support organisational understanding and a dedicated email

address to enable staff to access advice along with information on our intranet and regular reminders through clinical newsletters and Infection, Prevention and Control training.

Training sessions are provided by an external trainer to ensure that we have sufficient staff trained across the organisation to undertake fit-testing , a record of all staff trained to undertake fit testing is maintained centrally and the expectation will be that staff who may as part of their work be required to where an FFP3 mask are supported through fit testing to identify the correct mask for them as part of local induction. In addition to this staff are able to access fit testing as required either through local fit testers or by contacting the dedicated email.

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

5. Perinatal Mental Health

Data from NHS England shows record numbers of women accessing specialist perinatal mental health support. NHS statistics show that more than 57,000 new and expectant mothers received specialist mental health support between March 2023 and February 2024, up a third compared to the previous year.

Executive Lead: Julian Emms, Chief Executive

6. Childrens' Community Services Waits

Figures from NHS England reveal that the number of people waiting more than a year for community services has risen sharply, with children the hardest hit. NHS England data shows that the number of community waits of more than 52 weeks rose from 26,800 in April 2023, to 31,509 in January this year (18%). The number of children waiting over a year jumped even more starkly, from 14,632 to 23,473 in the same time frame – an increase of 60%.

Executive Lead: Julian Emms, Chief Executive

Presented by: Julian Emms
Chief Executive
14 May 2024

Appendix 1

Modern Day Slavery Statement 2023-24

This statement is made pursuant to Section 54 of the Modern Slavery Act 2015 and sets out the steps that Berkshire Healthcare NHS Foundation Trust has taken, and is continuing to take, to make sure that modern slavery or human trafficking is not taking place within our business or supply chain during the year ending 31 March 2024.

Modern slavery encompasses slavery, servitude, human trafficking and forced labour. Berkshire Healthcare has a zero-tolerance approach to any form of modern slavery. We are committed to acting ethically and with integrity and transparency in all business dealings and to putting effective systems and controls in place to safeguard against any form of modern slavery taking place within the Trust or our supply chain.

Our Policies on Slavery and Human Trafficking

Berkshire Healthcare is aware of our responsibilities towards patients, service users, employees and the local community and expects all suppliers to the Trust to adhere to the same ethical principles. We are committed to ensuring that there is no modern slavery or human trafficking in our supply chains or in any part of our business. Our internal policies replicate our commitment to acting ethically and with integrity in all our business relationships.

Standard NHS Contracts and the Trust's contract specifications contain a provision around Good Industry Practice to ensure each supplier's commitment to anti-slavery and human trafficking in their supply chains; and that they conduct their businesses in a manner that is consistent with Berkshire Healthcare's anti-slavery policy. In addition, an increasing number of suppliers are implementing the Labour Standards Assurance System (LSAS) as a condition of contract for tenders within high-risk sectors and product categories and indeed this has been referenced in the Government's Modern Slavery Strategy. Many aspects of the LSAS align to the seven reporting areas that the Government has outlined and should appear within any slavery and human trafficking statement.

We operate a number of internal policies which ensure that we are conducting business in an ethical and transparent manner. These include:

- **Recruitment** - We operate a robust recruitment policy, including conducting eligibility to work in the United Kingdom checks for all directly employed staff. Agencies on approved frameworks are audited to provide assurance that pre-employment clearance has been obtained for agency staff, to safeguard against human trafficking or individuals being forced to work against their will
- **Fair and Equitable Employment Terms** - We have a range of controls

to protect staff from poor treatment and/or exploitation, which complies with all respective laws and regulations. These include provision of fair pay rates, fair terms and conditions of employment, and fair access to training and development opportunities

- **Safeguarding** - We adhere to the principles inherent within both our safeguarding children and adults' policies. These are compliant with the Berkshire multiagency agreements and provide clear guidance so that our employees are clear on how to raise safeguarding concerns about how colleagues or people receiving our services are being treated, or about practices within our business or supply chain
- **Whistleblowing** - We operate a whistleblowing/raising concerns policy so that everyone in our employment knows that they can raise concerns about how colleagues or people receiving our services are being treated, or about practices within our business or supply chain, without fear of reprisals, and the various ways in which they can raise their concerns
- **Standards of business conduct** - This code explains the manner in which we behave as an organisation and how we expect our employees and suppliers to act

Our approach to procurement and our supply chain includes:

- Ensuring that our suppliers are carefully selected through our robust supplier selection criteria/processes
- Requiring that the main contractor provides details of its sub-contractor(s) to enable the Trust to check their credentials
- Ensuring invitation to tender documents contain a clause on human rights issues
- Ensuring invitation to tender documents also contains clauses giving the Trust the right to terminate a contract for failure to comply with labour laws
- Using the standard Supplier Selection Questionnaire that has been introduced (which includes a section on Modern Day Slavery), Trust staff must contact and work with the Procurement department when looking to work with new suppliers so appropriate checks can be undertaken
- Supplier adherence to our values. We are zero tolerant to slavery and human trafficking and thereby expect all our direct and indirect suppliers/contractors to follow suit
- Where it is verified that a subcontractor has breached the child labour laws or human trafficking, then this subcontractor will be excluded in accordance with Regulation 57 of the Public Contracts Regulations 2015. The Trust will require that the main contractor substitute a new subcontractor.

Training

Advice and training about modern slavery and human trafficking is available to staff through our mandatory safeguarding children and adults training programmes, our safeguarding policies and procedures, and our safeguarding leads. It is also discussed at our corporate induction training which is mandatory for all our new starters. We are looking at ways to continuously increase awareness within our organisation, and to ensure a high level of understanding of the risks involved with modern slavery and human trafficking in our supply chains and in our business.

Our Performance Indicators

We will know the effectiveness of the steps that we are taking to ensure that slavery and/or human trafficking is not taking place within our business or supply chain if there are no reports received from our staff, the public, or law enforcement agencies to indicate that modern slavery practices have been identified.

Berkshire Healthcare NHS Foundation Trust

Trust Board Paper

Board Meeting Date	14 May 2024
Title	**Gender, Ethnicity and Disability Pay Gap Report**
	ITEM FOR NOTING
Reason for the Report going to the Trust Board	Gender Pay Gap reporting is a requirement under the Equality Act 2010. Ethnicity and Disability Pay Gap reporting is not a specified requirement under the Equality Act 2010.
Business Area	People Directorate
Author	Deputy Chief Executive
Relevant Strategic Objectives	**Workforce** **Ambition:** We will make the Trust a great place to work for everyone

Gender Pay Gap Reporting (GPG) for the reporting year 2023-2024

Author	Ash Ellis, Deputy Director for Leadership, Inclusion and OD
Purpose of Report	This report sets out an analysis of the Trust's Gender Pay Gap Report for 2023-2024

Executive Summary

- Gender Pay Gap reporting is a requirement under the Equality Act 2010 and is based on data from the previous year. The Gender Pay Gap is not the same as unequal pay. The Gender Pay Gap is the difference between the average pay of men and women in an organisation.

- BHFT's Median Gender Pay Gap in 2023-2024 was 13.25%**.** This represents a decrease of 3.21% from 16.46% from 2022-2023, moving in the right direction. BHFT's Mean Gender Pay Gap in 2023-24 is 15.54%, this represents a 1.42% decrease from 2022-2023 moving in the right direction.

- This is the first year we have also applied an intersectionality lens to provide an insight into hidden gaps and greater inequalities that can exist, such as those between gender and ethnicity. White males have a £3.43 gap in their favour compared to black males. White males have a £4.25 gap in their favour compared to black females.

- The reasons for the Gender Pay Gap can be varied and complex, some of which are within our control and some will be more systemic within society. One of the major reasons for the pay gap is that there is a higher proportion of males in more senior bands within the Trust. Females represent 83% of our workforce yet only represent 74.88% of the workforce in the upper quartile; males represent 17% of our workforce but are overrepresented in the upper quartile (25.12%). This means that females are underrepresented by 8.12%% in the senior bands and males overrepresented by 8.12%.

- The proportion of females in the lowest quartile of pay (86.25%) represents a slight decrease from 87.05% in the previous year: a higher figure than the proportion of females employed in the Trust (83%).

- The Gender Pay Gap data will be published on the Trust's website. The information should remain on the Trust website for a period of at least three years, beginning with the date of publication.

- The Trust is committed to continuously reviewing our systems, practices and processes to ensure we are reducing our Gender Pay Gap where practically possible and will continue to work closely with our Diversity Steering Group, staff networks, Trade Unions and other stakeholders to develop effective actions. This action plan will sit within the Trust's overall EDI action plan and agreed priorities.

Recommendation	The Board is asked to acknowledge the report and subsequent approach to develop actions.

1. Reporting Requirement

The gender pay gap audit obligations are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. As an organisation that employs more than 250 people and listed in Schedule 2 to the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 we must publish and report specific information about our gender pay gap. The report is always retrospective based on the last financial year period.

a) The gender pay gap can be defined as the difference between the median hourly earnings of men and of women. This is distinct from equal pay, which refers to men and women in the same job earning an equal wage.
b) Median and mean is what we are required to report on. Median is the middle value of the arranged set of data. Mean is the total of the numbers divided by how many numbers there are.

From a purely statistical standpoint, the median is considered to be a more accurate measure as it is not skewed by very low hourly pay or very high hourly pay i.e. such as medical staff who are on much higher salaries than other professional groups. However, we know in the gender pay gap for example the very high paid people tend to be men, and the very low paid people tend to be women, and the mean paints an important picture of the pay gap because it reflects this issue. It is therefore good practice to use both the mean and the median when analysing or reporting on the pay gap.

2. Our Gender Pay Gap Report in Berkshire Healthcare (BHFT)

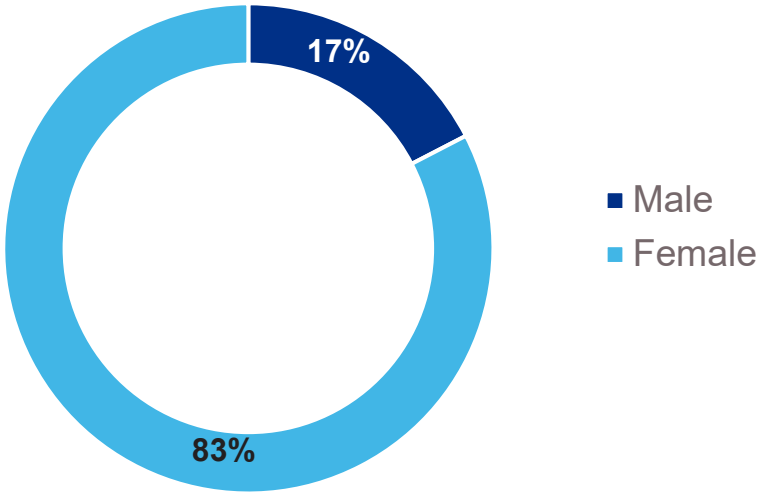
Our Gender Pay Gap report for the 2023/2024 reporting year contains a number of elements:

- The specific information published on the government website for the snapshot date of 31st March 2024.
- A comparison with the 2022/2023 reporting data.
- An analysis of the pay gap across specific staff bands and quartiles within BHFT.
- Recommendation as to future action to support reducing the Gender Pay Gap where possible.

3. Our Gender Profile

Data collected shows that our workforce consists of 5,219 people, 4,332 female and 887 male, Figure 1 below shows our gender profile.

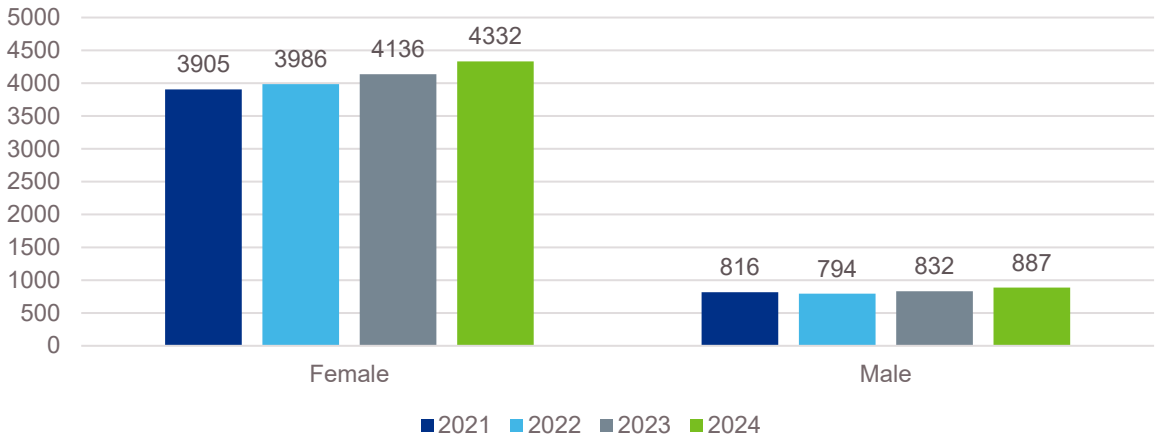
Figure 1: BHFT Gender Profile



BHFT have 427 more females in our workforce since 2021, and 71 more males in our workforce since 2021.

Figure 2 below shows there has been an increase in the number of staff over 3 years since 2020/2021, with females increasing at a steady level and males fluctuating around the same.

Figure 2: Male and Female Workforce split at BHFT over 3 year period



4. Median and Mean Pay gap data in BHFT over the last 4 years

Mandatory Reporting Area	Data for 2020-21				Data for 2021-22				Data for 2022-23				Data for 2023-24			
Mean gender pay gap in hourly pay	**19.14%**				**20.45 %**				**16.96%**				**15.54%**			
Median gender pay gap in hourly pay	**14.5%**				**17.01%**				**16.46%**				**13.25%**			
Mean bonus gender pay gap	**37%**				**25.97%**				**29.58%**				**24.29%**			
Median bonus gender pay gap	**27.92%**				**0%**				**0%**				**0%**			
Proportion of males and females within the whole workforce receiving a bonus payment	**Males**		**Females**		**Males**		**Females**		**Males**		**Females**		**Males**		**Females**	
	17	1.98 %	14	0.35%	38	4.63%	40	1%	34	3.88%	37	0.88%	43	4.61%	42	0.96%
Bonus pay Mean	£8,086.07		£5,094.43		£6,906.77		£5,113.12		£8,062.62		£5,677.54		£7,484.01		£5,666.37	
Difference	£2,991.63				£1,793.65				**£2,385.07**				**£1,817.65**			
Bonus pay Median	£1,487.83		£1,413.44		£3,745.29		£3,745.29		£4,790		£4,790		£4,944.60		£4,944.60	
Difference	£74.39				£0				**£0**				**£0**			

Gender Hourly rates	Males	Females	Males	Females	Males	Females	Males	Females
Median			£20.90	£17.35	£21.66	£18.10	£21.91	£19.00
Difference			£3.55		£3.57		**£2.90**	
Mean	£22.29	£18.02	£23.74	£18.88	£23.89	£19.84	£24.52	£21.91
Difference	£4.27		£4.85		**£4.05**		**£3.81**	

Figure 3 above demonstrates that although relatively equal number of males and females have received a bonus payment, the percentage of males receiving a bonus out of the overall male workforce (4.61%) is higher in comparison to females (0.96%). With no Median Bonus-Pay gap.

Mean gender pay gap in hourly pay is 15.54%, which is a **1.42%** decrease from our 2022-23 data of 16.96%, moving in the right direction. The hourly difference is £3.81 and the mean gender pay gap has reduced by £0.24p.

Median gender pay gap in hourly pay is 13.25% in favour of men. This is a **3.21%** decrease from our 2022-23 data of 16.46% moving in the right direction. The hourly difference is £2.90, which the gender median pay gap has decreased by £0.67p.

Nearly all NHS organisations have a higher ratio of female then male in their workforce but have a Gender Pay Gap in favour of men.

Bonus Pay, the data presented in Figure 3 suggests that the average bonus pay gap at BHFT has decreased by 5.29% from 29.58% to 24.29%. The bonus data relates only to Clinical Excellence Awards (CEA) paid to all eligible substantive Consultant Medical Staff who have been in post for at least a year. However, it is important to note the context and challenges associated with the bonus pay system:

- CEA's are not a one-off annual performance payment. Instead, it relates to a nationally agreed contractual payment which forms part of the salary package for Consultant Medical Staff.
- This system is prescribed by the British Medical Association (BMA) and NHS Employers – the Trust adopts a nationally agreed system.
- Third, many of the CEA's that are still being paid out are historic and will be maintained until the recipient's retirement.

In 2022-23 the Trust proposed equal bonus payments for all eligible male and female Consultants in the Trust, irrespective of whether they were full-time or part-time without any pro-rata calculations. This would have helped eliminate gender pay gap in the year, since our data suggests female consultants are more likely to work less than full time in the Trust. However, this proposal was rejected by the Local Negotiating Committee and BMA guidance (for pro-rata payment) was required to be implemented. Additionally, as stated above, the gender pay gap also arises from on-going annual legacy bonus payments made in relation to CEA points awarded prior to 2018 that some of the Consultants will continue to benefit from until retirement.

Figure 4: Our hourly pay gap

5. Gender Profile by pay band and quartiles in BHFT 2023-2024

All BHFT staff, except for medical staff, Board members, and very senior managers are paid on the National Agenda for Change (AfC) pay, terms and conditions of service. The terms and conditions set out band structures and pay for all employees to ensure transparency, fairness and equal treatment for all.

Figure 5 below details the number and percentage of female and male staff within each pay band. A majority of the pay bands are broadly representative of the organisations gender ratio, however we do show more male staff as percentages increase in bands 8a, 8c, 8d, 9 and Board and less female staff in bands 8a, 8b, 8c, 8d and Board as female percentages decrease. Pay band 3 – band 7 is underrepresented of males.

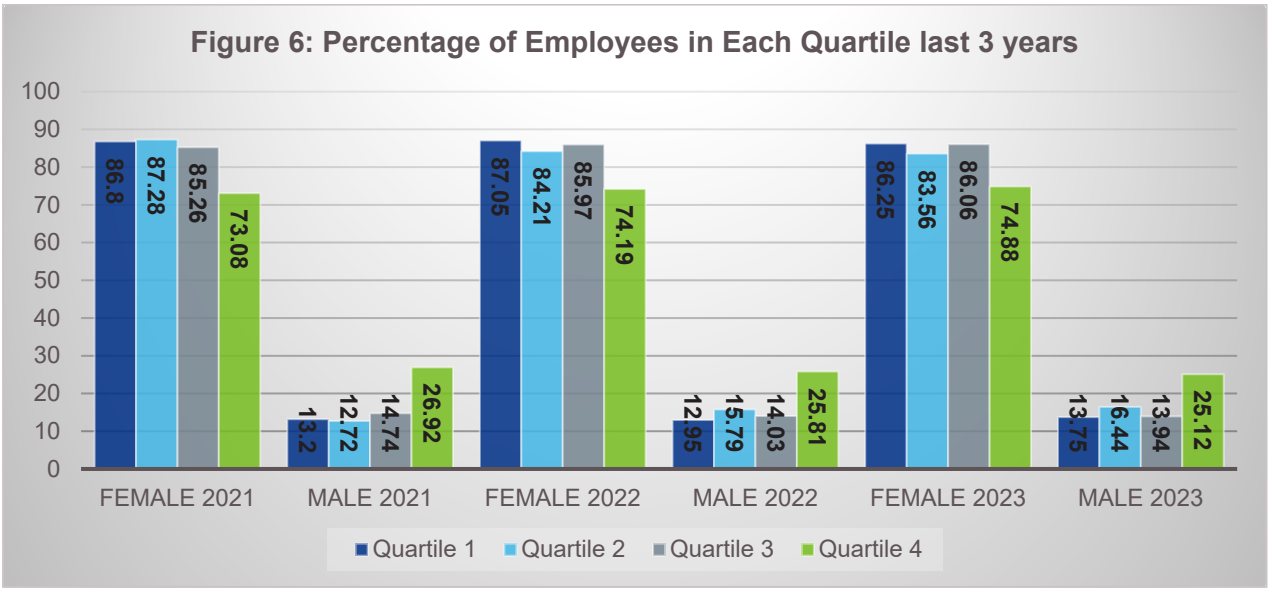
Figure 5: Gender Profile by Pay Band

	Female		Male		Total
Grouped Pay Scale	Headcount	%	Headcount	%	Headcount
Ad-Hoc	2	66.67%	1	33.33%	3
Apprentice	9	100.00%	0	0.00%	9
Band 2	184	74.49%	63	25.51%	247
Band 3	565	86.79%	86	13.21%	651
Band 4	714	87.07%	106	12.93%	820
Band 5	555	84.99%	98	15.01%	653
Band 6	807	85.31%	139	14.69%	946
Band 7	843	84.72%	152	15.28%	995
Band 8a	312	79.80%	79	20.20%	391
Band 8b	131	77.98%	37	22.02%	168
Band 8c	50	71.43%	20	28.57%	70
Band 8d	25	71.43%	10	28.57%	35
Band 9	8	80.00%	2	20.00%	10
Board	6	46.15%	7	53.85%	13
Medical & Dental	121	58.17%	87	41.83%	208
Grand Total	**4332**	**83.00%**	**887**	**17.00%**	**5219**

Figure 6 below demonstrates that one of the major reasons for the pay gap is that there is a higher proportion of men in more senior bands within the Trust. As highlighted in Figure 1, females represent 83% of our workforce yet only represent 74.88% of the workforce in the upper quartile;

males represent 17% of our workforce but are overrepresented in the upper quartile (25.12%). This means that females are underrepresented by 8.12% (a 0.94% positive increase on last year) in the senior bands and males overrepresented by 8.12%.

The proportion of females in the lowest quartile of pay (86.25%) represents a slight decrease from 87.05% the previous year: higher than the overall number of females in the Trust (83%).



6. Comparison with Integrated Care System Partners (ICS)

It's helpful to see our performance in comparison to our public sector system health partners in terms of how BHFT is performing but also BOB/Frimley as a whole in the health care sector. Figure 7 below shows our performance in the gender pay gap in comparison with our health and social care partners.

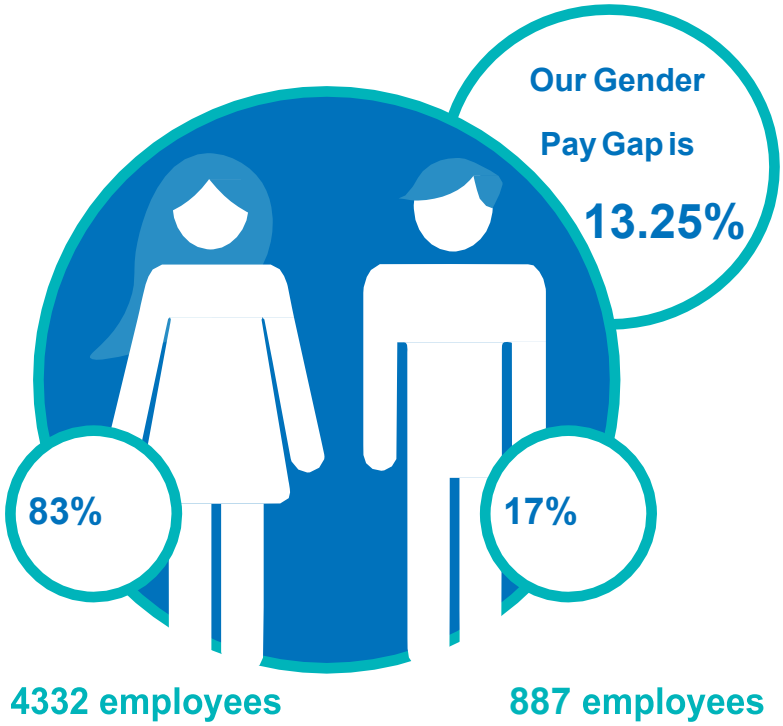
Figure 7: Gender Pay Gap comparison 2023-2024 reporting

Employer	Employer Size	% Difference in hourly pay (Mean)	% Difference in hourly rate (Median)	% Women in lower pay quartile	% Women in lower middle pay quartile	% Women in upper middle pay quartile	% Women in top pay quartile	% Who received bonus pay (Women)	% Who received bonus pay (Men)
Berkshire Healthcare NHS Foundation Trust	5000 to 19,999	15.5	13.3	86.3	83.6	86.1	74.9	1	4.6
Frimley Health NHS Foundation Trust	5000 to 19,999	20.9	2.1	76.8	75.5	83.8	66.3	58.5	41.5
Surrey & Borders Partnership NHS Foundation Trust	1000 to 4999	12.2	16.3	80.1	80.1	78.7	69.9	5.5	9.2
Royal Berkshire NHS Foundation Trust	5000 to 19,999	21.2	10.9	76.1	81.8	81.2	66.0	2.4	11.1

Employer	Employer Size	% Difference in hourly pay (Mean)	% Difference in hourly rate (Median)	% Women in lower pay quartile	% Women in lower middle pay quartile	% Women in upper middle pay quartile	% Women in top pay quartile	% Who received bonus pay (Women)	% Who received bonus pay (Men)
Oxford Health NHS Foundation Trust	5000 to 19,999	20.3	8.7	84.0	82.1	85.2	72.7	0.9	3.7
Buckinghamshire HealthCare NHS Trust	5000 to 19,999	26.9	15.5	82.0	82.0	85.0	67.0	2.0	11.0
Oxford University Hospitals NHS Trust	5000 to 19,999	28.7	13.6	74.3	81.8	77.9	61.4	4.7	10.7
BHFT Position in comparison to partners	BHFT is in the same size category as the majority	BHFT is 2nd lowest out of 7 in favour of males	BHFT is 3rd lowest out of 7 in favour of males	BHFT has the largest ratio of females in the lower pay quartile	BHFT has the largest ratio of females in the lower middle pay quartile	BHFT has the largest ratio of females in the upper middle pay quartile	BHFT has the largest ratio of females in the top pay quartile	BHFT has the 2nd lowest out of 7 number of females to receive bonus pay	BHFT has the 2nd lowest out of 7 number of males to receive bonus pay

From figure 7, it's worth noting that we also have one of the lowest number of medics so we will naturally have less female staff receiving a bonus.

Whilst the Trust has a Gender Pay Gap of 13.25%, it is worth remembering that the gender pay gap is not the same as unequal pay. This can be simplified by understanding that we have more males than females in higher paid roles, and more females than males in lower paid roles. We also have a considerably lot less males working in the Trust than we do females.



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7. Intersectionality – Introducing for 2024.

Intersectionality is key to achieving pay equity because it recognises that individuals can experience discrimination and inequality based on the intersection of multiple identities, such as race, gender, and age.

Further work to understand the data from an intersectional point of view is underway to provide an insight into hidden gaps, such as those that can exist between gender and ethnicity.

Figure 8 – Gender and Ethnicity of staff in post

	Ethnicity						
Gender	**Asian**	**Black**	**Mixed**	**Not Stated**	**Other**	**White**	**Grand Total**
Female	561 (10.77%)	407 (7.82%)	133 (2.56%)	97 (1.86%)	64 (1.23%)	3070 (58.64%)	4332
Male	177 (19.96%)	177 (19.96%)	25 (2.82%)	27 (3.04%)	21 (2.37%)	460 (51.90%)	887
Grand Total	**738 (14.14%)**	**584 (11.20%)**	**158 (3.03%)**	**124 (2.38%)**	**85 (1.63%)**	**3530 (67.63%)**	**5219**

The above table in figure 8 shows us the make up of the workforce split across gender and ethnicity. For Other and Not stated there are almost treble the number of males for females.

Figure 9 – Intersectional (Gender and Ethnicity) Mean and Median pay in BHFT

	Male		Female		
Ethnicity	**Mean**	**Median**	**Mean**	**Median**	**Median Difference**
Asian	£28.38	£22.82	£20.97	£18.78	£4.04 in favour of male
Black	£20.80	£19.39	£19.33	£18.57	£0.82 in favour of male
Mixed	£23.35	£20.06	£19.91	£18.10	£1.96 in favour of male
Other	£27.54	£22.82	£21.14	£19.80	£3.02 in favour of male
White	£24.18	£22.82	£20.83	£19.16	£3.66 in favour of male
Not Stated	£28.54	£21.80	£22.34	£22.27	£0.47 in favour of female

The total headcount for ethnicity is lower than gender because of an absence of data due to those ‘not stated’.
The median hourly rate of pay for all males is higher than that of all females, regardless of its intersection with ethnicity. This picture is consistent with our understanding of the current gender pay gap data.
There is variance in the hourly rates between gender and ethnicity when examined through each collected ethnic identity.
The highest difference is over £4 in median pay in favour of Asian males over Asian females, and a difference of nearly £8 more in mean hourly rate. The next biggest gap is in favour of Mixed males compared to Mixed females who earn £3 more in median hourly pay, this is also the same gap for those ‘Other’ colleagues in favour of males.
In comparing White and Black colleagues, White females have a £0.59 gap in their favour compared to back females. White males have a £3.43 gap in their favour compared to Black males. White males have a £4.25 gap in their favour compared to Black females. Black males have a £0.23 gap in their favour compared to White females.

Figure 10 – Intersectional distribution of gender and ethnicity by pay quartiles

	Quartile 1 (lowest pay)	Quartile 2 (Lower mid pay)	Quartile 3 (upper mid pay)	Quartile 4 (highest pay)
White Male	41.21%	43.44%	53.26%	63.72%
White Female	73.95%	63.24%	86.48%	82.70%
Ethnically diverse Male	58.79%	56.56%	46.74%	36.28%
Ethnically diverse Female	27.01%	34.44%	24.99%	25.36%

When considering pay quartiles through the intersectional lens of gender and ethnicity:

- White males increase up through the pay quartiles.
- White females remain at similar levels through the quartiles but dip in quartile 2.
- Ethnically diverse males decrease up through the quartiles.
- Ethnically diverse females remain at similar levels through the quartiles but increase in quartile 2.

8. What are the causes of the gender pay gap?

BHFT has seen a decrease in the median gender pay gap over the last year from 16.46% to 13.25%. BHFT's Mean Gender Pay Gap in 2023-23 was 15.54%, this represents a 1.42% decrease from 2022-2023 moving in the right direction.

The causes of the gender pay gap are complex and overlapping, some of the reasons for the increase could be attributed to:

- Overall increase in the workforce in the last three years
- Roles in bands 2-7 are predominantly staffed by females (80% and above in most of the bands and in bands 3-4 this figures goes up to >87%).
- As a percentage there are more males in higher paid jobs than lower paid jobs and as a percentage more women in lower paid jobs than in higher paid jobs.
- A higher proportion of females are in occupations that offer less financial reward for example, in administration. Many high-paying sectors are disproportionately made up of male workers, for example, medical or information and communications technology.
- A much higher proportion of women work part-time, and subsequently part-time workers earn less than their full-time counterparts on average.
- In general, according to the national landscape women are still less likely to progress up the career ladder into high-paying senior roles, we need to help change this landscape.

9. Actions to close the gender pay gap.

Our gender pay gap has fallen over the last couple of years, this could be attributed to the fact that there has been a decrease in males in the upper quartiles, and an increase in males in the lower quartiles, whilst also seeing a higher decrease in females in the lower quartiles, and a slight increase in the upper quartiles.

What has been our focus?

- Inclusive Recruitment: Explored sharing interview questions in advance and expanded interview question bank to improve standards of hire around inequality and anti-racism competence and experience.

- Pay and Reward: Explored opportunities within national guidance for Local clinical excellence awards (LCEA) to ensure the reduction of the pay gap year on year, while remaining constrained by NHS Terms and Conditions. Continued joint meetings discussing matters around pay and reward.
- Learning and Development: Developed leadership programme embedding inclusion and offered inclusion-based webinars. Created a career progression tip webinar to support minoritised colleagues at lower bands in applying for higher positions.
- Culture and Engagement: Shared pay gap reports and action plans with staff networks. Introduced an Equality Network Steering Group to enhance cross-collaboration and joint working.
- Ways of Working: Explored competency-based progression approaches, developed Trust behaviour framework, and launched an Anti-Racism workstream to address recruitment, progression, retention, and conditions.
- Exploration of Women's Network: Launched Women's Network in March to address gender inequality, support peer-to-peer support, and discuss work-life balance, flexible working, women's health, and promotion opportunities.

Actions to improve the Trust's gender pay gap align with the Trust's strategic ambitions and priorities, in particular making Berkshire HealthCare a great place to work for our people. To meet this goal our pay gap priorities for the year ahead include:

- We will continue to explore ways to enhance inclusivity into recruitment and onboarding through.
- We will develop actions to improve the experience of minoritised colleagues through our reasonable adjustment quality improvement project.
- We will continue to offer education and engagement opportunities to better socialise the importance of inclusion and how we can all play a better role in taking action.
- We will support and work with our staff networks to collaborate on needs based interventions.
- We will develop the EDI dashboard for staff to encourage localised action planning and improvements at a team level.

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Agenda Item

Ethnicity Pay Gap Reporting (EPG) for the year 2023-2024

Author	Ash Ellis, Deputy Director for Leadership, Inclusion and OD
Purpose of Report	This report sets out an analysis of the Trust's Ethnicity Pay Gap Report for 2023-2024

Executive Summary

- Ethnicity Pay Gap reporting is not a specified requirement under the Equality Act 2010 like the Gender Pay Gap. The Ethnicity Pay Gap is not the same as unequal pay. The Ethnicity Pay Gap is the difference between the average pay of ethnically diverse and white employees in an organisation.

- The aim of the ethnicity pay gap exercise is to assess the pay equality in BHFT, the balance of ethnically diverse and white colleagues at different paygrades, and how effective we are at nurturing and rewarding talent. All through our anti-racism lens.

- This is our second year of undertaking the ethnicity pay gap, and so we have our first annual comparison. This is the first year we have also applied an intersectionality lens to provide an insight into hidden gaps and greater inequalities that can exist, such as those between gender and ethnicity. White males have a £3.43 gap in their favour compared to black males. White males have a £4.25 gap in their favour compared to black females.

- BHFT's Median Ethnicity Pay Gap in 2023-2024 was 3.92% compared to 3.59% last year**.** This means that on average our white colleagues earn £0.71p more than our ethnically diverse colleagues, compared to £0.65p last year.

- 2.38% (124) of our workforce are 'Not Stated' which needs more exploration to understand how this influences the pay gap, although it has reduced from 137 last year.

- There is a contrast between higher number of ethnically diverse staff and lower number of white staff particularly more evident in the lower middle quartile, it needs further exploration. Our ethnically diverse staff population decreases through higher pay quartiles 8a – Board.

- The Ethnicity Pay Gap data will be published on the Trust's website. In line with the Gender pay gap the information should remain on the Trust website for a period of at least three years, beginning with the date of publication.

- The reasons for the Ethnicity Pay Gap can be varied and complex. One of the major reasons for the pay gap is that there is a higher proportion of white colleagues across all quartiles of the workforce than ethnically diverse colleagues.

- The Trust is committed to continuously reviewing our systems, practices and processes to ensure we are reducing our Ethnicity Pay Gap where practically possible and will continue to work closely with our Diversity Steering Group, staff networks, Trade Unions and other stakeholders to deliver our anti-racism strategy.

Recommendation	The Board is asked to acknowledge the report and subsequent approach to develop actions.

1. Background

Although not yet mandated to do so, Berkshire Healthcare (BHFT) published its first Ethnicity Pay Gap report in 2023 alongside its mandated Gender Pay Gap report. We believe this is an important step towards greater equality, diversity and inclusion and effective anti-racism.

This is the second year we are reporting on this so we can begin to compare the figures with the previous year. This gives us a basis on which to build and ensure that we have equality in pay when it comes to ethnicity.

To try and compare with other organisations is a challenge as not many organisations undertake and/or publish their ethnicity pay gap, there is certainly a lack of NHS Trusts undertaking this review across the country.

2. Our Ethnicity Pay Gap Report

Our Ethnicity Pay Gap report for 2023/2024 contains a number of elements:

- The mean, and the median basic pay gap.
- An analysis of the pay gap across specific staff bands and quartiles.
- A comparison with the 2022/2023 reporting data.

The mean pay gap is the difference between the pay of all white and ethnically diverse employees when added up separately and divided by the total number of white and ethnically diverse employees in the workforce. The median pay gap is the difference between the pay of the middle white employee and the middle ethnically diverse employee, when all of the employees are listed from the highest to the lowest paid.

3. Our Ethnicity Profile – 2023/24

Data collected shows that our workforce consists of 5,219 people, 1,565 are ethnically diverse and 3,530 are White and 124 have not stated. If we break this down further 738 are Asian, 584 are Black, 158 are Mixed and 85 are Other. Compared to last year, we have 89 more black colleagues, 50 more Asian colleagues, 1 more mixed colleague and 110 more white colleagues. Figure 1a and 1b below shows our ethnicity profile.

Figure 1: Workforce ethnicity profile 2023/2024

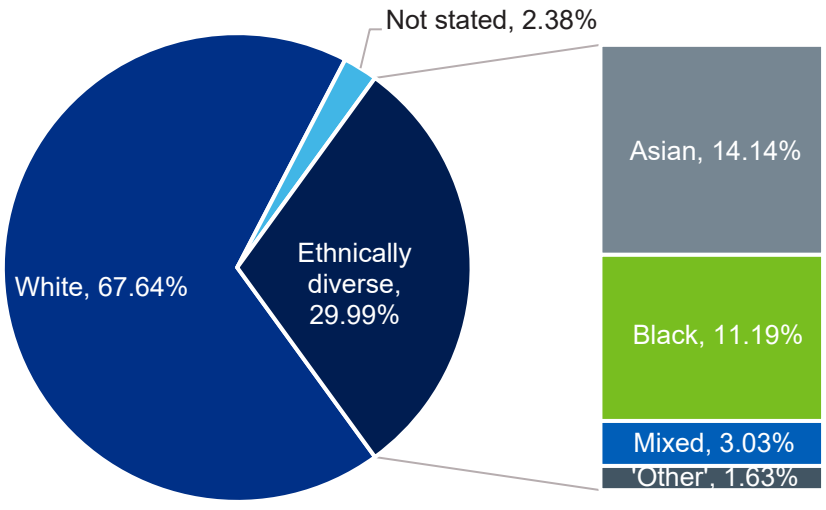


Figure 2: BHFT Workforce compared to Berkshire Population (from census data,2021)

	Ethnically diverse	White	Not stated
BHFT Workforce	29.99%	67.64%	2.38%
Berkshire Population	26.92%	73.08%	0

	Asian or Asian British	Black or Black British	Mixed	Other Ethnic Groups	White	Not stated
BHFT Workforce	14.14% (738)	11.19% (584)	3.03% (158)	1.63% (85)	67.64% (3530)	2.38% (124)
Berkshire Population	17.13%	3.33%	3.56%	2.42%	73.08%	0

It's also useful to look at how representative our workforce is of our local population (Figure 2). to see how representative our workforce is of our local population. The data shows that our workforce is more ethnically diverse by 3.07% compared to overall Berkshire population. The data also shows that our workforce is made up of 5.44% less White population compared to overall Berkshire population. The further breakdown of ethnicity shows that we are underrepresented in our workforce population for Asian, Mixed and Other Ethnic Groups, and overrepresented for Black groups compared to the overall Berkshire population.

4. Median and Mean Hourly Rate in BHFT

Figure 3: Ethnicity Pay Gap 2023/24

	2022/23		2023/24	
Ethnicity	Mean Hourly Rate	Median Hourly Rate	Mean Hourly Rate	Median Hourly Rate
Ethnically diverse overall	£20.76	£18.10	£20.82	£18.10
Asian	£21.66	£18.10	£21.74	£18.10
Black	£19.71	£18.47	£19.71	£18.51
Mixed	£20.05	£18.10	£20.03	£18.12
Other	£20.87	£16.84	£21.42	£17.72
White	£20.36	£18.75	£20.12	£18.81
Not Stated	£22.26	£21.30	£22.26	£21.02
Difference	-£0.40	£0.65	-£0.70	£0.71
Pay Gap %	-1.93%	3.59%	-3.36%	3.92%

The mean hourly pay for white employees is £0.70 less than ethnically diverse employees, which is a mean pay gap in favour of ethnically diverse employees. This needs further exploration to understand the reasoning behind this. However, when breaking down ethnically diverse grouping further, we can see that white employees mean hourly pay is £0.41 more than Black employees, this has positively decreased from last year by £0.24.

The median pay for white employees is £0.71 more than ethnically diverse employees, which is a median pay gap in favour of white employees. This means that, on average, white colleagues earn slightly more than those colleagues who are from an ethnically diverse group. However, if we break ethnically diverse down further, we can see that white employees median pay is £0.30 higher than Black employees, this is a slight increase from last year of £0.02.

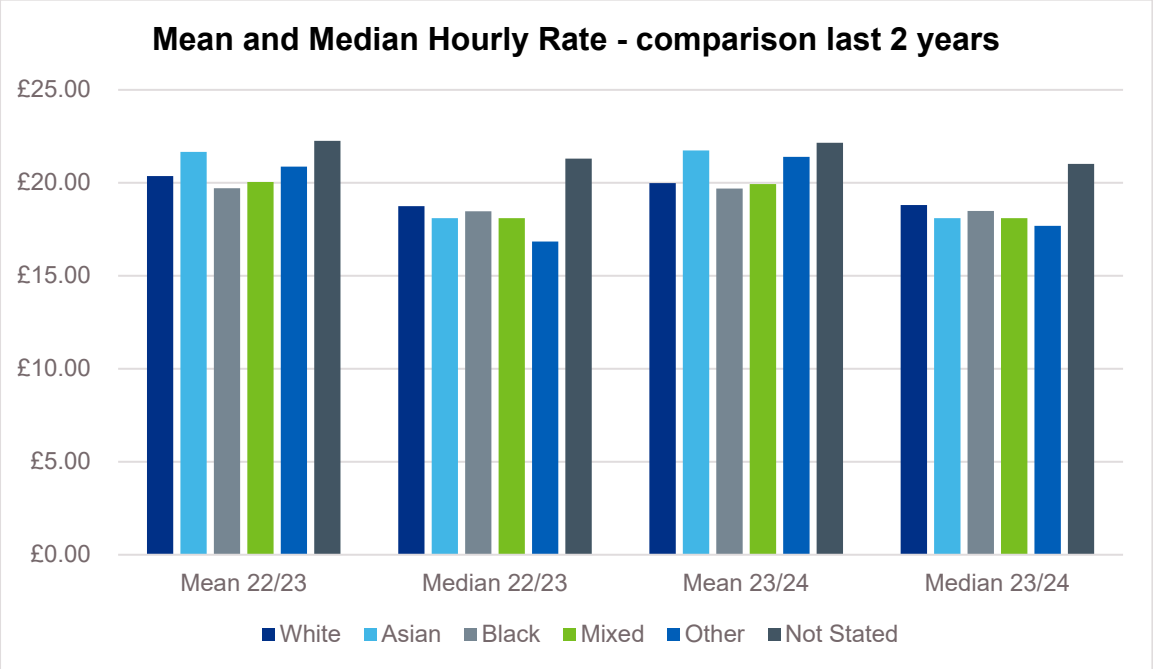
More exploration is needed to understand the 'not stated' population as this is 2.38% (124) of the workforce, and this group on average earns up to £2.92 more an hour than our ethnically diverse grouping in terms of median pay.

From a purely statistical standpoint, the median is a more accurate measure as it is not skewed by very low hourly pay or very high hourly pay i.e. such as medical staff who are on much higher salaries than other professional groups. However, we know in the gender pay gap for example the very high paid people tend to be men, and the very low paid people tend to be women, and the mean paints an important picture of the pay gap because it reflects this issue. It is therefore good practice to use both the mean and the median when analysing or reporting on the pay gap.

Benchmarking

According to the census 2021 data, Black, African, Caribbean or Black British employees earned less (£13.53) median gross hourly pay than White employees (£14.35), amounting to £0.82, which has been consistent since 2012. Our gap is slightly better than this national average with our White colleagues earning £0.30 more than our Black colleagues per hour.

Figure 4: Median and Mean Pay Gap



From Figure 4, we can see that the mean has decreased for White, Black and Mixed colleagues but increased for Asian and other colleagues. The median has decreased for all groups compared to last year.

5. Ethnicity Profile by pay band and quartiles in BHFT 2023-2024

All BHFT staff, except for medical staff, Board members and very senior managers are paid on the National Agenda for Change (AfC) pay, terms and conditions of service. The terms and conditions set out band structures and pay for all employees to ensure transparency, fairness and equal treatment for all.

Figure 5a below details the number and percentage of ethnically diverse and white staff within each pay band. We can see more white staff as percentages increase in bands 8b, 8c, 8d and 9, and less ethnically diverse staff in bands 8b, 8c, 8d and 9, as ethnically diverse percentages decrease. Pay band 9 is representative of just 1 ethnically diverse individual.

Figure 5a: Ethnicity Profile by Pay Band and Pay Quartile

	Ethnically diverse		White		Not Stated		Total
Grouped Pay Scale	Headcount	%	Headcount	%	Headcount	%	Headcount
Ad-Hoc	0	0.00%	2	66.67%	1	33.33%	3
Apprentice	2	22.22%	7	77.78%	0	0.00%	9
Band 2	121	48.99%	118	47.77%	8	3.24%	247
Band 3	196	30.11%	446	68.51%	9	1.38%	651
Band 4	201	24.51%	601	73.29%	18	2.20%	820
Band 5	260	39.82%	378	57.89%	15	2.30%	653
Band 6	275	29.07%	653	69.03%	18	1.90%	946
Band 7	257	25.83%	715	71.86%	23	2.31%	995
Band 8a	90	23.02%	291	74.42%	10	2.56%	391
Band 8b	33	19.64%	131	77.98%	4	2.38%	168
Band 8c	9	12.86%	60	85.71%	1	1.43%	70
Band 8d	3	8.57%	30	85.71%	2	5.71%	35
Band 9	1	10.00%	9	90.00%	0	0.00%	10
Board	3	23.08%	9	69.23%	1	7.69%	13
Medical & Dental	114	54.81%	80	38.46%	14	6.73%	208
Grand Total	1565	29.99%	3530	67.64%	124	2.38%	5219

Figure 5b: Ethnicity Profile by Pay Band and Pay Quartile – further breakdown

	Asian		Black		Mixed		Not Stated		Other		White		Total
Pay Scale	Headcount	%	Headcount	%	Headcount	%	Headcount	%	Headcount	%	Headcount	%	Headcount
Ad-Hoc	0	0.00%	0	0.00%	0	0.00%	1	33.33%	0	0.00%	2	66.67%	3
Apprentice	1	11.11%	0	0.00%	1	11.11%	0	0.00%	0	0.00%	7	77.78%	9
Band 2	51	20.65%	59	23.89%	8	3.24%	8	3.24%	3	1.21%	118	47.77%	247
Band 3	92	14.13%	72	11.06%	23	3.53%	9	1.38%	9	1.38%	446	68.51%	651
Band 4	107	13.05%	55	6.71%	25	3.05%	18	2.20%	14	1.71%	601	73.29%	820
Band 5	102	15.62%	119	18.22%	24	3.68%	15	2.30%	15	2.30%	378	57.89%	653
Band 6	116	12.26%	114	12.05%	28	2.96%	18	1.90%	17	1.80%	653	69.03%	946
Band 7	106	10.65%	115	11.56%	23	2.31%	23	2.31%	13	1.31%	715	71.86%	995
Band 8a	51	13.04%	28	7.16%	9	2.30%	10	2.56%	2	0.51%	291	74.42%	391
Band 8b	13	7.74%	9	5.36%	9	5.36%	4	2.38%	2	1.19%	131	77.98%	168
Band 8c	3	4.29%	4	5.71%	1	1.43%	1	1.43%	1	1.43%	60	85.71%	70
Band 8d	2	5.71%	1	2.86%	0	0.00%	2	5.71%	0	0.00%	30	85.71%	35
Band 9	1	10.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%	9	90.00%	10
Board	2	15.38%	0	0.00%	1	7.69%	1	7.69%	0	0.00%	9	69.23%	13
Medical & Dental	91	43.75%	8	3.85%	6	2.88%	14	6.73%	9	4.33%	80	38.46%	208
Grand Total	**738**	**14.14%**	**584**	**11.19%**	**158**	**3.03%**	**124**	**2.38%**	**85**	**1.63%**	**3530**	**67.64%**	**5219**

For Asian colleagues, they are overrepresented in band 2, and the number of staff decreases in bands 8b to Board, when comparing with the Asian workforce overall of 14.14%.
For Black colleagues, they are overrepresented twice over in Band 2, and the number of staff decreases in bands 8a up to Board.
For Mixed colleagues they are broadly represented across most bands compared to overall workforce numbers, however they are overrepresented at 8b, and then they are underrepresented at 8c, 8d, and 9. Overrepresented at Board .
For White colleagues they are underrepresented at Band 2,and band 5, but the overrepresentation then increases each band from band 6 upwards to Board.

Figure 6 below demonstrates that one of the major reasons for the pay gap is that there is a higher proportion of White staff in more senior bands within the Trust. As highlighted in Figure 1, ethnically diverse staff represent 29.99% of our workforce yet only 8.57% of ethnically diverse staff make up the staffing in Band 8d.; white staff represent 67.64% of our workforce but are overrepresented in band 8d (85.71%), and band 9 (90%) the highest paying bands. This means that ethnically diverse staff are underrepresented by 21.42%% in 8d and White staff overrepresented by 18.07%.

Figure 6a: Percentage of Employees in Each Quartile compared to last year

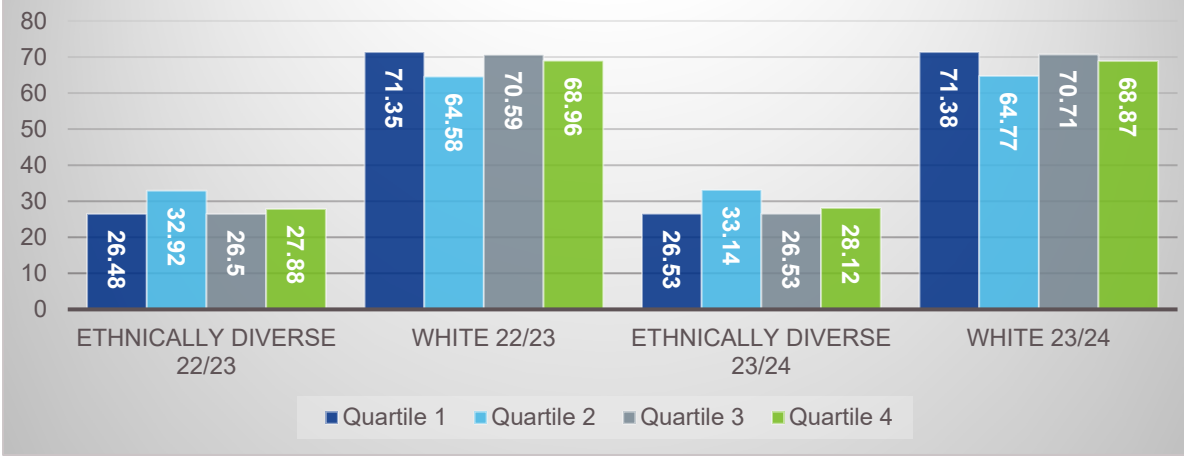
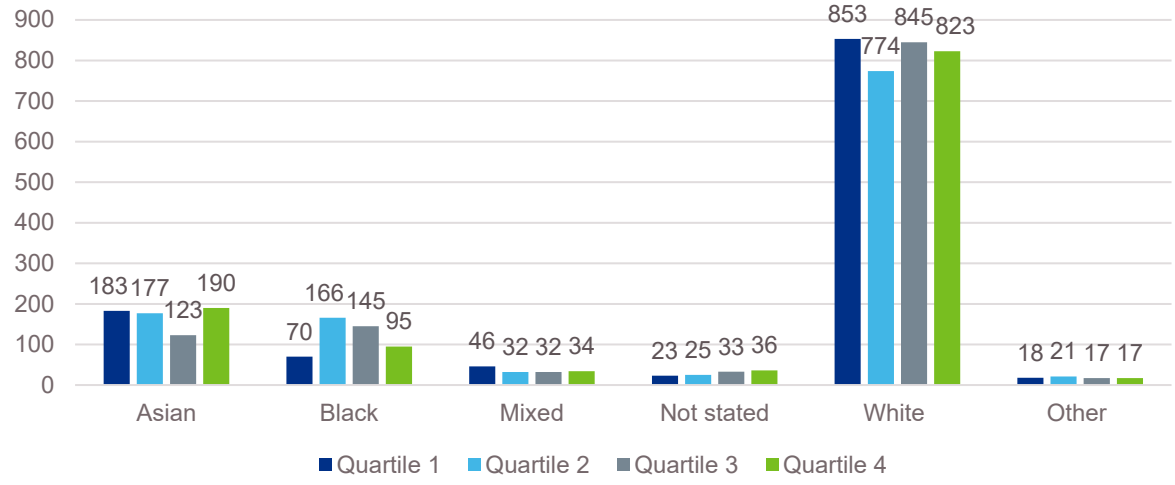


Figure 6b: Percentage of employees in Each Quartile - further breakdown



With 29.9% of our workforce being ethnically diverse and 67.64% of our workforce being white, we have to remember that 2.38% of the workforce are ‘not stated’. We will continue to try and improve data quality and also explore the contrast between higher number of ethnically diverse staff and lower number of White staff in the lower middle quartile (2).

6. Ethnicity breakdown of staff who have received bonus pay – Medical Clinical Excellence Awards

Figure 7: Ethnicity breakdown of bonus payments in BHFT

	2022/2023		2023/2024	
	Count of Ethnicity	%	Count of Ethnicity	%
Ethnically diverse	38	53.52%	50	58.82%
White	32	45.07%	34	40.00%
Not Stated	1	1.41%	1	1.18%
Further breakdown of 'ethnically diverse'			Further breakdown of 'ethnically diverse'	
Asian	32	45.07%	44	88.00%
Black	2	2.82%	1	2.00%
Mixed	1	1.41%	2	4.00%
Other	3	4.23%	3	6.00%
Grand Total	71	100%	85	100%

Bonus Pay, the data presented in Figure 7 shows that 18.82% more ethnically diverse colleagues received bonus pay compared to our white colleagues, with the majority of these being our Asian colleagues, making up most of our medical workforce.
The bonus data relates only to Clinical Excellence Awards (CEA) paid to all eligible substantive Consultant Medical Staff who have been in post for at least a year – 85 in the group. However, it is important to note the context and challenges associated with the bonus pay system:

- CEA's are not a one-off annual performance payment. Instead, it relates to a nationally agreed contractual payment which forms part of the salary package for Consultant Medical Staff.
- This system is prescribed by the British Medical Association (BMA) and NHS Employers – the Trust adopts a nationally agreed system.
- Many of the CEA's that are still being paid out are historic and will be maintained until the recipient's retirement.

In 2022-23 the Trust proposed equal bonus payments for all eligible Consultants in the Trust, irrespective of whether they were full-time or part-time without any pro-rata calculations. This would have helped eliminate any pay gap in the year. However, this proposal was rejected by the Local Negotiating Committee and BMA guidance (for pro-rata payment) was required to be implemented. Additionally, as stated above, there is an on-going annual legacy bonus payments made in relation to CEA points awarded prior to 2018 that some of the Consultants will continue to benefit from until retirement.

7. Intersectionality – Introducing for 2024.

Intersectionality is key to achieving pay equity because it recognises that individuals can experience discrimination and inequality based on the intersection of multiple identities, such as race, gender, and age.

Further work to understand the data from an intersectional point of view is needed to provide an insight into hidden gaps, such as those that can exist between gender and ethnicity.

Figure 8 – Gender and Ethnicity of staff in post

	Ethnicity						
Gender	**Asian**	**Black**	**Mixed**	**Not Stated**	**Other**	**White**	**Grand Total**
Female	561 (10.77%)	407 (7.82%)	133 (2.56%)	97 (1.86%)	64 (1.23%)	3070 (58.64%)	4332
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The above table in figure 8 shows us the make-up of the workforce split across gender and ethnicity. For Other and Not stated there are almost treble the number of males for females.

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Mixed	£23.35	£20.06	£19.91	£18.10	£1.96 in favour of male
Other	£27.54	£22.82	£21.14	£19.80	£3.02 in favour of male
White	£24.18	£22.82	£20.83	£19.16	£3.66 in favour of male
Not Stated	£28.54	£21.80	£22.34	£22.27	£0.47 in favour of female

The total headcount for ethnicity is lower than gender because of an absence of data due to those 'not stated'.
The median hourly rate of pay for all males is higher than that of all females, regardless of its intersection with ethnicity. This picture is consistent with our understanding of the current gender pay gap data.
There is variance in the hourly rates between gender and ethnicity when examined through each collected ethnic identity.
The highest difference is over £4 in median pay in favour of Asian males over Asian females, and a difference of nearly £8 more in mean hourly rate. The next biggest gap is in favour of Mixed males compared to Mixed females who earn £3 more in median hourly pay, this is also the same gap for those 'Other' colleagues in favour of males.
In comparing White and Black colleagues, White females have a £0.59 gap in their favour compared to back females. White males have a £3.43 gap in their favour compared to Black males. White males have a £4.25 gap in their favour compared to Black females. Black males have a £0.23 gap in their favour compared to White females.

Figure 10 – Intersectional distribution of gender and ethnicity by pay quartiles

	Quartile 1 (lowest pay)	Quartile 2 (Lower mid pay)	Quartile 3 (upper mid pay)	Quartile 4 (highest pay)
White Male	41.21%	43.44%	53.26%	63.72%
White Female	73.95%	63.24%	86.48%	82.70%
Ethnically diverse Male	58.79%	56.56%	46.74%	36.28%
Ethnically diverse Female	27.01%	34.44%	24.99%	25.36%

When considering pay quartiles through the intersectional lens of gender and ethnicity:

- White males increase up through the pay quartiles.
- White females remain at similar levels through the quartiles but dip in quartile 2.
- Ethnically diverse males decrease up through the quartiles.
- Ethnically diverse females remain at similar levels through the quartiles but increase in quartile 2.

8. Actions to close the gender pay gap.

What has been our focus?

- Inclusive Recruitment: Explored sharing interview questions in advance and expanded interview question bank to improve standards of hire around inequality and anti-racism competence and experience.
- Pay and Reward: Explored opportunities within national guidance for Local clinical excellence awards (LCEA) to ensure the reduction of the pay gap year on year, while remaining constrained by NHS Terms and Conditions. Continued joint meetings discussing matters around pay and reward.
- Learning and Development: Developed leadership programme embedding inclusion and offered inclusion-based webinars. Created a career progression tip webinar to support minoritised colleagues at lower bands in applying for higher positions.
- Culture and Engagement: Shared pay gap reports and action plans with staff networks. Introduced an Equality Network Steering Group to enhance cross-collaboration and joint working.
- Ways of Working: Explored competency-based progression approaches, developed Trust behaviour framework, and launched an Anti-Racism workstream to address recruitment, progression, retention, and conditions.
- Exploration of Women's Network: Launched Women's Network in March to address gender inequality, support peer-to-peer support, and discuss work-life balance, flexible working, women's health, and promotion opportunities.

Actions to improve the Trust's ethnicity pay gap align with the Trust's strategic ambitions and priorities, in particular making Berkshire HealthCare a great place to work for our people. To meet this goal our pay gap priorities for the year ahead include:

- We will continue to explore ways to enhance inclusivity into recruitment and onboarding through.
- We will develop actions to improve the experience of minoritised colleagues through our reasonable adjustment quality improvement project.
- We will continue to offer education and engagement opportunities to better socialise the importance of inclusion and how we can all play a better role in taking action.
- We will support and work with our staff networks to collaborate on needs based interventions.
- We will develop the EDI dashboard for staff to encourage localised action planning and improvements at a team level.

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Agenda Item

Disability Pay Gap Reporting (DPG) for the year 2023-2024

Author	Ash Ellis, Deputy Director for Leadership, Inclusion and OD
Purpose of Report	This report sets out an analysis of the Trust's Disability Pay Gap Report for 2023-2024

Executive Summary

- Disability Pay Gap reporting is not a specified requirement under the Equality Act 2010 like the Gender Pay Gap.

- The Disability Pay Gap is not the same as unequal pay. The Disability Pay Gap is the difference between the average pay of Disabled and non-disabled employees in an organisation.

- This is our second year of undertaking the disability pay gap, and so we have our first annual comparison.

- BHFT's Median Disability Pay Gap in 2023-2024 was 0**.** This means that on average our disabled colleagues earn the same as our non-disabled colleagues. In comparison the latest 2021 Office of National Statistics states that the disability pay gap is 13.8% for the UK. The mean hourly pay for disabled colleagues is £0.38p more than non-disabled colleagues, which is a negative gap of 1.79% in favour of disabled colleagues.

- 7.5% (389) of our workforce are 'Not Stated' which needs more exploration to understand how this could influence the pay gap further Although 8.18% (413) last year, so has improved slightly. Colleagues in bands 8c, 9, Medical are our highest categories of staff who have not declared their disability status.

- A majority of the pay bands are broadly representative of the organisation's overall workforce disability ratio (7.2%), There is particularly high underrepresentation of disabled colleagues in bands 2,3,8c and medical. We have disability representation at every level, and overrepresentation at Band 6 and Band 9, compared to overall workforce.

- The Disability Pay Gap data will be published on the Trust's website. In line with the Gender pay gap the information should remain on the Trust website for a period of at least three years, beginning with the date of publication.

- The overall aim of this disability pay gap exercise is to assess the pay equality in BHFT, the balance of disabled and non-disabled colleagues at different paygrades, and how effective we are at nurturing and rewarding talent.

- The Trust is committed to continuously reviewing our systems, practices and processes to ensure we are reducing our Pay Gap where practically possible and will continue to work closely with our Diversity Steering Group, staff networks, Trade Unions and other stakeholders to develop effective actions as part of our EDI Strategy.

Recommendation	The Board is asked to acknowledge the report and subsequent approach to develop actions.

1. Background

Although not yet mandated to do so, Berkshire Healthcare (BHFT) published its first Disability Pay Gap report in 2023 alongside its mandated Gender Pay Gap report. We believe this is an important step towards greater equality, diversity and inclusion.

This is the second year we are reporting on this so we can begin to compare the figures with the previous year. This gives us a basis on which to build and ensure that we have equality in pay when it comes to disability.

To try and compare with other organisations is a challenge as not many organisations undertake and/or publish their disability pay gap, there is certainly a lack of NHS Trusts undertaking this review across the country.

2. Our Disability Pay Gap Report

Our Disability Pay Gap report for 2023/2024 contains a number of elements:

- The mean basic pay gap.
- The median basic pay gap.
- An analysis of the pay gap across specific staff bands and quartiles within BHFT.
- A comparison with the 2022/2023 reporting data.

The mean pay gap is the difference between the pay of all disabled and non-disabled employees when added up separately and divided by the total number of disabled and non-disabled employees in the workforce.
The median pay gap is the difference between the pay of the middle of all disabled employees and the middle of all non-disabled employee, when all of the employees are listed from the highest to the lowest paid.

3. Our Disability Profile– 2023/24

Data collected shows that our workforce consists of 5,219 people. The number of Disabled colleagues has increased by 60 to 378 from 318. 7.2% of our colleagues are declared Disabled, compared to 6.4% last year, and 5.3% the year prior. 378 are Disabled and 4,452 are non-disabled and 389 (7.5%) have not stated.

Figure 1 below shows our Disabled workforce profile.

Figure 1: BHFT Disabled Profile 2023/24

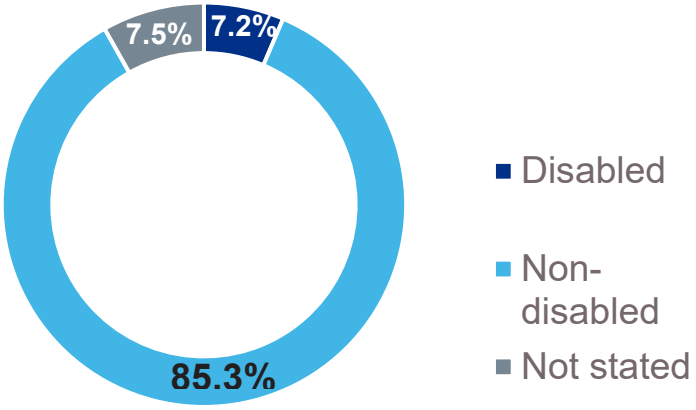


Figure 2: BHFT Workforce compared to Berkshire Population (from census data, 2021)

	Disabled	Non-disabled	Not stated
BHFT Workforce	7.2%	85.3%	7.2%
Berkshire Population	13%	87%	0

It's also useful to look at our workforce compared to the communities we support (Figure 2) to see how representative our workforce is of our local population. The data shows that BHFT disabled workforce is underrepresented by 5.08% compared to overall Berkshire population. The caveat is that we still have 7.2% of our workforce who have not shared their disability status which could potentially increase the representation in line with the Berkshire population (caveat, the census includes non-working age). Whilst it may look like we are employing less 7.2% people in the population, the whole population figure includes those both who are unable to work due to their disability.

4. Disability confident

Disability Confident and Inclusive Recruitment

As a Disability Confident Leader, we've made a commitment as an organisation that should someone share with us that they are disabled at the application stage and select that they want to take part in the scheme, they're guaranteed an interview if they meet the advert's minimum requirements.

5. Median and Mean Hourly Rate in BHFT

Figure 3: Disability Pay Gap 2023/24

	2022/23		2023/24	
Disability	**Mean Hourly Rate**	**Median Hourly Rate**	**Mean Hourly Rate**	**Median Hourly Rate**
Yes	£20.04	£14.53	£21.17	£19.00
No	£19.98	£13.81	£20.79	£19.00
Not Stated	£26.48	£14.11	£28.01	£24.55
Difference	0.06	0.72	0.38	0.00
Pay Gap %	-0.30%	-4.95%	-1.79%	0.00%

The mean hourly pay for disabled colleagues is £0.38 more than non-disabled colleagues, which is a negative gap of 1.79% in favour of disabled colleagues. Reduced last year down from £0.42p by £0.04p.

The median pay for disabled colleagues is the same as non-disabled colleagues, therefore with no gap. This means that, disabled colleagues earn the same as non-disabled colleagues. The gap last year was £0.42p more in favour of disabled colleagues,

However, we will continue to explore the 'not stated' population as this is 7.5% (389) of the workforce, and this group on average earns up to £5.55 more an hour than our disabled and non-disabled colleagues. Therefore, to give us a true reflection of our pay gap, we need more colleagues to share their disability status on our equality monitoring system.

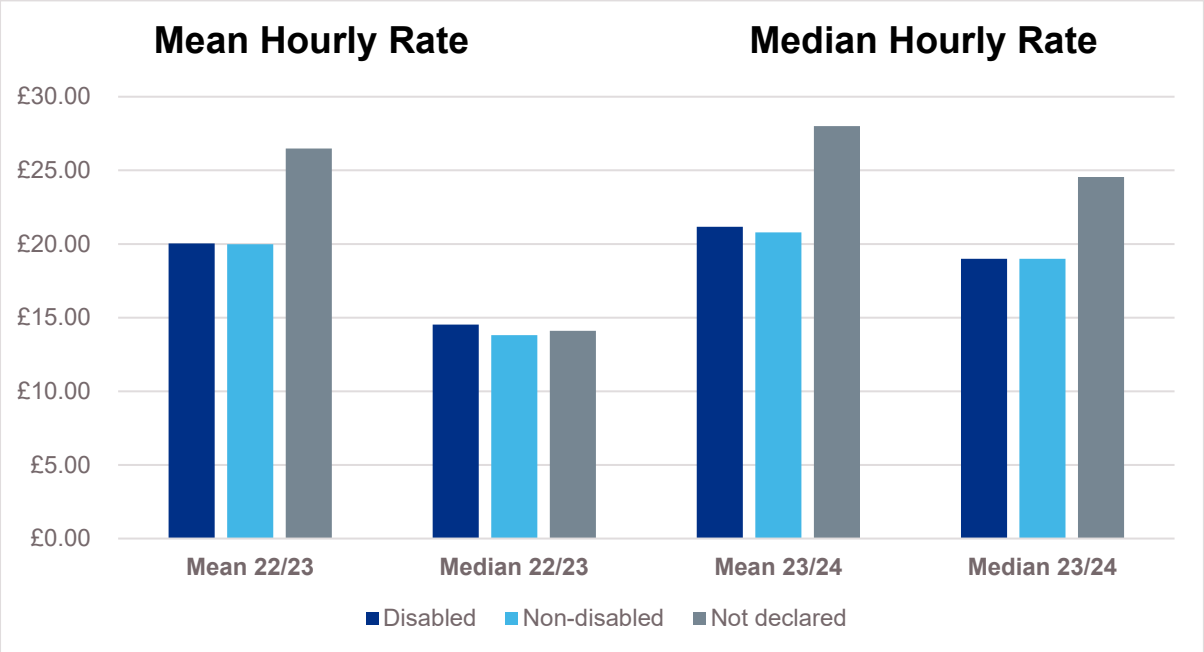
From a purely statistical standpoint, the median is a more accurate measure as it is not skewed by very low hourly pay or very high hourly pay i.e. such as medical staff who are on much higher salaries than other professional groups. However, we know in the gender pay gap for example the very high paid people tend to be men, and the very low paid people tend to be women, and the mean paints an important picture of the pay gap because it reflects this issue. It is therefore good practice to use both the mean and the median when analysing or reporting on the pay gap.

Benchmarking

In comparing our Disability Pay Gap to other organisations, the latest 2021 Office of National Statistics states that the disability pay gap is 13.8% for the UK. Meaning we are better than average based on our current declarations.

Figure 4: Median and Mean Pay Gap comparison last 2 years

From Figure 4, we can see that the mean and median has increased for disabled, non-disabled and those not declaring. The mean and median pay has increased more for those with a disability, compared to those without. Although our pay gap is positive, we can see the mean has reduced slightly and median has reduced from in favour of disabled colleagues to level with non-disabled colleagues.



6. Disability Profile by pay band and quartiles in BHFT 2023-2024

All BHFT staff, except for medical staff, Board members, and very senior managers, are paid on the National Agenda for Change (AfC) pay, terms and conditions of service. The terms and conditions set out band structures and pay for all employees to ensure transparency, fairness and equal treatment for all.

Figure 5: Disability Profile by Pay Band and Pay Quartile

	Yes		No		Not Declared		Total
Pay Scale	Headcount	%	Headcount	%	Headcount	%	Headcount
Ad-Hoc	0	0.00%	2	66.67%	1	33.33%	3
Apprentice	2	22.22%	7	77.78%	0	0.00%	9
Band 2	10	4.05%	219	88.66%	18	7.29%	247
Band 3	23	3.53%	595	91.40%	33	5.07%	651
Band 4	73	8.90%	698	85.12%	49	5.98%	820
Band 5	51	7.81%	566	86.68%	36	5.51%	653
Band 6	88	9.30%	813	85.94%	45	4.76%	946
Band 7	79	7.94%	859	86.33%	57	5.73%	995
Band 8a	24	6.14%	350	89.51%	17	4.35%	391
Band 8b	13	7.74%	149	88.69%	6	3.57%	168
Band 8c	1	1.43%	60	85.71%	9	12.86%	70
Band 8d	3	8.57%	29	82.86%	3	8.57%	35
Band 9	2	20.00%	6	60.00%	2	20.00%	10
Board	1	7.69%	9	69.23%	3	23.08%	13
Medical & Dental	8	3.85%	90	43.27%	110	52.88%	208
Grand Total	378	7.24%	4452	85.30%	389	7.45%	5219

Figure 5 details the number and percentage of disabled and non-disabled colleagues within each pay band.

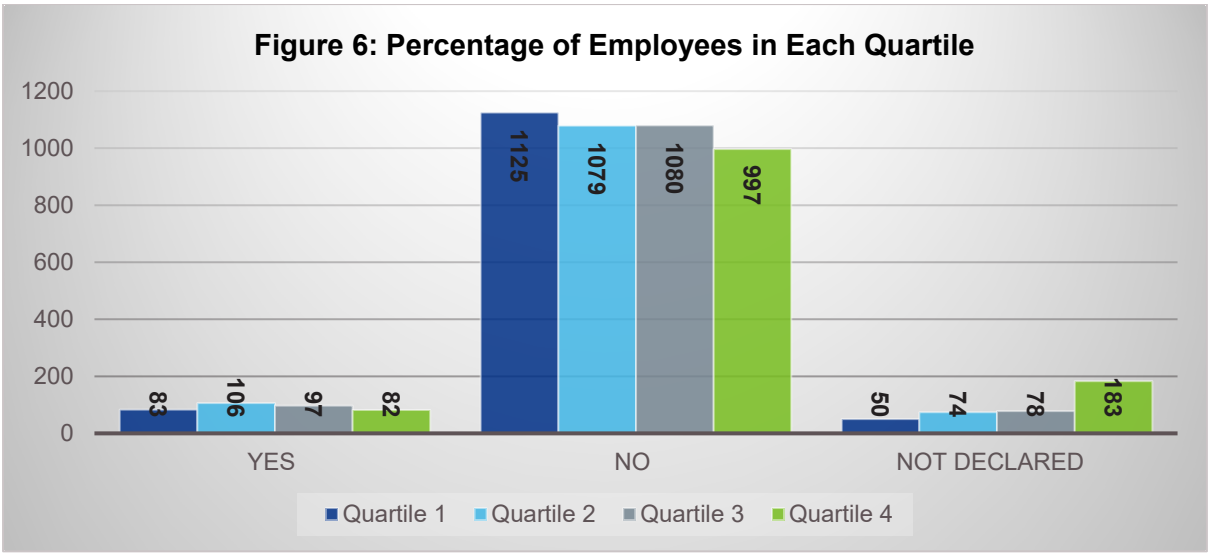
A majority of the pay bands are broadly close to the representation of the organisation's overall workforce disability ratio (7.3%).

There is particularly high underrepresentation of disabled colleagues in bands 2,3,8c and medical. We are aware, however that we have a very low declaration rate for our medical staff and we have a project currently underway to improve declaration rates for our medics.

We have disability representation at all bands for the first time in a while.

Colleagues in bands 8c, 8d, 9, Medical, and the Board are our highest categories of staff who have not declared their disability status.

Figure 6 below, shows the breakdown into pay quartiles. We have the most people declaring a disability in quartile 2, the most who don't have a disability in quartile 1, and the most who have not declared in quartile 4.



7. Disability breakdown of staff who have received bonus pay – Medical Clinical Excellence Awards

Figure 7: Disability breakdown of bonus payments in BHFT

	2022/23		2023/24	
	Count of Disability	%	Count of Disability	%
No	43	60.56%	47	55.29%
Yes	2	2.82%	4	4.71%
Not Stated	26	36.62%	34	40.00%
Grand Total	71	100%	85	100%

The bonus data relates only to Clinical Excellence Awards (CEA) paid to all eligible substantive Consultant Medical Staff who have been in post for at least a year – 85 in the group. However, it is important to note the context and challenges associated with the bonus pay system:

- CEAs are not a one-off annual performance payment. Instead, it relates to a nationally agreed contractual payment which forms part of the salary package for Consultant Medical Staff.
- This system is prescribed by the British Medical Association (BMA) and NHS Employers – the Trust adopts a nationally agreed system.
- Many of the CEAs that are still being paid out are historic and will be maintained until the recipient's retirement.

In 2022-23 the Trust proposed equal bonus payments for all eligible Consultants in the Trust, irrespective of whether they were full-time or part-time without any pro-rata calculations. This would have helped eliminate any pay gap in the year. However, this proposal was rejected by the Local Negotiating Committee and BMA guidance (for pro-rata payment) was required to be implemented. Additionally, as stated above, there is an on-going annual legacy bonus

payments made in relation to CEA points awarded prior to 2018 that some of the Consultants will continue to benefit from until retirement.

It's also helpful to point out that 40% (34) of our consultant medical staff have not shared their disability status.

8. Conclusion and recommendations

What has been our focus?

- Inclusive Recruitment: Explored sharing interview questions in advance and expanded interview question bank to improve standards of hire around inequality and anti-racism competence and experience.
- Pay and Reward: Explored opportunities within national guidance for Local clinical excellence awards (LCEA) to ensure the reduction of the pay gap year on year, while remaining constrained by NHS Terms and Conditions. Continued joint meetings discussing matters around pay and reward.
- Learning and Development: Developed leadership programme embedding inclusion and offered inclusion-based webinars. Created a career progression tip webinar to support minoritised colleagues at lower bands in applying for higher positions.
- Culture and Engagement: Shared pay gap reports and action plans with staff networks. Introduced an Equality Network Steering Group to enhance cross-collaboration and joint working.
- Ways of Working: Explored competency-based progression approaches, developed behaviour framework, and launched an Anti-Racism workstream to address recruitment, progression, retention, and conditions.
- Exploration of Women's Network: Launched Women's Network in March to address gender inequality, support peer-to-peer support, and discuss work-life balance, flexible working, women's health, and promotion opportunities.

Though we don't have an obvious disability pay gap, we continue to work according to our strategic ambitions and priorities, in particular making Berkshire HealthCare a great place to work for our people. To meet this goal our pay gap priorities for the year ahead include:

- We will continue to explore ways to enhance inclusivity into recruitment and onboarding through.
- We will develop actions to improve the experience of minoritised colleagues through our reasonable adjustment quality improvement project.
- We will continue to offer education and engagement opportunities to better socialise the importance of inclusion and how we can all play a better role in taking action.
- We will support and work with our staff networks to collaborate on needs based interventions.
- We will develop the EDI dashboard for staff to encourage localised action planning and improvements at a team level.

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Berkshire Healthcare NHS Foundation Trust

Trust Board Paper

Board Meeting Date	14 May 2024
Title	**Staff Health and Wellbeing Update Report**
	FOR NOTING
Reason for the Report going to the Trust Board	The Trust Board has requested regular updates on Staff Health and Wellbeing initiatives
Business Area	People Directorate
Author	Steph Moakes, Health, Wellbeing and engagement Manager
Relevant Strategic Objectives	**Ambition:** We will make the Trust a great place to work for everyone

Report to Trust Board – May 2024

Health, Wellbeing, Engagement & Rewards Update

Introduction

In line with the trust People Strategy, national People Promise and new NHS Health & Wellbeing Framework, health, wellbeing, and rewards continues to be a high priority and profile activity. Our ambition in this space is make Berkshire Healthcare a great place to work which will in turn support the trust strategy of being a great place to give care. Some of the measures of this are the scores within the staff survey for recommending the organisation as a place to work, feeling that the organisation takes positive action on health and wellbeing and the extent that the organisation values work. The health, wellbeing and rewards activity is a contributing factor to our high scores in this area.

This paper looks to update on the work that has happened since the last update and give an indication of the planned milestones ahead.

Review:

The last six months have continued to be challenging, particularly from the staffing perspective that has impacted on the team's ability to drive progress on existing and new projects. There have continued to be shortages within the Wellbeing Matters team, through maternity leave, sickness absence as well as vacancies, which reflect the national issues with recruiting psychological therapies. It has taken some time to restart projects following the return of our HR Manager from their secondment into HR. There remains a staffing gap in the ergonomics team although this should be filled by the middle of June.

Despite the staffing challenges, the Health and Wellbeing team have continued to deliver and since the last board update in November, the following outcomes have been achieved:

Activity	**Target staff group**	**Benefit** (including feedback and uptake where appropriate)
We managed the roll out of the staff survey in September – November 2023 and supported the HR and operational leads in achieving our highest response rate to date – 67%. This was another 2%-point increase from the previous year and third highest response rate in our comparator group. We also supported with the analysis of the results and getting these communicated out to the right people at the right time. The results have been presented to the board in a previous paper.	All Staff	Increased responses mean that the results are more valid and reliable. It is also a positive indication that staff feel the survey is worthwhile and will generate improvements as a result.
Wellbeing Matters is our internal psychological support service for staff and teams. In February, we presented a paper outlining the activity and feedback information for the first six months of running internally only. The data showed a strong increase in the uptake within BHFT compared to the same 6-month period in the previous year. We outlined upcoming developments for the service as well as challenges and risks being faced. Some of the additional work that the team have undertaken in the last six months includes: **Support at PPH.** Our Staff Wellbeing Facilitator Godfree, who is a dual trained Mental Health Nurse and Psychological Therapist started at Prospect Park Hospital in December. The aim of this role is increasing engagement with staff there and normalising accessing support. We can see the positive impact that this is having already in the data. Between Oct and Dec 23, there	All Staff	User data and feedback between June 2023 and March 2024: **Wellbeing Line Assessments** – 127 Average rating of 4.8/5 stars. **Wellbeing Hubs** – 87 with 345 attendees Average rating of 4.3/5 for how valuable staff found these sessions. **Workshops – 118 with 351 attendees** Average rating of 4.5/5 for how valuable staff found these sessions. **Staff Support Post Incident (SSPI):** Team – 43 with 257 attendees Average rating: 5/5 for how valuable staff found them, and 90% of respondents said that they would recommend these sessions to a colleague.

Activity	**Target staff group**	**Benefit** (including feedback and uptake where appropriate)
were only 4 requests for staff support in PPH. Between Jan and Mar 24, there have been 26 requests – a 550% increase! **Development Work** Wellbeing Matters clinicians, alongside AMH Clinical Director and HR colleagues, were integral in the design and analysis of a survey to understand the causes of stress within mental health teams in the trust. The paper (Stress Sources in BHFT Mental Health Staff - currently in draft form) should inform areas of focus for Wellbeing Matters, and the Trust more broadly. **Investigative Support** Wellbeing Matters over the past six months has started offering psychological support during investigations. This is currently only for external investigations but we are scoping whether there is capacity to support internal HR investigations as well.		Individual – 60 **Formulation sessions – 65** **Investigative support – 17** **Facilitated Group Process – 11 with 206 attendees** **Feedback** We have included feedback on interventions where possible above – other mechanisms are being developed. We also collect qualitative feedback and wanted to include the following quote. This was received from a team manager who contacted Wellbeing Matters and we provided a team support process: *"I couldn't have brought up the topic of psychological safety as I didn't know what it was. I would have had no idea how to discuss this with the team as it was simply not in my vocabulary. I am so grateful for your intervention and couldn't rate it any higher. I would recommend it for any team, both those who are struggling and those who aren't. I felt as though I had had a therapy session and emerged 10 stone lighter! It was a completely safe space, and we are continuing to use the work we started with you in our huddles and team meeting and have made psychological safety a standing item on our agenda. I can actively see the changes in how the team are with each other"*
Work has continued for our two **NHS Charities Together funded projects** and updates are provided in the next two rows.		

Activity	**Target staff group**	**Benefit** (including feedback and uptake where appropriate)
Project 1: Wellbeing activities facilitator. Through the recruitment of the above post, we were able to offer staff classes for 18 months. The classes have been both virtual and face to face and covered a range of topics such as yoga, running and walking and Michelle, our Wellbeing Class Facilitator, was also able to attend numerous away days for teams. The initial funding term was due to be a year but we were able to extend this to six months to 21 March 2024. Despite excellent sign ups for each class, the attendees were much lower than anticipated. Based on feedback through the past year, classes and schedule have been tweaked to reach as many people as possible, however it has limited impact. With the low uptake, we were unable to secure any funding to continue the classes. Our facilitator has now left the trust and we are considering more sustainable ways to continue this work.	All staff	Between Feb 23 and Mar 24, the following activity was recorded: Classes run: 370 Attendees: 1590 Workshops: 4 Attendees: 389 Team/trust events e.g. away days: 49 Site visits: 23 **Feedback** Rating of enjoyment of the class (out of 5) - 4.67 Whether the class will help improve health and wellbeing (out of 5) - 4.65
Project 2: Update rest areas and staff kitchens across the trust. All rooms for the initial application have now been completed. There was an underspend from the initial budget and we have also gained permission to move the small underspend from the wellbeing facilitator project and combine the two. This means we are now scoping some new areas to update in some of the	Staff in teams who received the grant funding	Improved working environment. We have sought feedback from the teams to gain an understanding of the impact the improvements have had. Photos and write up from one team attached as an appendix. We continue to chase feedback from other teams although this has been delayed by the staffing gap due to secondment.

Activity	**Target staff group**	**Benefit** (including feedback and uptake where appropriate)
sites or divisions that we were not able to support in the first round.		
Our staff benefits provider contract expired in July 2023, and we have spent a number of months in a re-contracting process. This has finally been completed and the new contract was signed in February 2024. Whilst this offers no new benefits to our staff, we wanted to note the resource that was taken up by this process.	All staff	From Nov 23 – Mar 24, we have received 6 Cycle to work orders.
We continue to offer and administrate various wellbeing support and benefits as part of business as usual. This includes: - Peppy App for menopause and men's health support, - Access to eye test vouchers - Early access physio service. - Salary Finance - Milestone awards including Long Service We have highlighted some key data from these services on the right	All eligible staff	**Peppy** 364 Menopause users, 77 Men's Health users. Over 85 consultations and 515 live events booked. NPS score of 74. 60% of users are still actively using Peppy after 1 year, 75% after 180 days. **Salary Finance** Since launching in July 2023, we have seen the following uptake **Borrow:** 77 applications 22 full loan offered 11 starter loan offered 31 rejected and debt advice signposted Of the 12 loans issued. 17 – debt consolidation 3 – Home 5 – car 8 – other

Activity	**Target staff group**	**Benefit** (including feedback and uptake where appropriate)
		Advance: 53 registered users 41 active users 373 advances @ average £146 **Save:** 6 active save accounts £129.17 average savings (£3200 total) **Milestone Awards** Since April 2023, we have issued: Welcome cards: 882 BHFT service milestone (1-40 years): 1463 NHS Milestones (5-40 years): 545 Retirement: 46
We are currently paying close attention to our contract with our Employee Assistance Programme (EAP) supplier, Health Assured. Health Assured provides in the moment emotional support and counselling as well as access to legal and financial advice/signposting. Wellbeing Matters refer regularly to Health Assured to support our staff access counselling, where it is deemed appropriate. Health Assured were the subject of a BBC File on Four investigation which was reported in March 2024. The investigation alleged that counsellors were encouraged to limit call times and restrict the number of staff that could access counselling, as well as raising concerns around safety. The BBC has shared its investigation with the BACP who indicated	All Staff	**Health Assured** (Feb 23 – Jan 24) Calls – 511 465 for emotional support/counselling (top themes - anxiety, low mood and bereavement) 46 for advice (top themes - childcare, employment and housing) For those who went on to (and have finished) counselling, 44% returned to work.

Activity	**Target staff group**	**Benefit** (including feedback and uptake where appropriate)
that they would look into the reports and take appropriate action. Our feedback and experience with Health Assured has been mixed and we have sought additional feedback from colleagues following the article. We continue to work closely with Health Assured to ensure that the service provided meets the contract terms and that our staff get access to the best service possible.		
As per our regular schedule, our Wellbeing Newsletter and tour happened again in November 2023 and April 2024. In April, we have also distributed copies in the post to all those on parental leave or on long term sick. A copy of the April newsletter is attached.	All staff on sites that are visited	Immediate feedback while we are out on visits is positive and enables proactive conversations about support available, what's missing etc. We need to do some work this year evaluating the reach and usage.
As part of the ongoing recognition and reward work, we organised the distribution of a £50 festive voucher to all staff in November 2023. This was sent out in November, earlier than normal, to support individuals during what can often be a more costly month. Our Wellbeing and Rewards Administrator has also completed two round of chasing those who had not spent their 2022 festive voucher or 2023 backdated long service voucher encouraging them to spend it before the deadline. This enabled us to cancel the vouchers on the final expiry date and reclaim 90% of the value.	All permanent staff employed on 1st Nov	Feeling of recognition and value of our people by the organisation Support with cost-of-living pressures
The ergonomics team continue to deliver all moving and handling training for the trust and complete DSE assessments for those in need.	All staff	Bringing in the external company has created a bit of capacity of the short-staffed team to try and reduce waits for ergonomic assessments.

Activity	**Target staff group**	**Benefit** (including feedback and uptake where appropriate)
Moving and handling training has taken up a lot of time due to the staff shortages. This led to commissioning an external company to deliver some of this training between March and June 2024 to increase the capacity to work on ergonomic assessments. We have also undertaken some work to improve the communication around ergonomic assessments. There are still considerable waiting times for both assessments and reports so more work on improving the administrative set up behind the ergonomics assessments is required.		Improving the communications around ergonomics assessments, the process and the situations in which they should be used for will hopefully ensure those contacting the service need it and are not waiting unnecessarily. Usage data for November 23 to Mar 24: 89 new referrals for ergonomics assessments 60 reports completed. 41 Moving & Handling training sessions delivered
In February, we held our first climate café hosted by Sustainability Lead, Justine Alford, and Assistant Psychologist for Wellbeing Matters, Henna Patel. Climate café's are open and inclusive spaces for staff to get together and talk about their feelings and thoughts around climate change and ecological crises. Research demonstrates a clear link between ecological breakdown and our wellbeing, and it therefore felt important to have these spaces for people to come together and explore complex feelings around this, that might otherwise be hard to talk about. Climate cafes also offer the chance for some well-deserved respite from the busyness of work and to connect with other individuals. We will be reviewing the feedback from the initial climate cafes and looking at appetite to run some more in the future.	All staff	Attendance has been low – 3 attendees across the 2 first sessions. We anticipate that it will take a while to improvement awareness of these sessions and as always, appreciate the challenges of having time to join them. We will plan more workshops after the return of the sustainability manager.

Future Roadmap:

Upcoming project delivery and likely timescales are captured below.

Activity	Target staff group	Intended benefit
The People Directorate have agreed four strategic workstreams in 2024/25 that will be prioritised within the trust. One of these workstreams is a review of our wellbeing provision to ensure that the service that we are delivering is effective, cost-efficient and fit for purpose. The wellbeing review will begin in June and we are starting to develop the scope of the review. Stakeholder engagement will be key to this review and will be developed with operational colleagues. We also plan to engage staff in the review, collecting their opinions on what wellbeing support they are aware of, what they value and what is missing. This will be the biggest project within the team over the next six months and be quite resource intense.	All staff	An effective, cost-efficient service which meets the needs of our staff
Wellbeing Matters has several ongoing projects over the next six months: **REACT mental health training** to be delivered to all staff who attend Essential Managers training to equip them to have wellbeing conversations with their staff. **SPACE group initiative**: In line with national requirements, Wellbeing Matters are engaged in training and supervising Professional Nurse Advocates to become SPACE group	All staff	Development of the service in line with organisational need.

Activity	Target staff group	Intended benefit
facilitators. The aim is to be able to offer SPACE groups to teams across the Trust. **Proactive outreach:** We will be moving to a proactive outreach approach to staff affected by assault, SI, or who are physically or emotionally affected by a work-related incident, removing the reliance on the handler opting them in. Relevant communications about this change will be go out in advance to ensure staff are aware that they will be contacted. This change should reduce the risk of staff not being offered support post incident. We will monitor demand when implemented as there is a risk that it could exceed our capacity. **System implementation:** Wellbeing Matters is in the process of procuring a dedicated digital record system for both individual and team provision. The financial implications of this procurement have been built into the budget for the service. The system will bring an ability to pull a more detailed data set and track patterns of user data to hone outreach activity. It also overcomes the risks with the current system that include concerns about confidentiality, inability to track multiple records, as well as significant limitations for data analysis.		
A team objective for this year, reflecting our plan on a page is to improve the visibility of the Health & Wellbeing service and access to increase the number of staff accessing health and wellbeing support, including post incident support and paid for services. Our new Senior Comms Officer (0.4 FTE) started in April and will be taking forward this work, scheduling regular communications and looking at ways to increase our reach.	All staff	Increased engagement and uptake of services

Activity	Target staff group	Intended benefit
This also links with our aim to better understand barriers and obstacles to staff accessing health and wellbeing support.		
Following feedback from both our union representatives and directly from staff, we are looking at the return to work from maternity/parental leave process, as well as options for childcare support. For maternity leave, we are running some focus groups that will be running in April and May to gather experiences and potential solutions. Childcare support is more tricky given the changes to the existing system but our Wellbeing and Rewards Manager is linking closely with our nursery team to look an opportunities in this area.	Parents/guardians	Improved staff experience and engagement. Improved support at a potentially tricky transition for many.
There are two main aims in the ergonomics space in 24/25. The first which we aim to complete in the next six months is to reduce the waiting times for ergonomic assessments and reports by improving the systems and administrative processes. The aim is that this will create more capacity in the clinical team and enable them to start targeting (through data) hotspots areas and take a more proactive approach.	All staff	Improved waiting times for ergonomic assessments and reports. Capacity for proactive approach to tackling MSK issues and potential sickness
In line with the anti-racism workstream, our plan on the page includes an objective to collect more data and link with trust networks to understand our service-user and the health inequalities that exist for BHFT staff.	All staff	Improved understanding of our service users, health inequalities and barriers.

Activity	Target staff group	Intended benefit
The collection of data partly relies on the system implementation as mentioned above but we are already exploring how to improve links with trust networks and the opportunities that will create to better understand the health inequalities that exist.		

Wellbeing at work news

Berkshire Healthcare NHS Foundation Trust

Issue 6 April 2024

Spring is blooming with opportunities...

Welcome to the sixth edition of our Wellbeing at Work Newsletter.

We know that getting the time to access Nexus or check your emails can be difficult, particularly for our clinical teams, so this newsletter is your one-stop shop for the latest information on staff wellbeing. Check Nexus or your emails for full information on anything you see mentioned here that you want to learn more about.

As we move into Spring and start to enjoy the longer days, it can be a good time to consider behaviours that you may want to stop, start, or continue to improve your wellbeing. It's sometimes hard to know where to start, so we have a range of self-assessment tools available on Nexus to help guide your thinking and actions. Search **'Assess Your Wellbeing'** on **Nexus** for more information.

Enjoy the sunny months ahead,

The Wellbeing Team

Our Wellbeing Line is here for you

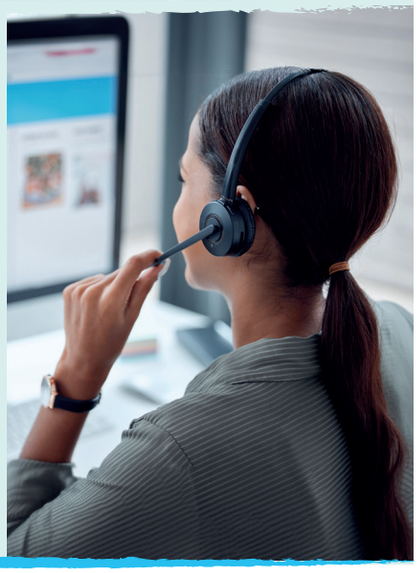
Our Wellbeing Line provides a confidential and compassionate support service and is open to everyone who works at Berkshire Healthcare.

We can help with a range of topics, including work-related stress, financial worries, sleep difficulties, health concerns, family or relationship issues, and anxiety about world events or climate change.

When you contact us, we'll arrange a chat with one of our practitioners who specialise in supporting healthcare staff. Please leave a message if your call goes unanswered and one of the team will get back to you.

wellbeingmatters@berkshire.nhs.uk

0300 365 8880 (9am to 4pm, Monday to Friday excluding bank holidays)



Additional Support for staff at Prospect Park Hospital

Godfree Matambanadzo is offering **regular drop-in sessions** on **Prospect Park Hospital wards** to **support staff** following an incident, as well as offering **one-to-one support**.

One-to-one support is available on request and Datix reports now include a chance to request support.

Alternatively, you can email **wellbeingmatters@berkshire.nhs.uk**

Climate cafés

In February, we held our first Climate Café, hosted by our Sustainability Lead, Justine Alford, and Assistant Psychologist for Wellbeing Matters, Henna Patel.

Research shows that there is a clear link between ecological breakdown and our wellbeing, but it can often be hard to talk about. We've developed our Climate Cafés as a space for staff to come together and explore their feelings and thought about climate issues that may be on their mind.

Keep an eye on your inbox for the next Greens News email which will include dates and times for our next Climate Café.

Professional Tree of Life workshops

Wellbeing Matters are offering a new workshop for teams.

Using the metaphor of a tree and the principles of narrative therapy, your team will be encouraged to think creatively about the strengths, skills and resources that are within the team to help them deal with any challenges they are facing.

The '**Professional Tree of Life**' sessions are available as a half-day or full-day workshop and can fit in well within an away day.

For more information, contact **wellbeingmatters@berkshire.nhs.uk**

Wellbeing classes come to an end

Over the past 18 months, we've been running virtual and face-to-face classes for staff thanks to a successful NHS Charities Together funding. Unfortunately, due to poor turnouts (despite excellent signup numbers), we're unable to secure any funding to continue the classes.

Virtual classes will be phased out over the next couple of months while face-to-face sessions that are running with private instructors will continue until the end of March. They may continue through private arrangement with the teacher.

The good news is that our walking and running groups organised by staff will continue. The more staff that come along and support these groups, the better.

We will continue a **timetable of classes or groups** that are running on sites and there are **class recordings** on the **Staff Health & Wellbeing Teams Channel**.

Search **'Wellbeing Classes'** on **Nexus** to find these.

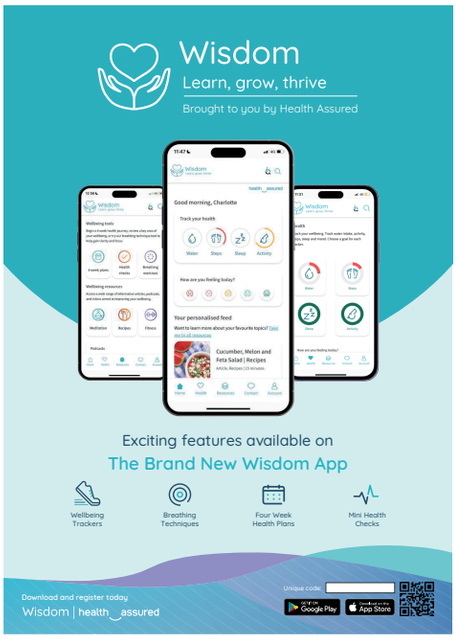
Mental Health First Aid

Mental Health First Aid is an internationally recognised training course designed to teach people how to spot the signs and symptoms of mental ill health and provide help on a first aid basis. Any member of staff member can become a mental health first aider at work, although those who are qualified mental health practitioners may find the course a repeat of their basic knowledge and skills.

Once trained, you will be able to access MHFA support and information for three years before a refresher course is required. The Mental Health First Aid course is a full two-day course and the refresher course is a half day. **Find out the dates and book through Nexus eLearning.**

We also run a **MHFAider network** for those who are trained to connect, share experiences, and consider best practice.

If you are interested in joining, please email **trainingwellbeingmatters@berkshire.nhs.uk**



Welcome to Wisdom

We're excited to announce that Health Assured, our Employee Assistance Programme, have launched Wisdom, their revitalised app.

Wisdom helps you track your wellness, improve your mental health, and stay resilient during tough times. Itincludes an interactive mood tracker, four-week health plans, mini health checks and breathing techniques. The app also has live chat and video call functions, as well as the 24/7 helpline, making it easy for you to get the right advice when you need it the most.

The Wisdom app is available from the **App Store** and **Google Play**. You can also access Wisdom on your desktop at **wisdom.healthassured.org.**

The organisational code that you will need to sign up is MHA232705

Wellbeing Champions

Two years have now passed since the launch of our Wellbeing Champion network group and it's great to see how the network has grown.

Our aim is for every team to have a Wellbeing Champion who is passionate about wellbeing and will share information and signpost support available. Our Champions also develop and deliver activities, events, and campaigns around wellbeing, and help to make improvements to their team's working environment.

To support them in their role, Wellbeing Champions have access to useful documents, eLearning modules, and forums to discuss concerns and ideas.

If you are interested in becoming a Wellbeing Champion, or having one in your team, contact us at Wellbeing@berkshire.nhs.uk

Quick links

A guide to all the wellbeing support available to you:

Wellbeing Support

Assess Your Wellbeing - Check how you are, search **'Assess'** on **Nexus.**

Health and wellbeing calendar of wellbeing tips. Search **'wellbeing calendar'** on **Nexus.**

Free wellbeing apps - For anxiety, sleep and mindfulness. Search **'Financial support'** on **Nexus.**

Mental health support - Search 'mental health' on Nexus

Wellbeing Matters - 0300 365 8880 | wellbeingline@berkshire.nhs.uk

Health Assured - 24/7 helpline, **0800 028 0199**, six counselling sessions a year

Support after a traumatic event - #NoExcuseForAbuse, search **'traumatic event'** on **Nexus.**

Bereavement support | Domestic Abuse Support | SilverCloud for staff

Physical health support - Search 'physical health' on Nexus

Wellbeing classes and fitness - Search **'wellbeing classes'** on **Nexus.**

Smoking, substance misuse, gambling - Support with harmful coping methods

Menopause | Men's health - Download the **Peppy** app. Search **'Peppy'** on **Neuxs.**

Physio (0800 999 7055) - Occupational Health, Ergonomics, Eye tests, Long COVID

Financial health support - Search 'financial health' on Nexus

Financial Support - Support with energy bills, Pensions, Salary Finance, MoneyHelper

Helping your money go further - Cycle To Work, Fuel, Blue Light Card, Childcare

Support for those in need - Grants, Local authority help, unions, foodbanks

Work support - Support for you, your team and training

At work - Wellbeing champions, reasonable adjustments, networks unions

For your team - Wellbeing hubs, Team support process

Training - Mental Health First Aid, REACTMH tool, workshops, support for managers

Contact us

For more information or if you can't access Nexus, please contact the wellbeing team: wellbeing@berkshire.nhs.uk This can be from your personal or work email.

berkshirehealthcare.nhs.uk

BH621a 1.0 Wellbeing at work news Mar24

Berkshire Healthcare NHS Foundation Trust

Trust Board Paper Meeting Paper

Board Meeting Date	14 May 2024
Title	Reducing, Preventing and Managing Violence and Aggression Assurance Report
	Report for Noting
Reason for the Report going to the Trust Board	This report summarises our initial analysis, actions and progress to date against the national violence prevention and reduction standards, and progress with the organisational sexual safety charter. Providers of NHS services operating under the NHS Standard Contract are required to review themselves against the National VPR Standards and provide board level assurance; this includes sharing our violence prevention and reduction performance with the Board. In addition, the new NHS Organisational Sexual Safety Charter commits us to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, set out through 10 core principles and actions.
Business Area	Organisational
Author	Ash Ellis, Deputy Director for Leadership, Inclusion, and Organsaitional Experience Debbie Fulton Director Nursing and Therapies
Relevant Strategic Objectives	We want to reduce harm risk for our patients, we want to make the Trust a great place to work and receive care, and we want to use our resources efficiently. The threat and impact of violence, aggression, and abuse puts us at risk of achieving these ambitions. **Patient safety** **Ambition:** We will reduce waiting times and harm risk for our patients **Patient experience and voice** **Ambition:** We will leverage our patient experience and voice to inform improvement **Health inequalities** **Ambition:** We will reduce health inequalities for our most vulnerable patients and communities **Workforce** **Ambition:** We will make the Trust a great place to work for everyone **Efficient use of resources** **Ambition:** We will use our resources efficiently and focus investment to increase long term value

Berkshire Healthcare
NHS Foundation Trust

Reducing, Preventing and Managing Violence and Aggression Assurance Report

This paper provides an update on our assessment of, and our renewed focus and approach to Violence Prevention and Reduction (VPR) in Berkshire Healthcare.

1. Background

Violence, aggression and abuse toward NHS colleagues is one of the variables that can have a devastating and lasting impact on health and wellbeing. Therefore, a fundamental part of our work around staff experience and wellbeing is focused on VPR.

Providers of NHS services operating under the NHS Standard Contract are required to review themselves against the **National VPR Standard**, and provide board level assurance. View more about the standards here: NHS England » Violence prevention and reduction standard

The NHS Equality, Diversity, Inclusion 6 High Impact Action Improvement Plan, which was presented to Board in 2023, asks for all Trust's to create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

Our **anti-racism** strategy has a workstream led by the Director for Nursing, Therapies and Quality focusing on incidents, empowerment, and support. Our ethnically diverse colleagues are more likely to experience harassment, bullying or abuse from the public and colleagues.

We also signed a new NHS Organisational **Sexual Safety Charter** in September 2023, that commits us to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, set out through 10 core principles and actions. NHS England » Sexual safety in healthcare – organisational charter

In March 2024 we also became a member of the Employers' Initiative on Domestic Abuse (EIDA), and signed the Employers **Domestic Abuse Charter**, which sets out 5 commitments to support staff affected by domestic abuse. Our Membership Charter | Employers' Initiative on Domestic Abuse (eida.org.uk)

2. Violence and aggression in the Trust

The nature of violence and abuse which our staff experience is varied and includes a wide range of different types, including physical assault and aggression, verbal aggression, abuse, or threats, sexual abuse, aggression, and assault, discrimination and harassment, and bullying.

In addition, staff often witness colleagues experiencing violence and abuse.

Perpetrators of violence and abuse include patients, their visitors such as family or friends, members of the general public, and colleagues. Violence and abuse takes place in a wide variety of settings and across a variety of job roles. To see data on our incidents please see Appendix 1.

Further data can be seen in Appendix 1.

3. Impact on our staff – the staff experience

We spoke to several colleagues about their experience of violence and aggression in our services, we have made their experiences anonymous but grateful to them for sharing their experiences.

Colleague A: *On one occasion this resulted in them leaving during the shift due to the injury and psychological trauma. They said they felt guilty for leaving the team and needing time off. During this time, they reported feeling as much stress for being off as the fear of returning to work.*

Colleague B: *she was punched by a male patient, causing a black eye. She said the worst part was going home to her young son and explaining what had happened to mummy.*

Colleague C: *Recent incident where she was severely physically assaulted resulting in her T shirt fully ripped off, bra ripped and a large amount of hair pulled out from the root. Feels frustrated as she felt that the incident could have been avoided and staff did not support her. They thought she had taken off her top because she was hot. Also discussed previous assault where she is requiring a second surgery to her finger because of being bitten by a patient.*

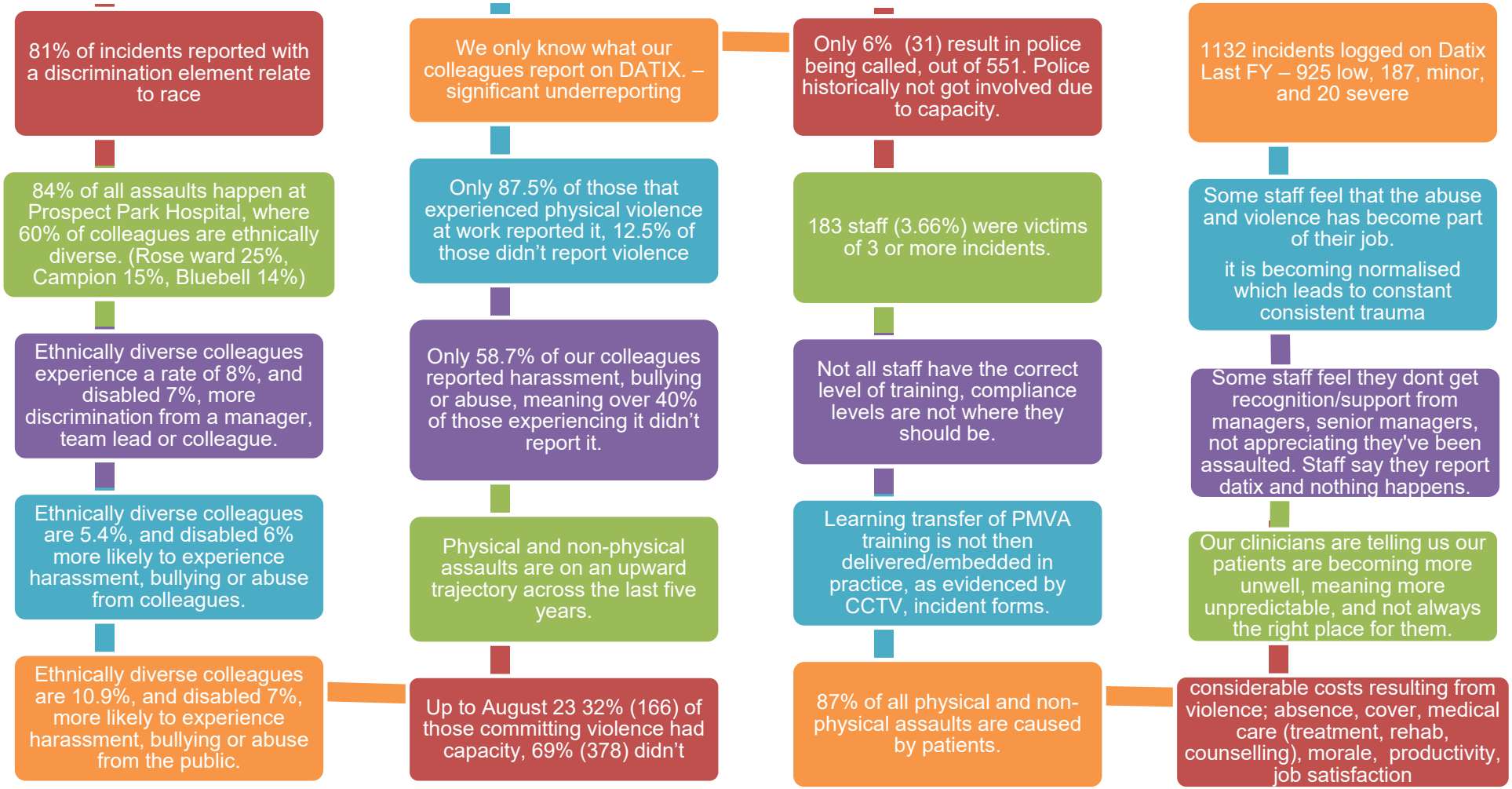
Colleague D: *was injured at work during a restraint. He injured his finger on his dominant hand which caused significant damage to the joint and his finger to be permanently bent. He needed regular GP appointments, had x-rays, and needed surgery. The impact this has had on him is significant; constant pain which is worse at night and affecting his sleep, he cannot pick up his baby, his wife has to place his baby in his lap, and he cannot write. He reported the incident to the police and investigation is ongoing, his manager is supporting him with this process, and his team were supportive. He has seen occupational health and was on light duties. However he was scared to have time off as he started in the Trust a few months before, so was unsure of sick pay. Also, if he is off he cannot pick up additional NHSP shifts which he says he needs more than ever.*

Colleague E: "*It was very stressful. I was physically unwell as a result of the assault and returned to work sooner than I should have due to worrying about my Bradford score. I think staff should be reassured that if they need to take time off as a result of an assault that it won't affect their score*."

Other colleagues: very similar responses were shared amongst other members of staff across all services, due to anonymity we've collectively aggregated these similar responses. For a few having injuries or psychological trauma resulted in triggering a sickness proceeding, and were informed that these incidents would affect their Bradford score. This made colleagues feel unsupported as a victim and feel punished for trying to undertake their roles. Colleagues were also assaulted to the point where they were injured and went off sick. Some were very upset; not because of the assault or injury, but because they would have to cancel their booked NHSP shifts to earn additional income. After cancelling, some proceeded to get a warning for the late cancellation which caused additional upset. Many staff expressed feeling guilty for having time off and making the team short staffed, anxious about their bradford score and having disciplinaries. Other staff have shared that they feel it's all part of the job, and the conditions have been normalise to some extent and 'expect' it.

4. Our Problem Statements

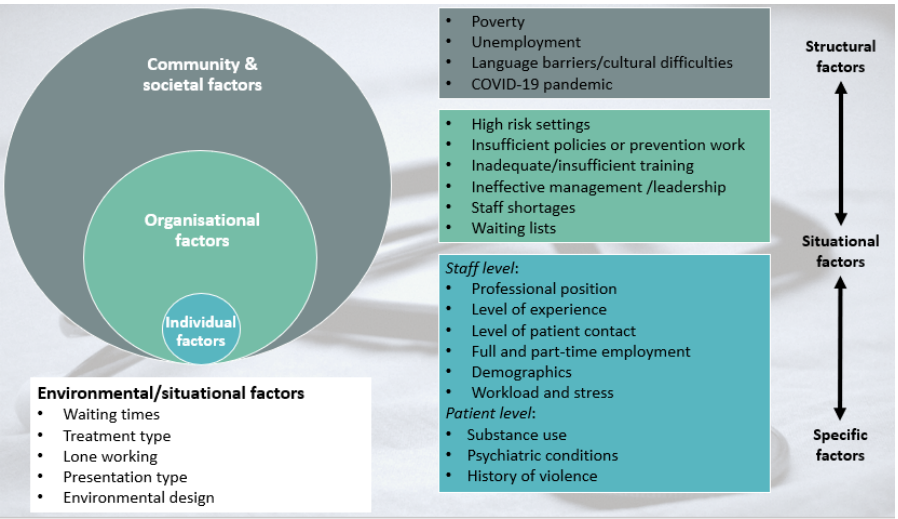
Further data and trends can be seen in Appendix 1.



5. What are the causes of violence and aggression?

The causes and root issues of violence and aggression are complex and it is important to recognise that there are a multitude of factors that can contribute to violent and aggressive behaviours, these are demonstrated in Figure 1 below. The causes of violence and aggression in the Trust vary and too can be credited to various factors as depicted below.

Figure 1: Factors influencing violence and aggression (Liverpool John Moores University, 2023)



6. Our Progress

A Trust VPR Working Group was setup in July 2023 and meets 6 weekly chaired by the Deputy Director for Leadership, Inclusion and Organsaitional experience with representatives from across the organisation including staff network and unions. The Group reports to the Safety Culture Steering Group. The group has been focusing on ascertaining a baseline position against the National VPR standards, and against the sexual safety charter, identifying any gaps and what actions are needed to close gaps.
The VPR Working Group is also ensuring consistency and a joined-up approach to compliance with the latest HSE requirements in relation to violence and aggression and Musculoskeletal Disorders in the NHS. This was reported via the Non-Clinical Risk Group.

VPR Standards (for full detail see Appendix 2)
There are 4 sections to the assessment: **Plan, Do, Check & Act.** Undertaking the assessment has required significant engagement from the VPR Group given there are 14 criteria areas and 43 indicators. Our assessment is as follows:

- 14 indicators for '**Plan**' (4 compliant, 7 partially, 3 non-compliant – the non-compliance is related to not having a VPR strategy, policy and subsequent equality impact assessment in place.
- 11 indicators for '**Do**' (8 compliant, 1 partially, 2 non-compliant – the non-compliance is related to regularly providing communications on the VPR objectives, this will change once we refresh our strategy.
- 12 indicators for '**Check**' (6 compliant, 4 partially, 2 non-complaint) – the non-compliance relates to not having an audit process for VPR, this needs to be developed more robustly.
- 6 indicators for '**Act**' (3 partially, 3 non-compliant) – the non-compliance relates to risk assessments, and policy not in situ, and reporting to Board twice yearly.

We conclude that the Organisation is **Partially Compliant** at the time of presenting this review. The gaps and planned action to get us to fully compliant can be seen in Appendix 2. The goal of assessing ourselves and taking action against the VPR Standard is to:

- Stabilise and reduce violence against staff across the Organisation.
- Identify the causes of violence and co-ordinate action across the Trust to tackle them systematically, delivering a long- term reduction in associated harm.
- Work collaboratively to deliver the best long-term results to reduce violence.

Sexual Safety Charter (for full detail see Appendix 2)
It is expected that signatories will implement all ten commitments by July 2024. After signing the charter in September 2023, we self-assessed ourselves against the charter commitments and have established that we are compliant with 1 and partially compliant with 9. One of the partially compliant is related to capturing and sharing data on sexual safety transparently. This is likely to change to compliant soon, as we now have data available and will be monitored alongside wider violence data but haven't yet shared it widely.
We conclude that the Organisation is **Partially Compliant** at the time of presenting this review. The gaps and planned action to get us to fully compliant can be seen in Appendix 2.

Other notable work

1. Prevention and Management of Violence Aggression (PMVA) training is considered mandatory for inpatient mental health colleagues, set by the Mental Health Units (Use of Force) Act (2018), and the training is required to certify as accredited against the Restraint Reduction Network (RRN) Training Standards. We are fully signed up and aligned to the RRN standards. However, we are not confident that we have considered all risks to staff, and therefore not considered the training needs of all staff in managing the risks. A **Trust-wide workforce risk assessment** is currently being undertaken to understand and establish the level of risk of violence and aggression (physical and non-physical) to all roles and services. Once the assessment is complete, a workforce Training Needs Analysis (TNA) will be undertaken to provide guidance and recommendations about the training required by our staff in supporting them to prevent, reduce and manage violence and aggression.

2. We are developing a **conflict management pathway** for staff, this includes developing a challenging conversations training session including kindness and civility, developing our Trust core behavior framework for all, establishing a coaching network, training accredited mediators to establish an internal mediation scheme, undertaking a cultural baseline assessment of the organisation and establishing a bullying and harassment working group to focus on key actions that will reduce bullying and harassment.

3. Trust **Abuse Statement** – we refreshed and revised our statement so that it is more explicit and clearer on our stance and the action we will take. This is now being embedded through patient communications, signage at our sites, and online presence.

4. **Domestic abuse employers charter** – we recently signed this charter to signal our commitment and support to our colleagues. We will be assessing ourselves and developing any actions in due course. (see Appendix 2 for the charter commitments)

5. Wellbeing offer and support. We have a specialist Mental Health Practitioner/Psychotherapist to provide Trust-wide **proactive post-incident support** with 2 days a week dedicated to PPH. Offering staff psychological support post serious incident, identifying needs and possible referral for more trauma informed psychological interventions if needed. We have also developed a question that asks colleagues if they would like to be supported when completing the Datix form.

6. **Anti-racism strategy**, action statement and the subsequent workplan has been shared and communicated separately but overlaps with the VPR work, and the incidents, empowerment, and support workstream action plan delivery of the anti-racism strategy is being overseen by the VPR working Group.

Appendix 1 – Violence and Aggression prevalence in Berkshire Healthcare

Figure 2: Physical Assaults to Staff by Division - Last 6 Years

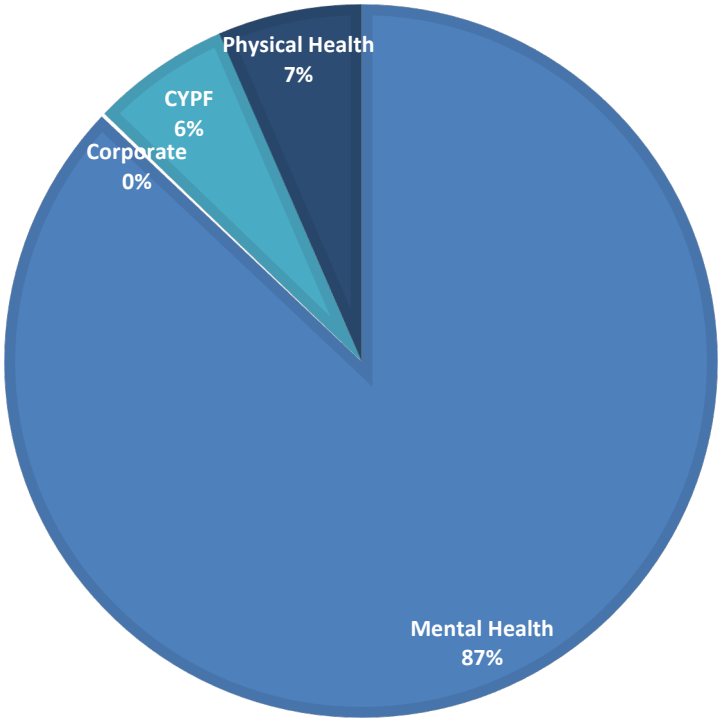


Figure 3: Physical Assaults to Staff last 6 years

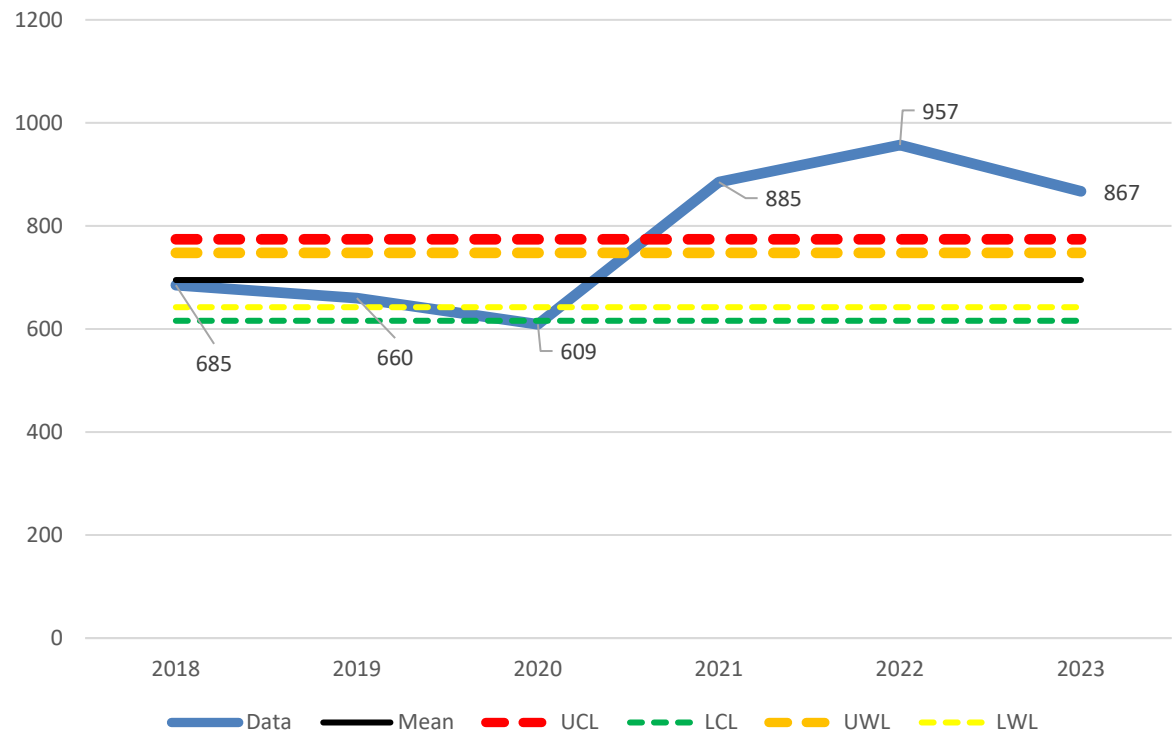


Figure 4: Physical Assaults by sub category last 3 years

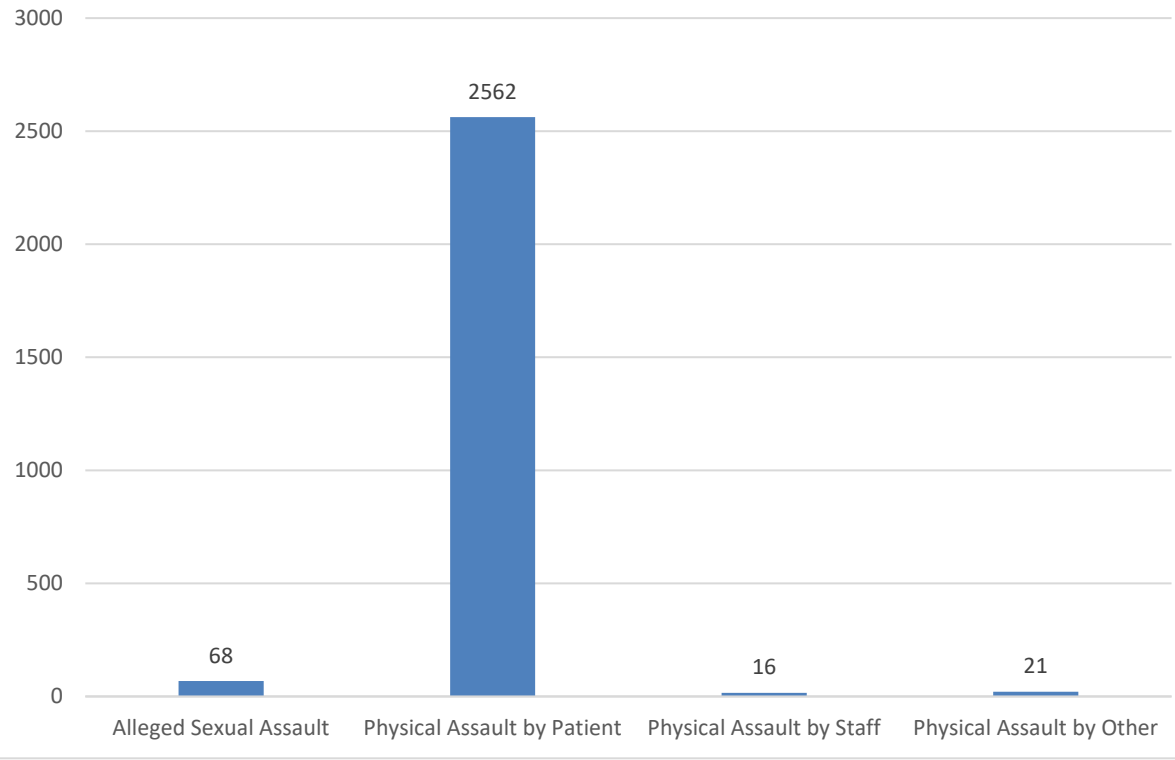


Figure 5: Non Physical Assaults by Division last 6 years

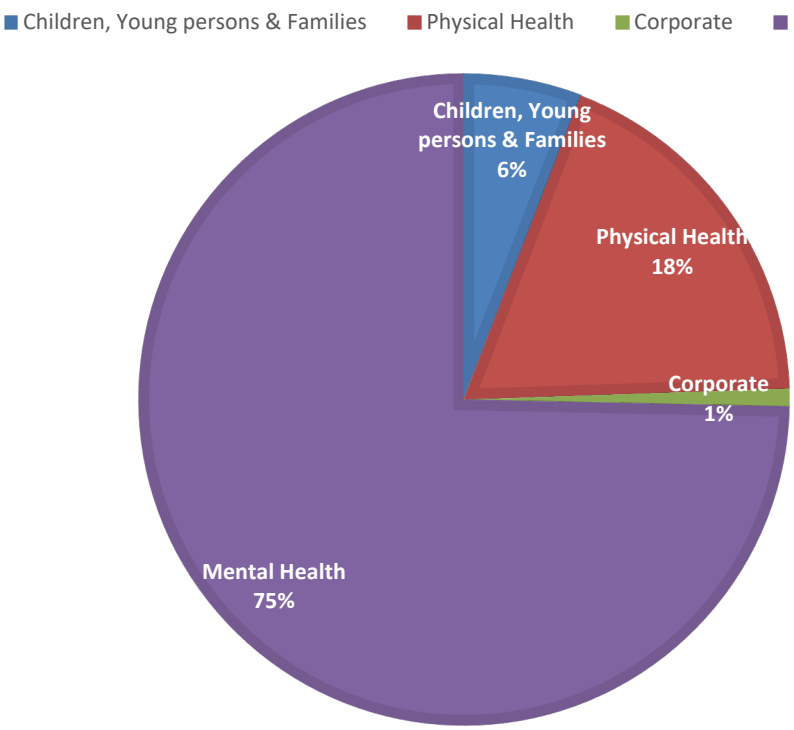


Figure 6: Non-Physical Assaults and type reported over the last 3 years

	Sexual aspect	Racial aspect	Perceived threat	Malicious allegations	Disability discrimination	Religious discrimination	Discrimination against gender identity/sexual identity	Other type of abuse	Total
Abuse by Patient	210	531	1063	160	1	13	70	627	2675
Abuse by Staff	2	6	15	10	0	0	1	37	71
Abuse by Other	4	21	58	22	0	2	2	110	219
Threatening Behaviour	0	1	1	0	0	0	0	0	2
Verbal abuse by Patient	0	0	3	0	0	0	0	0	3
Racial abuse by Patient	0	1	0	0	0	0	0	0	1
Total	216	560	1140	192	1	15	73	774	2971

Figure 7: Non physical assault last 6 years

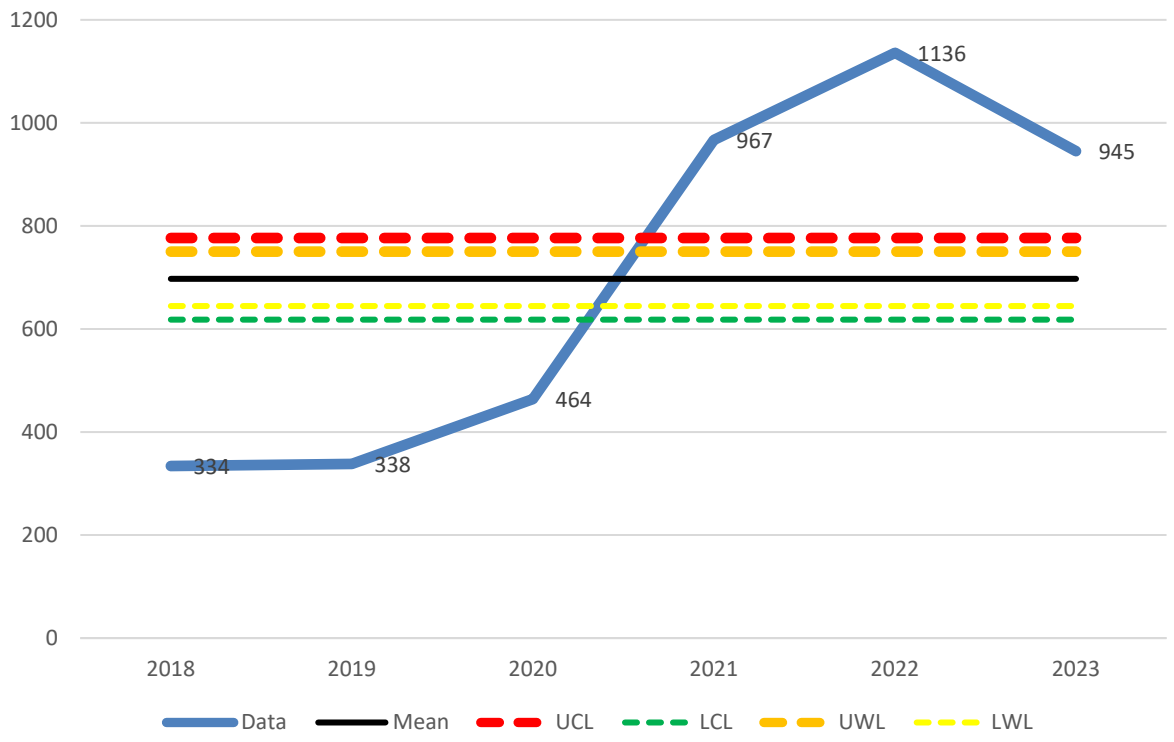


Figure 8: Physical Sexual Assault by Division - Last 6 years

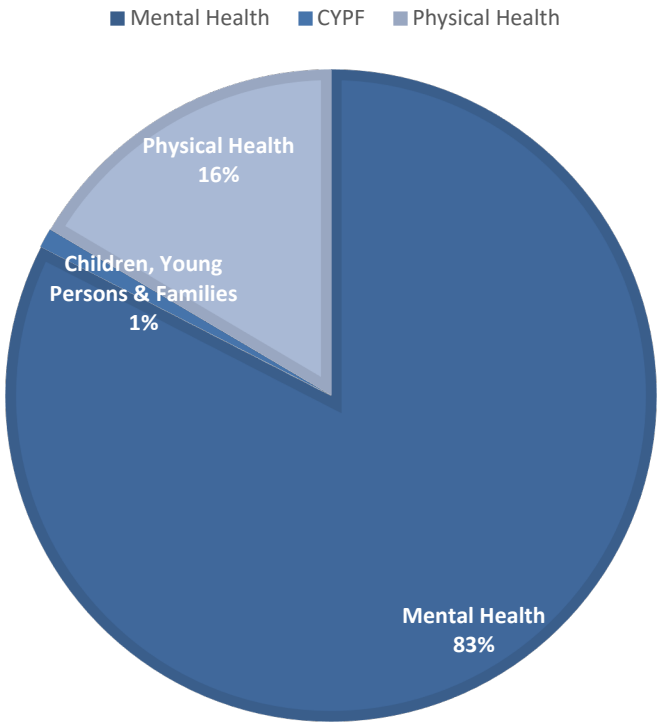


Figure 9: Physical Sexual Assault last 6 years

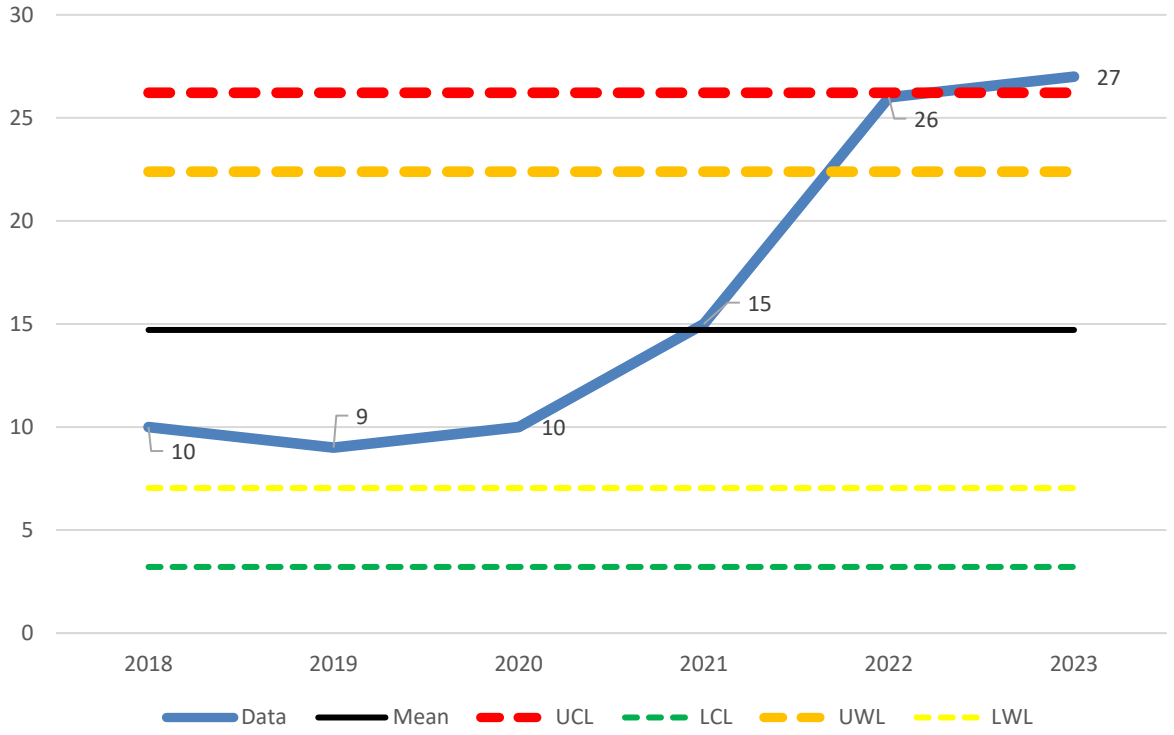


Figure 10:Physical Sexual Assault by Division - Last 6 years

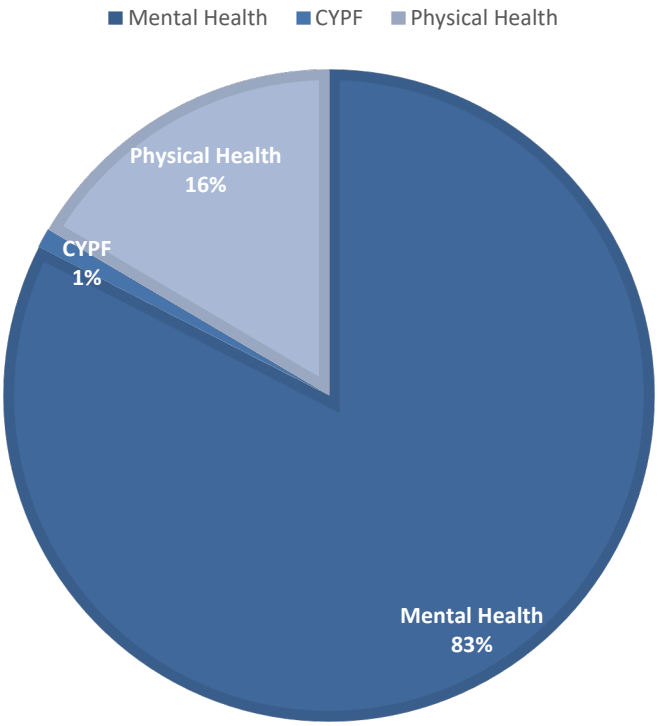
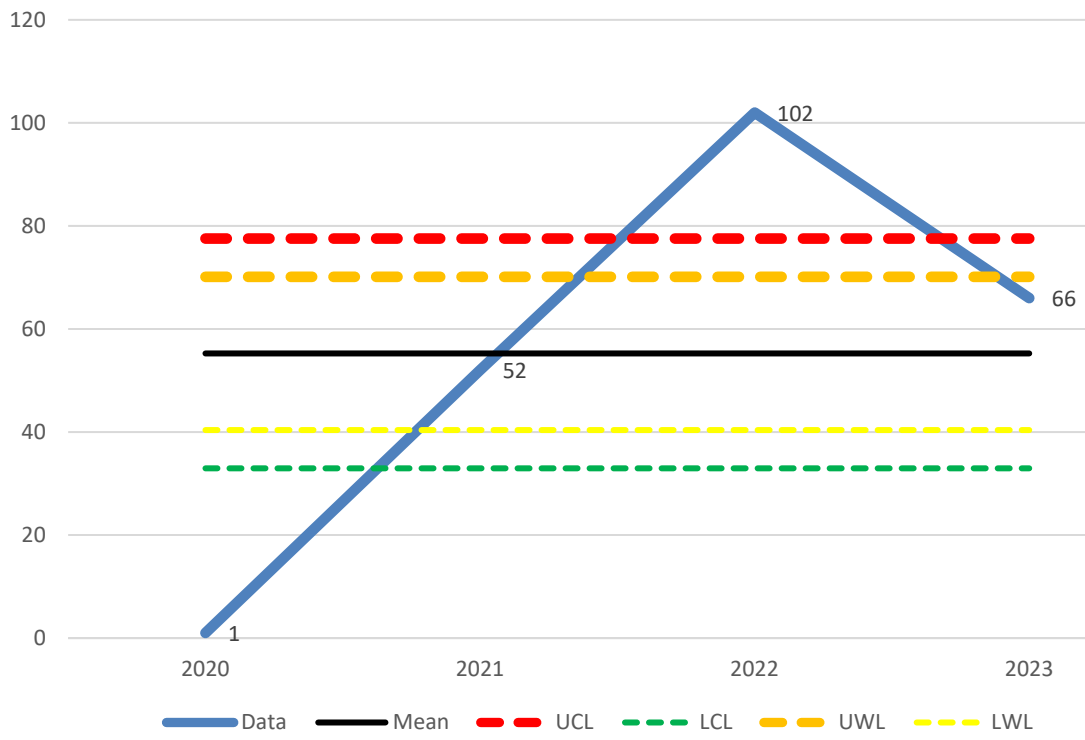


Figure 11: Non Physical Sexual assault last 4 years



Appendix 2 – VPR Standards, Sexual Safety Charter Commitments and Domestic Abuse Charter Commitments

Plan			
	Indicators	**Compliant (RAG)**	**Evidenced**
The Board (Non-Exec and Exec members) endorses the violence prevention and reduction policy	The Organisation has developed a violence prevention and reduction strategy which has been endorsed by the board and is underpinned by the relevant legislation and government guidance.		We have a violence prevention and reduction strategy initially agreed but has never been communicated/embedded - requires refreshing.
	The organisation has developed a violence prevention and reduction policy which has been endorsed by the board and is underpinned by workforce and workplace risk assessments.		We have no Trust-wide violence prevention and reduction policy. We do have a PMVA in mental health services policy, and a Personal Safety policy. Will be developed.
	The organisation has engaged with key stakeholders, including trade unions, health and safety representatives and other appropriate stakeholders.		Through Terms of Reference for the VPR working Group. Engagement in ICS working groups.
	The organisational risks associated with violence have been assessed and shared with appropriate stakeholders in the sustainability and transformation partnership (STP) or integrated care system (ICS).		TNA Staff Risk Based Training RA (In review) Lone Working Device Risk Assessments, Divisional Lead Community Based RA, Individual Patient RA, Datix & Rio Dashboards and Reports, Risk Registers, Monthly Reviews, Regional BOB Meetings
	The senior management (the chief Executive and the board) is accountable for the violence prevention and reduction strategy and policy, and this is clearly set out in both documents.		Statement of commitment is included in the Trust's Security Policy and other associated documents such as the Personal Safety Policy etc. These documents will inform all new strategies and policies in conjunction with these standards. The Trust has a dedicated board member that is accountable for violence prevention and aggression
	Senior management is informed about any disparity trends for violence and aggression against groups with protected characteristics, and a full equality impact assessment has been developed and made available to all stakeholders.		Risk Registers, DATIX and RIO all inform on the disparity trends but specific report need to be generated for this purpose. There is no equality impact assessment, this will be developed with the new policy and strategy.

Clearly defined objectives and performance criteria	The violence prevention and reduction objectives and expected performance criteria outcomes have been incorporated into the policy.		To be completed when the strategy and policy is developed.
	There are practical and efficient methods for measuring status against the objectives identified and agreed by the senior management team in consultation with key stakeholders.		No audit process in place currently. The Trust will also need to create relationships with partner Trusts to measure and benchmark our progress with this work.
	The organisation is compliant with relevant health and safety legislation and any other applicable statutory legislation, and this has been validated, i.e. via the organisation's auditors.		CQC Audit\process and independent external audits. HSE Investigations. Workplace Inspection Checklist. Reporting Processes. Lone working risk assessment also completed
	Inequality and disparity in experience for any staff groups with protected characteristics have been addressed, and this is clearly referenced in the equality impact assessment.		The EqiA will be developed as part of the strategy refresh and policy development.
Violence prevention and reduction plans recorded, implemented and maintained.	Plans have been developed and documented for achieving violence prevention and reduction objectives, and the outcomes are clearly set out in the policy.		Work is in progress as the strategy and policy are aligned to the Violence Prevention & Reduction Standards.
	The plans are updated and maintained to consider improvements, lessons learnt and updated risk assessments, annually as a minimum schedule.		Risk register has been updated. Workforce risk assessment is being undertaken. Datix Investigations and lessons learnt to continue to be shared across the Trust.
	Risk assessments are available to managers, their staff, trade union representatives and other relevant stakeholders.		Risk assessments are available to relevant persons pertaining to clinical risk/EFM Risks. Tools are available to use for this purpose, including the Risk Strategy. Workplace Inspection Checklist. Risk Assessment and Root Cause approach to investigations.
	The plans are reviewed in consultation with subject matter experts pertaining to the Equality Act 2010.		EDI representation at the Policy Scrutiny Group for patient facing policies. All HR policies are sent to DSG for review. There is EDI team, staff network and union representation on the VPR working group.
Do			

	Indicators	Compliant (RAG)	Evidenced
Board Members approve resources.	The senior management assesses and provides the resources required to deliver the violence prevention and reduction objectives.		PPH has a responsible person for VPR. Deputy Director for OD is workforce lead for VPR and leads personal safety team. Named Exed lead.
	A designated board-level (director) manages the violence prevention and reduction workstream and ensures appropriate and sufficient resources are allocated to the function (which is underpinned by an organisational risk assessment).		Director of Nursing, Therapies and Quality (Exec Lead for VPR/Sexual safety) Chief Medical Officer (MH Use of Force Lead),
Regular workforce engagement	The senior management team regularly provides accessible communications on the violence prevention and reductions objectives and priorities.		Once objectives have been set this will be monitored, reviewed and shared appropriately via the Divisions and other relevant channels
	Communications cover all staff groups and functions within the organisation.		Includes: Finance, IT, IG, Networks, JSCC, HS & E Group, Safety Culture Group, Strategic People Group, as well as the corporate comms channels but more VPR messaging is needed.
	The recognised trade unions are consulted and involved in the development of violence prevention and reduction objectives.		JSCC Minutes - HS & E Group. Unions are represented and attend the VPR working group and Safety Culture Steering Group (Meeting notes)
	A diversity lens is applied to objectives development, to provide due diligence for Public Sector Equality Duty, and this is validated by the subject matter expert pertaining to the Equality Act 2010.		Data has been reviewed from DATIX, WRES/WDES, staff survey - evidenced through meeting notes. EDI team represented and participates in VPR working Group.
Clear roles, responsibilities and training.	The organisational roles and responsibilities across all levels are clearly set out in a violence prevention and reduction policy.		This will be better established once the strategy and policy are developed.
	A training needs analysis (violence) informed by the risk assessment has been undertaken, and suitable and sufficient training and support are accessible and provided to all staff.		There are target groups in place and compliance monitored for conflict resolution, PMVA, breakaway, SCIP, PSTS training. Trust-wide TNA and risk assessment work has commenced. We are also developing our search training, and looking to develop

			training for our managers to support staff.
Regular Risk Assessment	Violence prevention and reduction workforce and workplace risk assessments are managed and reviewed as part of an ongoing process and documented in the appropriate organisational risk registers.		Current practices are to capture Risk Assessments at service level and to inform the Risk Register through Non clinical risk group of any high risk groups.
	Violence risks are co-ordinated across the organisation, and are accessible and shared with senior management and all appropriate stakeholders.		PPSQ/ SMT Groups and meetings coordinate and manage local risk registers, through Divisional Directors and Service Leads.
	Identified violence risks and their mitigations/controls are communicated to all staff in regular bulletins.		Senior & Exec messaging through corporate all staff broadcasts, TeamBrief and nexus messaging. Health, Safety & Security Management Specialist communications to Service Managers and through the Health, Safety & Environment Governance Group, and the Non Clinical Risk Group. Which subsequently results in Divisional Directors and Service Leads cascading messages to all Teams.
Check			
	Indicators	**Compliant (RAG)**	**Evidenced**
Process to assess violence prevention and reduction performance	The efficiency and effectiveness of the violence prevention and reduction plans and processes are assessed and reviewed as a minimum every six months or following organisational changes or serious incidents.		There has been in a gap in reviewing these but this is now in the plan, and strategy and policy needs to be in place.
	The senior management is directly accountable for ensuring that the system is working effectively and providing assurance that the violence prevention and reduction objectives are being achieved.		Exec Lead is now part of the VPR working Group. Updates to Safety Culture Steering group and SPG. Evidenced in Board Assurance Framework review.
	Staff members are actively encouraged to report all incidents including near misses.		Compliance and risk team offer Datix training across the Trust. This is also evidenced in PSTS presentations for community mental health staff. Staff at PPH receive a 90 minute Datix training session during the 6 day PMVA and 3 day PMVA refresher courses. Reporting is

			a duty outlined in Policy ORG007 Wellbeing Matters - not getting all incidents of assault, assaults/experiences as normalised. Wellbeing matters asking datix handlers to capture emotional harm and ensure support is proactive for all incidents, comms to support and included in policy - opt out rather than an opt in approach. IG and IT to create new algorithm. New collaboration with Police - PPH Criminal Justice Panel meeting now set up, working on service line agreement. Communication and transparent with actions important to share with staff to build confidence. police officers now on site on PPH and attending more meetings.
Data is traceable, retrievable and accessible.	Violence data is managed in accordance with the General Data Protection Regulations (GDPR).		All Trust reporting processes and review of data is completed in accordance with the Trust Policy and Governance processes.
	Violence data is frequently analysed using primary metrics to support the violence prevention and reduction assessments and inform the audit process.		Staff incidents are reviewed by the appropriate teams and reported into the non-clinical risk group.
	Violence data is analysed using the demographic make-up of the workforce, including age, sex, ethnicity, disability and sexual orientation.		We partially capture protected characteristics, but more work is underway to improve the current systems we use to report incidents. Security Management Reporting into the Non- Clinical Risk Group captures protected characteristics, and diversity elements of V&A reporting.
	The protection and storage of data about violence follows the organisation's information governance policies.		All Trust policies and protocols are followed.
	Data collected about violence assures that the processes are effective and identifies where lessons can be learnt		The Datix form captures all relevant information for handlers and managers such

	and that the policy objectives are being achieved.		as lessons learnt, root cause analysis and Occupational Health referrals.
Established audit and assurance process for violence prevention and reduction.	A process exists for auditing violence prevention and reduction performance and ensuring that associated systems are effectively managed and assessed regularly.		Compliance and risk team audit regularly how incident forms within Datix are completed. The Trust will need to build on this by auditing compliance against the entire strategy not individual forms.
	The audit outcomes inform a regular senior management review held at least twice a year.		This will be in place once the Strategy and Policy are completed.
Process for corrective and preventative actions for violence prevention and reduction.	All incidents are logged, reviewed, assessed and any corrective actions are recorded within acceptable timeframes, and where this may be prolonged by investigations and or staff support, this is recorded and communicated to senior management, relevant staff and stakeholders.		This is the Trust Datix process for reviewing the forms. Some of the Triage is completed via the Compliance & Risk Team Health, Safety & Security Management Specialists. Next steps will be to include this in the policy, then we can audit it. However this process relies on all staff reporting incidents in a timely manner.
	The violence prevention and reduction risk registers are updated accordingly.		Completed through Trust governance structures. A corporate risk is in place.
Act			
	Indicators	**Compliant (RAG)**	**Evidenced**
Board reviews the violence prevention and reduction performance.	A senior management review is undertaken twice a year and **as required or requested** to evaluate and assess the violence prevention and reduction programme, **the findings of which are shared with the board**.		No known reports regarding violence reduction are included for Board. There is a QI breakthrough objective monitoring staff assaults.
	Inputs to the process include: local risk management system (data about violent incidents), Risk registers - audit and governance reports that include violence performance, lessons learned (STP and ICS level), review of the violence prevention and reduction processes, risk assessments (workplace and workforce), triangulated with WRES and WDES, staff experiences (causation themes, impact on health and wellbeing, consequences, etc), Serious incidents, NHS staff survey, local or pulse surveys, local HR intelligence (staff recruitment and leavers rates,		No known Board reports regarding violence reduction. We have risk register. Lessons learnt – ICS group meets to share, system perspective. Workforce risk assessments and training needs analysis for whole workforce underway. We look at NHS Staff Survey staff experiences. Data on leavers rates looked at - FTSUG triangulation of three or more incidents and leavers. Key stakeholders, trade union are in the group.

	absenteeism or retention rates), key stakeholders, trade union concerns, raised through the health and safety committee meetings with chief constable or designated representative police and crime commissioners, etc.		We have Non-clinical risk committee, which look at this from a health and safety lens.
Violence prevention and reduction policy updated with lessons learned.	Following the senior management review (twice a year) the violence prevention and reduction lead updates as necessary the objectives, policy, plans and supporting processes required to deliver the outcomes.		To develop VPR policy
Informed decisions at senior management level.	Senior management has enough information from the violence prevention and reduction performance inputs to make informed decisions about the violence prevention and reduction policy, and this information is based on credible intelligence and risk assessments.		To develop VPR policy
	Violence prevention and reduction forms part of the overall organisational strategy and workforce planning process and is closely aligned to the STP and ICS planning arrangements.		It is part of the strategy in making Berkshire ethe best place to work and staff experience. It is also on the Trust POAP for the year ahead.
	Staff receive timely responses to incident investigations, and where this may be prolonged by process requirement, this is recorded and communicated to staff, senior management and relevant stakeholders.		RIDDOR incidents are completed within the legal timeframes. The victims receive updates/feedback provided by the compliance and risk team. Managers are required as a minimum to document their support and any other actions to victims of violence and aggression as part of the final approval process from the datix and risk information team as agreed with the health, safety and security managers. However feedback from Listening into Action and other forums has shown that staff do not receive timely responses or not hear anything. (what are learning outcomes, changes happening because of incident) Exploring turning on automatic function on DATIX, emails the incident reporter and staff involved once investigation complete to close feedback loop. A new role is in place to provide additional

			support to victims of workplace violence - Staff wellbeing role.

Sexual Safety Charter		
Indicators	**Compliant (RAG)**	**Evidenced**
We will actively work to eradicate sexual harassment and abuse in the workplace.		We have an abuse statement. Now have named Executive Lead. The work behind this will be discussed/overseen in VPR Group , and Safety Culture group. It is included as part of a wider risk of violence on our corporate risk register. We are developing a sexual safety policy for staff. Sexual safety policy for patients in place. No excuse for abuse web pages to be updated. We have safety culture charter
We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours		We are developing a Trust behaviours framework. Freedom to Speak up work supports this and will develop more reference to this. There is slight touch on Hyper sexualisation of protected groups in Trust Induction - calling in and calling out behaviour. Safety culture charter in place. We have an abuse statement. We are developing a workforce sexual safety policy. Personal safety policy in place. A working group focused on patients at PPH. To also include in our EDI policy refresh. Developing a staff support flowchart. Explore women's staff network.
We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.		
We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.		Developing a sexual safety policy. Usual support routes e.g. line manager, EAP, OH, wellbeing champions, staff networks, wellbeing matters but not specific signposting re: sexual safety issues – this needs to be developed to include SARCS. No requests to wellbeing service so far, this will be monitored.
We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.		In draft sexual safety policy outlines a lot of this. Freedom to speak up route and work to promote this. Civility, kindness within leadership programme. Behaviours framework in development, needs embedding. Comms plan to be developed.
We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.		A new sexual safety staff policy is in development. A patient promoting sexual safety policy is already in place. A personal safety policy is in place. Prevention and management of violence and aggression (PMVA) in Mental health services policy in place. A Lone worker policy in place. Physical Security (Premises & Access) policy is in place.

		A patient domestic abuse policy is in place. To develop staff domestic abuse policy.
We will ensure appropriate, specific, and clear training is in place.		Safety culture charter in place. Lone worker devices and training is in place. Domestic abuse training is available. Personal safety training is available. (to update to include sexual safety info) A sexual safety eLearning package is available but needs reviewing. A workforce risk assessment and TNA is underway.
We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.		Freedom to speak up, Line Managers, HR, Incident reporting, (Datix you can report anonymously, is provided in training, and how to do this) Grievance route. Staff survey / Pulse Staff Networks Policy is in development that also support other reporting routes available.
We will take all reports seriously and appropriate and timely action will be taken in all cases.		Average time to investigate incident, and response to staff, is 68 days for process to be complete. - We'd want a quicker response. Exploring an automated function to close the feedback loop.
We will capture and share data on prevalence and staff experience transparently		Self-reported data (on violence/B+H) is collected in the NHS NSS through two separate questions. NSS introduced two specific questions to sexual violence or sexual harassment. We capture patient on staff via DATIX but not report/share it currently. We also need to explore HR data and share this.

Domestic Abuse Charter: We commit to
Indicators
Raising awareness among their employees of the many forms domestic abuse can take
Fostering a safe, supportive and open environment to allow domestic abuse to be effectively tackled in their workplace
Supporting employees who are affected by domestic abuse and those that report it by providing access to information and services
Providing education and support to help perpetrators of domestic abuse to stop
Sharing best practice with other employers

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper Meeting Paper

Board Meeting Date	14 May 2024
Title	**Finance Report March 2024**
	The paper is for noting.
Reason for the Report going to the Trust Board	This is a regular report which provides an update to the Board on the Trust's Financial Performance.
Business Area	Finance
Author	Chief Finance Officer
Relevant Strategic Objectives	**Efficient use of resources** **Ambition:** We will use our resources efficiently and focus investment to increase long term value The report gives an overview of the Trust's financial performance including use of revenue and capital funding and delivery against the cost improvement programme. The Trust's results contribute to the performance of BOB ICS.

Berkshire Healthcare NHS
NHS Foundation Trust

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Finance Report

Financial Year 2023/24

March 2024

Purpose

To provide the Board and Executive with a summary of the Trust's financial performance for the period ending 31 March 2024.

Document Control

Version	*Date*	*Author*	*Comments*
1.0	11/04/24	Rebecca Clegg	Draft
2.0	12/04/24	Paul Gray	Final
3.00	22/04/24	Rebecca Clegg	Final as per draft accounts

Distribution

All Directors.

All staff as appropriate.

Results are subject to final audit.

Confidentiality

Dashboard & Summary Narrative

Target		Actual £m	Outturn Plan £m	Achieved
1a	Income and Expenditure Plan	3.8	1.3	Yes
2a	CIP - Identification of Schemes	14.1	14.1	Yes
2b	CIP - Delivery of Identified Schemes	14.1	14.1	Yes
3a	Cash Balance	52.6	52.6	Yes
3b	Better Payment Practice Code Volume Non-NHS	96%	95%	Yes
3c	Better Payment Practice Code Value Non-NHS	94%	95%	No
3d	Better Payment Practice Code Volume NHS	98%	95%	Yes
3e	Better Payment Practice Code Value NHS	97%	95%	Yes
4f	Capital Expenditure not exceeding CDEL	9.6	9.2	No

Key Messages

The table above provides a high level summary of the Trust's performance against key financial duties and other financial indicators. The key points to note are:

- The final outturn position for the Trust is a £3.8m surplus. This has increased from the initial plan of £1.3m surplus following receipt of £0.6m industrial action funding and agreement of £1.3m of elective over performance funding. The Trust has also benefited from lower PDC and depreciation charges resulting from a BOB ICB project which reviewed the PFI asset values.

- Delivery against the cost improvement plan was in line with plan. However, we have a significant adverse variances on MH inpatient staffing for which remedial action is underway to improve the run rate into 24/25.

- The 23/24 Agenda for Change and Doctors pay awards have been made. After accounting for the additional cost and funding we estimate a £1m full year pressure due to the way the NHS tariff uplift is calculated. However, this is currently being offset by delays to recruitment against core allocations.

- Cash is above plan with ICB cash payments in line with contracts.

- Our performance against the Better Payment Practice Code continues to improve with the % of non-NHS invoices paid within the deadline now above the target. However, we did not achieve the target for the value of non-NHS invoices with

- Capital spend was slightly under plan for CDEL schemes but £407k over our BOB CDEL is underspent against plan year to date mainly due to the phasing of estates projects but with planned expenditure to utilised the CDEL element of the plan by the end of the year. Our forecast remains in excess of our CDEL capital allocation but we are expecting that this will be covered by underspending elsewhere in BOB ICS.

1. Income & Expenditure

Mar-24	In Month Act £'m	In Month Plan £'m	In Month Var £'m	YTD Act £'m	YTD Plan £'m	YTD Var £'m	2023/24 Plan £'m
Operating Income	42.4	29.6	12.8	367.2	351.0	16.2	351.0
Elective Recovery Fund	0.3	0.3	0.0	5.3	4.0	1.3	4.0
Donated Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Income	**42.7**	**30.0**	12.8	**372.5**	**355.0**	17.4	**355.0**
Staff In Post	30.6	20.4	(10.2)	243.6	241.2	(2.4)	241.2
Bank Spend	2.6	1.6	(1.0)	26.2	20.3	(5.9)	20.3
Agency Spend	0.6	0.4	(0.2)	8.3	5.1	(3.2)	5.1
Total Pay	**33.9**	**22.4**	**(11.4)**	**278.1**	**266.5**	**(11.5)**	**266.5**
Purchase of Healthcare	2.5	1.5	(1.0)	22.2	20.6	(1.6)	20.6
Drugs	0.5	0.5	(0.1)	6.4	5.4	(1.0)	5.4
Premises	2.0	1.6	(0.4)	17.9	18.5	0.6	18.5
Other Non Pay	2.2	1.5	(0.7)	21.8	17.9	(3.9)	17.9
PFI Lease	0.7	0.7	0.0	8.3	9.0	0.7	9.0
Total Non Pay	**7.9**	**5.7**	**(2.2)**	**76.6**	**71.4**	**(5.2)**	**71.4**
Total Operating Costs	**41.7**	**28.1**	**(13.6)**	**354.7**	**337.9**	**(16.8)**	**337.9**
EBITDA	**1.0**	**1.8**	**(0.8)**	**17.8**	**17.1**	**0.7**	**17.1**
Interest (Net)	0.1	0.2	0.1	6.4	3.0	(3.4)	3.0
Depreciation	0.1	0.9	0.8	10.8	10.7	(0.1)	10.7
Impairments	4.2	0.0	(4.2)	4.4	0.0	(4.4)	0.0
Disposals	(0.0)	0.0	0.0	(0.0)	0.0	0.0	0.0
PDC	(1.3)	0.2	1.5	0.1	2.2	2.1	2.2
Total Financing	**3.1**	**1.3**	**(1.7)**	**21.7**	**15.9**	**(5.8)**	**15.9**
Reported Surplus/ (Deficit)	**(2.1)**	**0.5**	**(2.5)**	**(3.9)**	**1.2**	**(5.1)**	**1.2**
Adjustments	**3.9**	**0.0**	**3.9**	**4.4**	**0.1**	**4.3**	**0.1**
PFI IFRS16 Adjustment	**(0.5)**	**0.0**	**(0.5)**	**3.3**	**0.0**	**3.3**	**0.0**
Adjusted Surplus/ (Deficit)	**1.3**	**0.5**	**0.8**	**3.8**	**1.3**	**2.5**	**1.3**

Key Messages

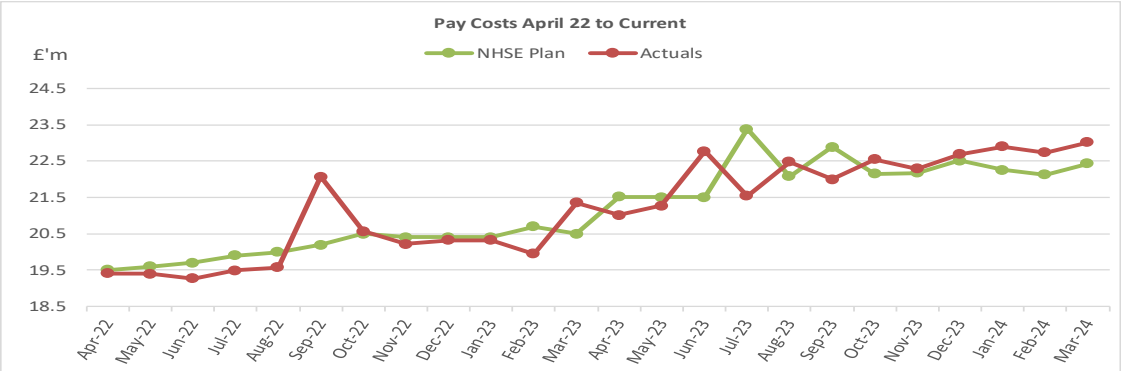
The table above gives the financial performance against the Trust's income and expenditure plan as at 31 March 2024.

At Month 12, the Trust is reporting a £3.8m surplus year to date which is £2.5m better than plan. The surplus year to date is linked to the additional income for elective recovery (£1.3m) and for industrial action (£0.6m). The Trust also has reduced PDC dividend (£427k) and depreciation (£722k) as a result of work on the valuation of the PFI assets has been undertaken as a BOB ICS efficiency project.

Amendments to the accounting treatment of the PFI liabilities which happened at month 9 were resulting in a reduction of £0.4m on the PDC dividend. NHSE has confirmed that Trusts should not expect to retain this benefit and the PFI/ IFRS16 adjustment has been amended to take account of this.

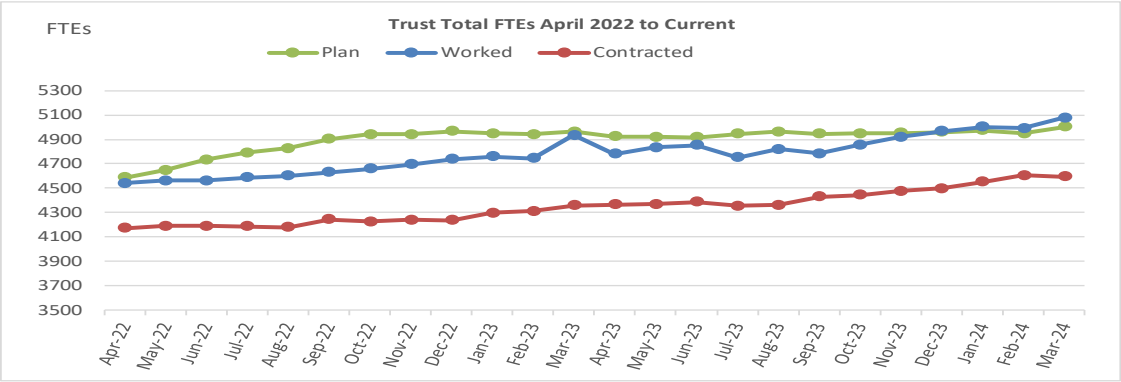
On pay and income the in month variances relate to the to centrally funded pension costs of £10.8m. This is an adjustment that Trusts are required to make at month 12 each year with values being notified to us by NHSE.

Workforce



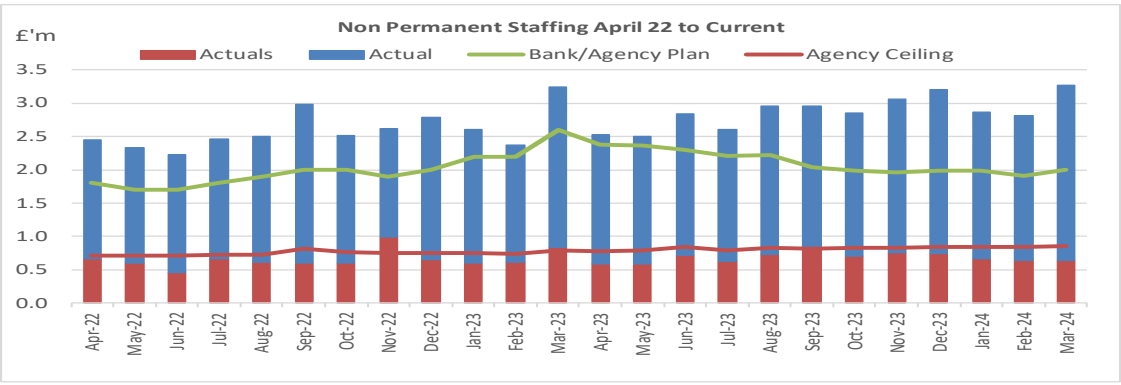
Staff Costs

YTD	£'m
2023/24	267.2
2022/23	241.9
▲	10%
Prior Yr	**£'m**
Mar-24	23.0
Mar-23	21.4
▲	8%



FTE's

Prioir Mth	CFTE	WFTE
Mar-24	4,596	5,078
Feb-24	4,603	4,991
	0% ▼	2% ▲
Prior Yr		
Mar-24	4,596	5,078
Mar-23	4,358	4,935
	5% ▲	3% ▲



Staff Costs

YTD	Bank	Agency
	£'m	£'m
2023/24	23.6	8.3
2022/23	20.7	7.9
	14% ▲	4% ▲
Prior Yr	**£'m**	**£'m**
Mar-24	2.6	0.6
Mar-23	2.4	0.8
	10% ▲	-24% ▼

Key Messages

Pay costs in month were £23m (after adjusting for the central pension costs).

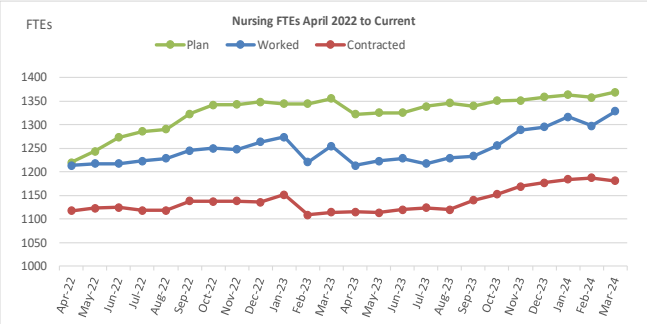
In 2023/24 we offset some vacancies with higher levels of temporary staffing although actuals were much closer to plan than in the previous year, in part due to the work undertaken to align financial and workforce planning. The underspend on substantive staffing has also offset the cost pressure caused by the higher than plan pay award. This pressure arises due to the way that Trusts are funded for pay awards using an average split between pay and non-pay rather than Trust specific splits. The cost pressure is a £1m full year effect offset in part by vacancies in year.

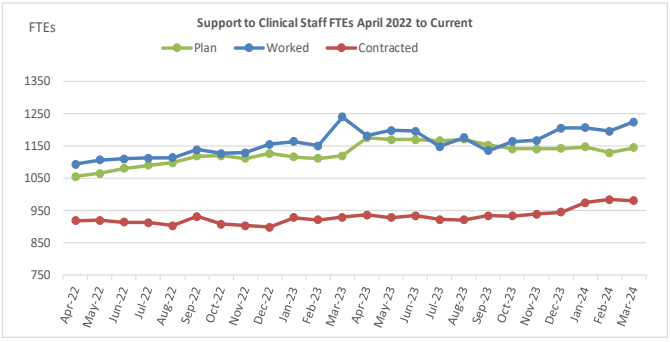
We are operating below the NHSE System Agency Ceiling of 3.7%, currently running at 3.1% of overall pay costs YTD. Agency price cap breaches, although low compared to other trusts, are being reviewed.

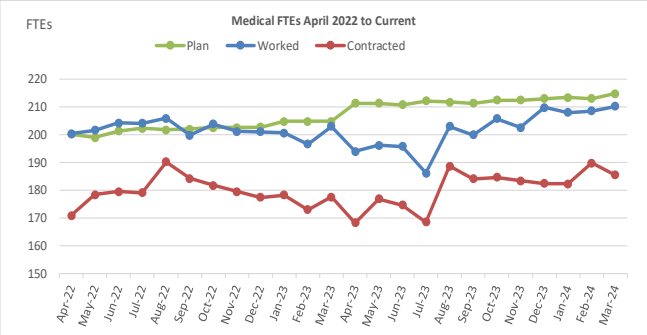
As is usual in month 12, there was increased use of bank to cover annual leave.

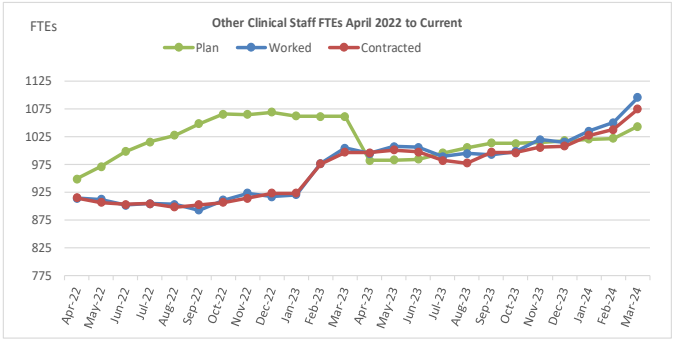
In month, we have seen an decrease in contracted WTEs (8).

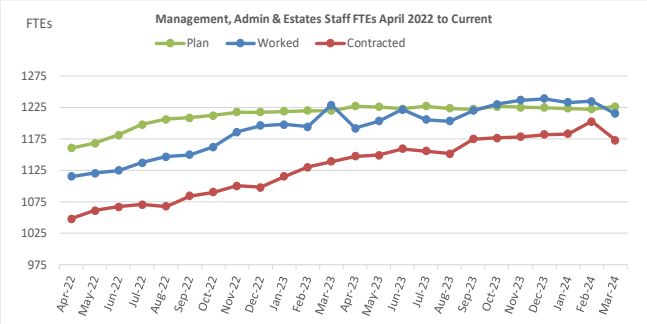
Staff Detail









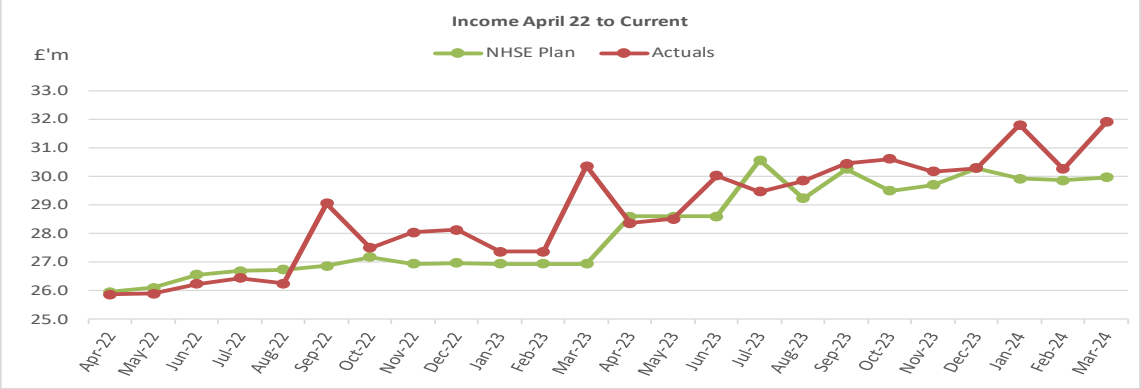


Key Messages

Worked WTE actuals are much closer to plan in 2023/24 than in the previous year due to the reset of control totals at the start of the year.

We are still seeing a gap between worked and contracted WTEs for some graphs which highlights the continued use of agency and bank above planned levels.

Income & Non Pay



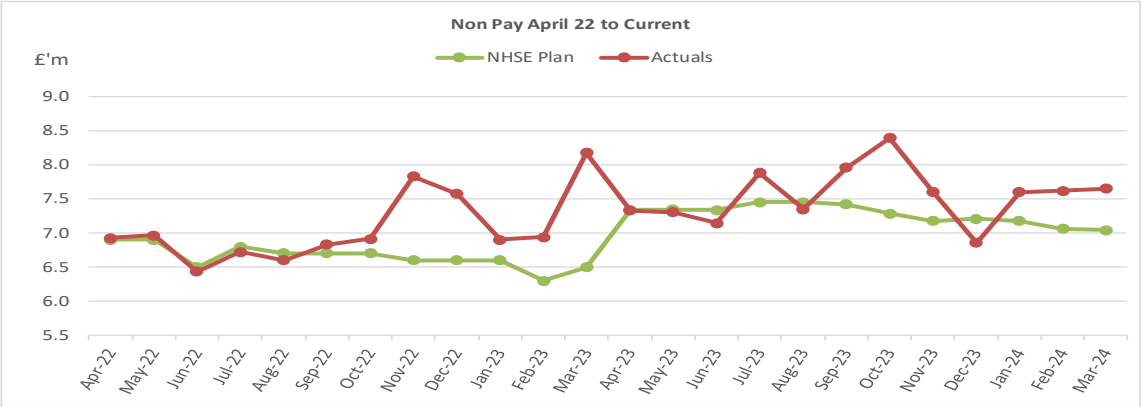
Income	
YTD	£'m
2023/24	361.6
2022/23	328.5
▲	10%
Prior Yr	£'m
Mar-24	31.9
Mar-23	30.4
▲	5%

Key Messages

In response to the impact of industrial action, NHSE have reduced the average level of activity increase required to maintain ERF payments by 4%. As part of the work to improve the forecast outturn of BOB ICB a final position on elective over performance has been agreed with BOB ICB and therefore £1.2m of additional income has been included from month 10, with £0.1m having already been included earlier in the year. The Trust has received additional income of £0.5m from the £800m made available nationally to assist Trusts with the financial challenges caused by industrial action and this is reflected in the year to date position.

We continue to defer investment income as a result of slippage on new recruitment.

The Trust is continuing to benefit from an increase in bank interest rates and has generated £2m year to date in interest over the planned levels.



Non Pay	
YTD	£'m
2023/24	90.7
2022/23	84.8
▲	7%
Prior Yr	£'m
Mar-24	7.6
Mar-23	8.2
▲	-6%

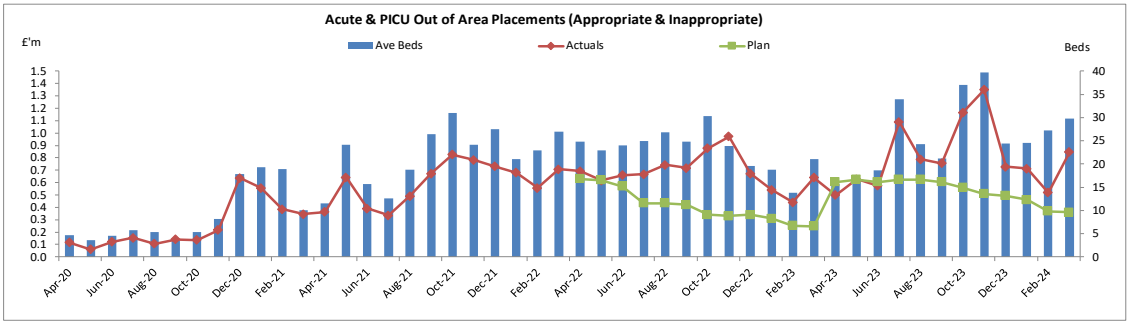
Key Messages

Non Pay spend was £7.6m in month. The chart has been amended to take out the adjustments related to the changes to the accounting treatment of the PFIs under IFRS16.

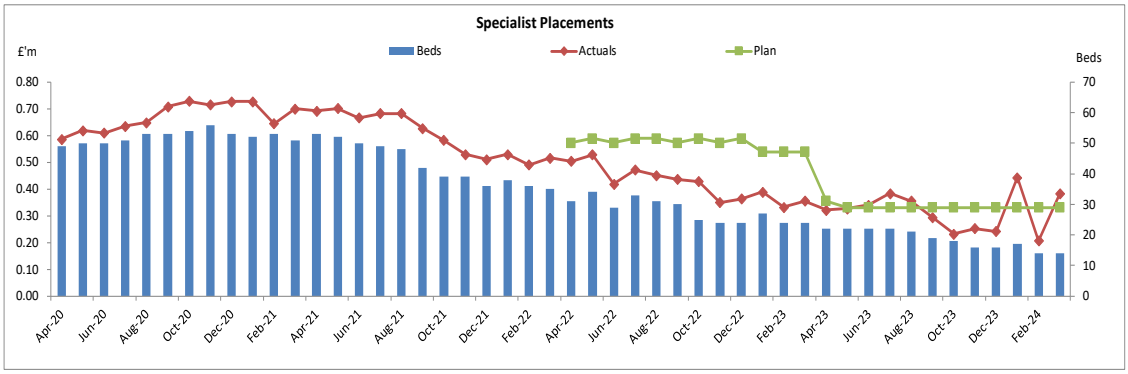
We continue to see some inflationary cost pressures coming through, including a final adjustment to PFI contract values, but these are being managed within our inflation reserve.

We have offset some of the non-pay overspends with balance sheet release which was included in the plan.

Placement Costs



OAPs	
YTD	£'m
2023/24	9.7
2022/23	8.2
▲	*17%*
Prior Yr	£'m
Mar-24	0.8
Mar-23	0.6
▲	*32%*



Specialist Placements	
YTD	£'m
2023/24	3.8
2022/23	5.0
▼	*-25%*
Prior Yr	£'m
Mar-24	0.4
Mar-23	0.4
▲	*8%*

Key Messages

Out of Area Placements. The average number of placements has increased from 27 in February to 30 in March. Analysis highlights that the high level of placements continues to be driven by demand, and that flow through the hospital continues to improve, with more discharges and fewer lost bed days per patient. The monthly costs have increased in month from £0.5m to £0.8m. This is driven in part by high levels of observations, including a single patient who is on 4:1 staffing.

We now have a dedicated clinical lead for the delivery of the bed optimisation programme, and this post has supported improving flow, including through daily bed flow meetings, development of a new bed flow dashboard which has provided improved visibility and locality oversight of admission numbers and LOS and also improved identification and escalation of MOFD/CRFD patients. We have agreed that reducing lost bed days linked to patients who are CRFD as a breakthrough objective and set a very ambitious target of 250 bed days per month. Progress against this target is monitored in QPEG.

We will continue to spot purchase PICU beds where they are clinically required. We continue to have significant demand for PICU beds especially for patients with forensic backgrounds, which do not count as an inappropriate out of area bed against the OAPs trajectory but which do have a financial impact. Several of the patients with very long LOS are patients who were in long term specialist placements but have had to return to an acute or PICU bed due to a deterioration in mental state.

Following a paper to board the acute bed base at PPH has been reduced from 86 to 80 and there are plans to reduce this down to 72 beds from Q3 in 2024/25. These beds will be reprovisioned to provide an overall acute bed base of 90 beds. We currently have 91 made up of 80 at PPH and 11 commissioned on a block booked basis. Additionally, we have 3 male discharge to assess beds to support flow from PHH when patients are CRFD but a placement or support package is delayed.

Specialist Placements. The average number of placements remains at 14. We have incurred some additional costs related to one placement that had been funded by Frimley ICB in error.

Cost Improvement Programme & Elective Recovery

Cost Improvement Scheme	In Month			YTD			Full Year
	Act £000s	Plan £000s	Var £000s	Act £000s	Plan £000s	Var £000s	Plan £000s
OAPs & Specialist Placements	15	291	-276	1,121	2,503	-1,382	2,503
Contract Contribution	134	134	0	1,608	1,608	0	1,608
Additional ICB Stretch	750	750	0	3,055	3,055	0	3,055
Estates Schemes	23	23	0	276	276	0	276
Telephony Project	7	30	-23	130	350	-220	350
Divisional Control Total Alignment - CH	-94	194	-288	1,949	2,331	-382	2,330
Divisional Control Total Alignment - MH	-528	195	-723	-1,167	2,345	-3,511	2,344
Divisional Control Total Alignment - CFAA	946	66	879	3,379	796	2,582	796
Divisional Control Total Alignment - Central Services	430	44	385	3,395	528	2,867	528
Operational Management Team Restructure	28	28	0	336	336	0	336
Total Cost Improvement	**1,711**	**1,756**	**-45**	**14,081**	**14,128**	**-47**	**14,126**

Key Messages

The Trust's initial financial plan included £12m of CIPs to get to a £2m deficit, but following further work within BOB ICB, it was agreed that the Trust would move to a breakeven position which required additional CIPs of £2m to be added to the programme. The Trust has subsequently agreed to deliver a £3.8m surplus on receipt of additional funding.

The total value of the cost improvement programme was delivered in 2023/24. There were some variances in divisional control totals which we are reflecting as over or under achievement of CIPs offsetting in part the under achievement related to OAPs.

The schemes listed as divisional control total alignment relate primarily to pay costs and are centred around new ways of working, upskilling, leadership, skill-mix, service design and recruitment and retention throughout all services.

The under-delivery within the Mental Health Division relates to staffing for inpatients services and medical staffing costs. Further work is planned for the new year to review the drivers of the overspend and implement remedial action and reset for the 24/25 plan.

The telephony project is now showing an under delivery linked to higher than anticipated activity.

Contract Contribution includes schemes are where additional income contribution is being earned in year but is not being offset by additional costs. It also includes any smaller, generally Non-NHS contracts where action is underway to bring expenditure back in line with contract values.

ERF

As at month 12, the Trust is reporting a £1.3m YTD over performance on elective recovery within BOB ICS. This is based on the final agreement with BOB ICB regarding payment for overperformance for the year. The actual over performance year to date is given in the table below.

ERF Performance against target	March	
	Activity	Value £
Target	6,724	1,289,132
Actual	6,635	1,740,451
Variance	-89	451,319
Cumulative		**3,607,968**

Elective Recovery activity includes all physical health first outpatient appointments assessed against the 2019/20 baseline with a target improvement of 10%. The Trust's contract with Frimley ICB does not include any funding for elective recovery.

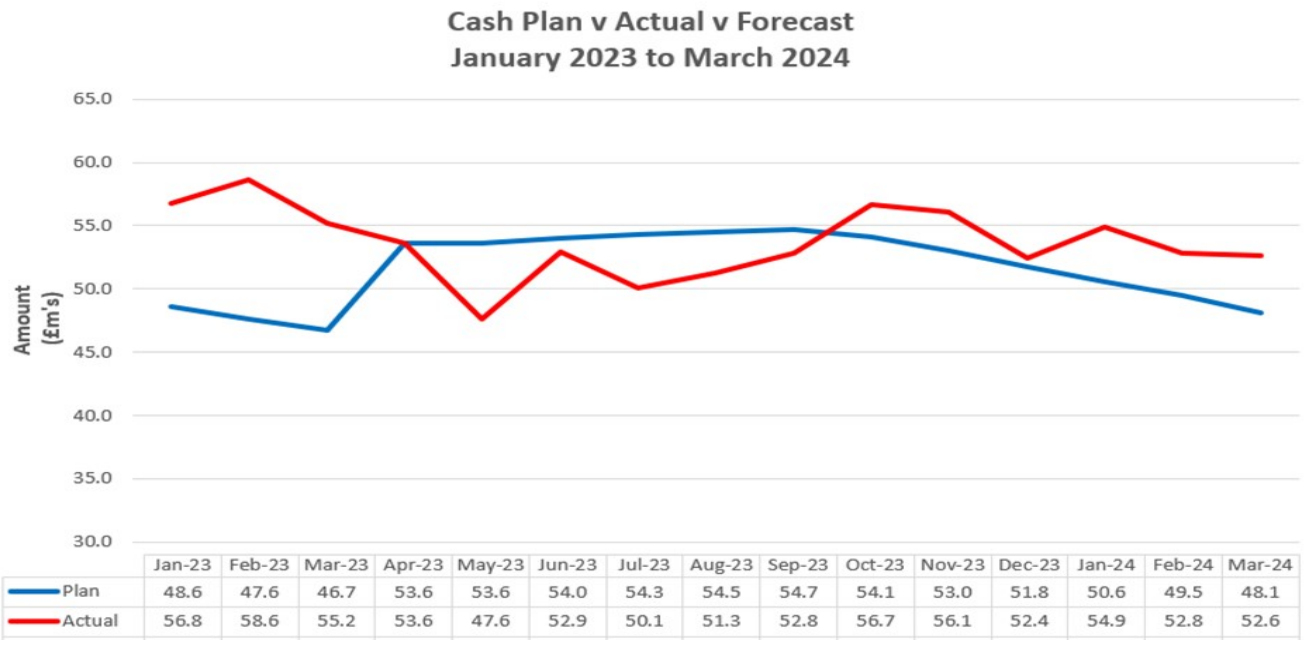
2. Balance Sheet & Cash

	22/23 Actual (Audited) £'m	Current Month Act £'m	Current Month Plan £'m	Current Month Var £'m	YTD Act £'m	YTD Plan £'m	YTD Var £'m
Intangibles	4.0	1.8	3.9	(2.1)	1.8	3.9	(2.1)
Property, Plant & Equipment (non PFI)	45.6	34.1	49.0	(14.9)	34.1	49.0	(14.9)
Property, Plant & Equipment (PFI)	72.1	43.5	73.1	(29.6)	43.5	73.1	(29.6)
Property, Plant & Equipment (RoU Asset)	15.5	15.2	14.2	1.0	15.2	14.2	1.0
Receivables	0.2	0.2	0.2	0.0	0.2	0.2	0.0
Total Non Current Assets	**137.4**	**94.8**	**140.4**	**(45.6)**	**94.8**	**140.4**	**(45.6)**
Trade Receivables & Accruals	18.9	12.0	18.7	(6.7)	12.0	18.7	(6.7)
Other Receivables	0.3	0.3	0.3	0.0	0.3	0.3	0.0
Cash	55.2	52.6	48.1	4.5	52.6	48.1	4.5
Trade Payables & Accruals	(48.2)	(38.0)	(44.3)	6.3	(38.0)	(44.3)	6.3
Borrowings (PFI and RoU Lease Liability)	(4.2)	(6.2)	(4.1)	(2.1)	(6.2)	(4.1)	(2.1)
Other Current Payables	(11.8)	(12.6)	(12.2)	(0.4)	(12.6)	(12.2)	(0.4)
Total Net Current Assets / (Liabilities)	**10.2**	**8.1**	**6.5**	**1.6**	**8.1**	**6.5**	**1.6**
Non Current Borrowings (PFI and RoU Lease Liability)	(34.8)	(54.9)	(33.2)	(21.7)	(54.9)	(33.2)	(21.7)
Other Non Current Payables	(2.0)	(1.7)	(2.0)	0.3	(1.7)	(2.0)	0.3
Total Net Assets	**110.8**	**46.3**	**111.7**	**(65.4)**	**46.3**	**111.7**	**(65.4)**
Income & Expenditure Reserve	31.6	7.7	33.4	(25.7)	7.7	33.4	(25.7)
Public Dividend Capital Reserve	21.1	21.4	21.1	0.3	21.4	21.1	0.3
Revaluation Reserve	58.0	17.2	57.2	(40.0)	17.2	57.2	(40.0)
Total Taxpayers Equity	**110.8**	**46.3**	**111.7**	**(65.4)**	**46.3**	**111.7**	**(65.4)**

Key Messages

There are some variance to plan on the balance sheet. On Non Current Borrowings there has been a change of accounting treatment with the NHS adopting IFRS16 for PFI liabilities from month 9. This increases the PFI lease liability. This also impacts on the I&E reserve. This happened at month 9.

At month 12 we have had the final valuations for our PPE which has reduced in value. In part this is due to the work we have done to review how the PFI estate is valued and this reduction can be seen on both the PPE (PFI) line for the buildings and on the PPE (non PFI) for the land.



	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Plan	48.6	47.6	46.7	53.6	53.6	54.0	54.3	54.5	54.7	54.1	53.0	51.8	50.6	49.5	48.1
Actual	56.8	58.6	55.2	53.6	47.6	52.9	50.1	51.3	52.8	56.7	56.1	52.4	54.9	52.8	52.6

3. Capital Expenditure

Schemes	Current Month			Year to Date			FY	Forecast
	Actual £'000	Plan £'000	Variance £'000	Actual £'000	Plan £'000	Variance £'000	Plan £'000	Outturn £'000
Estates Maintenance & Replacement Expenditure								
25 Erleigh Road Upgrades - Internal & External	97	0	97	143	250	(107)	250	143
General Upgrades & Damp Issues CHH	121	0	121	204	250	(46)	250	204
Wokingham Reprovision - Move from Old Forge	0	0	0	307	200	107	200	307
Bariatric Facilities Wokingham	33	0	33	254	230	24	230	254
Leased Non Commercial (NHSPS) Other projects	175	0	175	489	356	133	235	489
HQ Relocation/MSK Relocation - AV	0	0	0	157	121	36	121	157
Resource House, Denmark Street	1	0	1	854	800	54	800	854
Environment & Sustainability	241	52	189	478	450	28	450	478
Service change/redesign	0	44	(44)	0	244	(244)	244	0
Various All Sites	266	30	236	395	515	(120)	515	395
Statutory Compliance	210	10	200	290	390	(100)	390	290
Subtotal Estates Maintenance & Replacement	**1,143**	**136**	**1,007**	**3,571**	**3,806**	**(234)**	**3,685**	**3,571**
IM&T Expenditure								
Business Intelligence and Reporting	29	10	19	58	120	(62)	120	58
Hardware Purchases - Refresh & Replacement	1,499	773	726	5,366	4,677	689	4,677	5,366
Digital Strategy incl. EMIS and ePMA re-tender	396	123	273	567	733	(166)	733	567
RiO Re-procurement	0	25	(25)	0	300	(300)	300	0
Subtotal IM&T Expenditure	**1,924**	**931**	**993**	**5,991**	**5,830**	**161**	**5,830**	**5,991**
Subtotal CapEx Within Control Total	**3,068**	**1,067**	**2,001**	**9,562**	**9,636**	**(73)**	**9,515**	**9,562**
CapEx Expenditure Outside of Control Total								
Low Carbon Heating System WBCH	0	204	(204)	0	610	(610)	610	0
PPH 'Place of Safety'	1	335	(334)	1	1,850	(1,849)	1,850	1
Statutory Compliance	32	10	22	80	110	(30)	110	80
Environment & Sustainability / Zero Carbon	0	17	(17)	0	150	(150)	150	0
Other PFI projects	51	25	26	62	155	(93)	155	62
Garden Renovation – Wokingham Hospital (Donated)	11	0	11	22	0	22	0	22
Subtotal Capex Outside of Control Totals	**96**	**591**	**(495)**	**165**	**2,875**	**(2,710)**	**2,875**	**165**
Central Funding								
Cyber Security	0	0	(0)	265	0	265	0	265
Sub Total Central Funding Outside of Control Totals	**0**	**0**	**(0)**	**265**	**0**	**265**	**0**	**265**
Total Capital Expenditure	**3,163**	**1,658**	**1,505**	**9,992**	**12,511**	**(2,519)**	**12,390**	**9,992**

Key Messages

Spend for the year is £0.1m below plan for schemes within the CDEL control total. Estate was underspend by £0.23m which was partly offset by overspend in IM&T schemes of £0.16m. Estates were able to deliver majority of the planned work and where slippages were identified, other smaller projects were added and completed. There was delay in delivery of Estate vans and issues with supplier impacted the completion of 25 Erleigh Road Upgrade work, which was outside Estate control and contributed to the underspend. The IM&T Refresh & replacement programme has been delivered as planned with additional spend approved from unutilised budget in other schemes. IM&T Additional Hardware expenditure is driven by user demand which continues to exceed allocated budget driven by higher staffing numbers and an increase in part-time staff. Part of the EMIS and ePMA re-tender costs has now moved to next year. RiO Re-procurement project has also moved to next year and the cost is expected to be charged mainly to revenue.

The Trust on received £9,155k CDEL from the ICB but it is expected that underspends at other Trusts will offset the overspend.

NHSE has also updated its approach regarding IFRS16 with CDEL allocations being uplifted for ICSs based on planning requirements. We have some new leases which were not captured in the plan for which CDEL cover from the ICS will also now be required.

The Place of Safety scheme which was due to commence and complete in year will now not complete until Autumn 2024/25. This is due the additional work being undertaken in order to finalise the application for the Deed of Variation which has now been issued to the PFI funding provider and which we expect to have approval of towards the end of the calendar year. The forecast outturn for this project has now been adjusted to reflect the delay.

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper Meeting Paper

Board Meeting Date	14th May 2024
Title	**True North Performance Scorecard Month 12 (March 2024) 2023/24**
	The Board is asked to note the True North Scorecard.
Reason for the Report going to the Trust Board	To provide the Board with the True North Performance Scorecard, aligning divisional driver metric focus to corporate level (Executive and Board) improvement accountability against our True North ambitions, and Quality Improvement (QI) break through objectives for 2023/24.
Business Area	Trust-wide Performance
Author	Chief Financial Officer
Relevant Strategic Objectives	The True North Performance scorecard consolidates metrics across all domains. To provide safe, clinically effective services that meet the assessed needs of patients, improve their experience and outcome of care, and consistently meet or exceed the standards of Care Quality Commission (CQC) and other stakeholders. **Patient safety** **Ambition:** We will reduce waiting times and harm risk for our patients **Patient experience and voice** **Ambition:** We will leverage our patient experience and voice to inform improvement **Health inequalities**

	Ambition: We will reduce health inequalities for our most vulnerable patients and communities **Workforce** **Ambition:** We will make the Trust a great place to work for everyone **Efficient use of resources** **Ambition:** We will use our resources efficiently and focus investment to increase long term value

True North Performance Scorecard Highlight Report – March 2024

The True North Performance Scorecard for Month 12 2023/24 (March 2024) is included. Performance business rule exceptions, red rated with the True North domain in brackets.

The business-based rules and definitions are included, along with an explanation of Statistical Process Control (SPC) Charts, which are used to support the presentation of Breakthrough metrics

Breakthrough and Driver Metrics

- Self-harm Incidents on Mental Health Inpatient Wards (excluding Learning Disability) **(Harm free Care) –** at 62 against a target of 61.
    - One challenging patient on Daisy ward has contributed 38 incidents. Changes to the risk model are being introduced. As the metric has been green for 11 months, this will be retired for 24/25 to a tracker.
- Clinically Ready for Discharge by Wards including Out of Area Placements (OAPs) (Mental Health) – **(Patient Experience)** – a new indicator for 2023/24, is at 353 against a 250-bed day target.
    - An increase since February, but below the mean. March saw 19 discharges of patients declared fit to leave. Reading were the highest contributor and the two older adult wards contributing 135 lost bed days.
- Bed Days Occupied by Patients who are Discharge Ready (Community Physical Health) – **(Patient Experience)** – a new indicator for 2023/24, is at 665 against a 500-bed day target.
    - In March 88 patients contributed to the delays of which 70 were discharged. Six patients stayed over 21 days accounting for 167 lost bed days compared to 23 in November.

The following Breakthrough metric is Green and are performing better than agreed trajectories or plan.

- Restrictive Interventions **(Harm Free Care)** – 172 against a target to be confirmed.
    - A new indicator that is being developed and a target will be available for the next report.
- Physical Assaults on Staff **(Supporting our Staff)** – 34 against a target of 44.
    - Remains a key focus at the site. The team are focusing on top contributors, Rowan ward, Snowdrop and Sorrel. The work with the Police is having an impact on incidents being reported and followed up.

Driver Metrics

The following metrics are Red and not performing to plan.

- I Want Great Care Positive Score **(Patient Experience)** – at 94.5% against a 95% target.
- I Want Great Care Compliance Rate **(Patient Experience)** – at 5.8% against a 10% target.
- Inappropriate Out of Area Placements (OAPs) (Mental Health) – **(Patient Experience)** – at 373 against a 0 quarterly bed day target.

- Impacted by continuing levels of high demand coupled with higher levels of bed occupancy and lost bed-days. The division are reprofiling for 2024/25 based on a shift to active patients rather than bed days.

The following metrics are Green and are performing better than agreed trajectories or plan.

- Staff turnover **(Supporting our Staff)** – 12.28% against a 14% target by March 2024.
- Year to Date Variance from Control Total **(Efficient Use of Resources)** -£2.47m better than plan.

Tracker Metrics

- Community Inpatient Occupancy **(Efficient Use of Resources)** – at 90.3% against a target of 80-85%.
- Mental Health Acute Occupancy rate (excluding home leave) **(Efficient Use of Resources)** – at 99.4% against an 85% target. Red for 12 months.
- Mental Health: Acute Average Length of Stay (bed days) **(Efficient Use of Resources)** – reduced to 36 days against a target of 30 days. Red for 12 months.
- Meticillin-susceptible Staphylococcus Aureus (MSSA) bacteraemias year to date **(Regulatory Compliance)** – 1 for the year to date, with one incident in May 2023.
- People with Common Mental Health Conditions Referred to Talking Therapies Completing a Course of Treatment Moving to Recovery - **(Regulatory Compliance)** – at 48.25%, below the 50% target.
- Sickness rate **(Regulatory Compliance)** – red at 4.1% against a target of 3.5%.
- Children and Young People (CYP) referred for an assessment or treatment of an Eating Disorder will access NICE treatment <4 weeks (Routine) **(Regulatory Compliance)** – red at 60% against a 95% target.
- Patient Safety Alerts not completed to deadline **(Regulatory Compliance)** – 1 incident against a target of 0.

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

True North Performance Scorecard – Business Rules & Definitions

The following metrics are defined as and associated business rules applied to the True North Performance Scorecard:

Driver - True North / break through objective that has been prioritised by the organisation as its area of focus	**Tracker Level 1-** metrics that have an impact due to regulatory compliance	**Tracker -** important metrics that require oversight but not focus at this stage in our performance methodology

Rule #	Metric	Business Rule	Meeting Action
1	**Driver** is **Green** in current reporting period	Share success and move on	**No action** required
2	**Driver** is **Red** in current reporting period	Share top **contributing reason**, the amount this contributor impacts the metric, and **summary of initial action(s)** being taken	Standard structured **verbal** update
3	**Driver** is **Red** for **2+** reporting periods	Produce full structured **countermeasure summary**	Present full written **countermeasure analysis and summary**
4	**Driver** is **Green** for **6** reporting periods	Retire to **Tracker** level status	Standard structured **verbal** update and retire to **Tracker**
5	**Tracker 1 (or Tracker)** is **Green** in current reporting period	**No action** required	**No action** required
6	**Tracker** is **Red** in current reporting period	Note metric performance and move on unless they are a **Tracker Level 1**	If **Tracker Level 1,** then structured **verbal** update
7	**Tracker** is **Red** for **4** reporting periods	Switch to **Driver** metric	Switch and replace to **Driver** metric (decide on how to make capacity i.e. which **Driver** can be a **Tracker**)

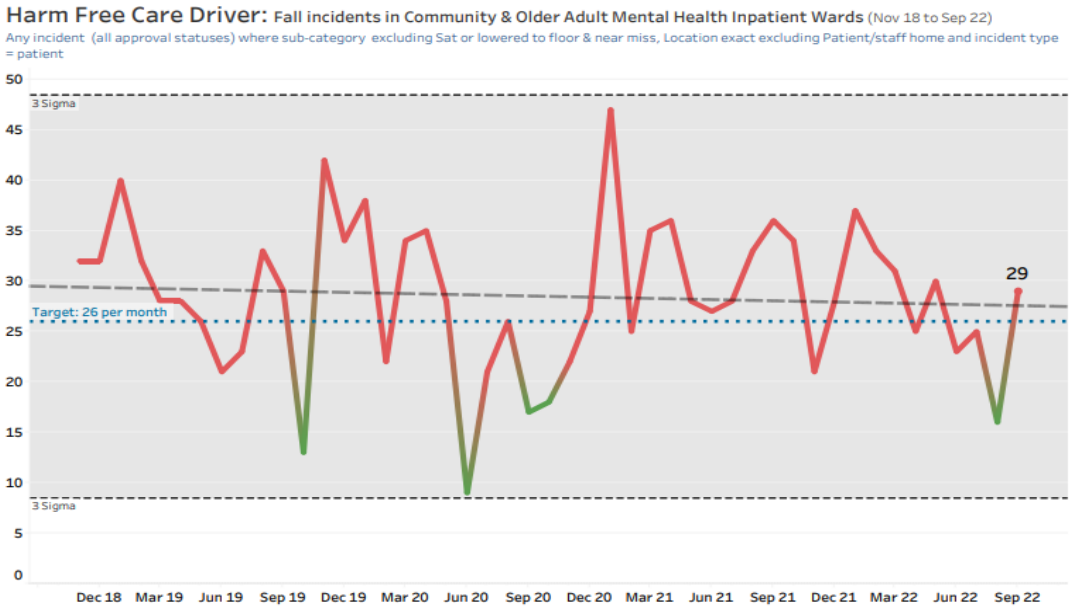
Business Rules for Statistical Process Control (SPC) Charts

Why Use SPC Charts

We intend to use SPC charts to gain a better understanding about what our data is telling us. We can use this understanding to support making improvements. It will ensure we don't overreact to normal variation within a system.

Components of an SPC Chart

The charts have the following components with an example below:



- A target line (the blue dotted line)
- A longer series of data points
- Upper Control Limit (UCL) to 3 Sigma
- Lower Control Limit (LCL) to 3 Sigma
    - These process limits (UCL & LCL) are defined by our data and calculated automatically. If nothing changes with the process, we can expect 99% of data points to be within these limits. They tell us what our system is capable of delivering. Our data will vary around these process limits. It provides a context for targeting improvement.

Variation

There are 2 types of variation:

1. Common cause variation, which is 'normal' variation (within the UCL & LCL)
2. Special cause variation (or unusual variation) which is something outside of the normal variation and outside of the process control limits (UCL & LCL)

Rules

- A series of 6 or more data points above or below the target is statistically relevant. It indicates that something in process has changed.
- A trend: either rising or falling of more than 6 data points – we should investigate what has happened.
    - We should reset baseline following a run of 6 data points (either up or down).
- Follow the True North Performance business rules for other metric actions.

Performance Scorecard - True North Drivers

Harm Free Care

Metric	Target	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Breakthrough Self-Harm Incidents on Mental Health Inpatient Wards (ex LD)	61 per month	22	24	19	55	37	43	53	28	17	27	39	62
Breakthrough Restrictive Interventions	TBC	337	409	324	320	301	246	294	198	196	160	200	172

Patient Experience

		Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
IWGC Positive Score %	95% compliance from April 22	94.0%	94.2%	94.1%	95.2%	95.2%	94.3%	93.3%	94.3%	94%	94.7%	94.0%	94.5%
IWGC Compliance %	10% compliance	2.6%	3.3%	3.7%	3.5%	4.2%	3.3%	3.6%	3.2%	2.7%	3.3%	3.5%	3.2%

		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Breakthrough Clinically Ready for Discharge by Wards MH (including OAPS)	250 bed days	468	484	565	712	460	348	465	390	559	371	268	353

		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Breakthrough Bed days occupied by patients who are discharge ready Community	500 bed days	583	799	876	823	768	731	895	783	741	850	756	665

Performance Scorecard - True North Drivers

Supporting our Staff

Metric	Target1	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Breakthrough Physical Assaults on Staff	44 per month	78	45	59	70	61	52	50	73	106	60	64	34
Staff turnover (excluding fixed term posts)	<=16% per month, 14% by March 2024, 13% by March 2025, 12% by March 26	15.85%	14.87%	14.54%	14.35%	14.09%	13.63%	13.42%	13.03%	12.87%	12.33%	12.83%	12.28%

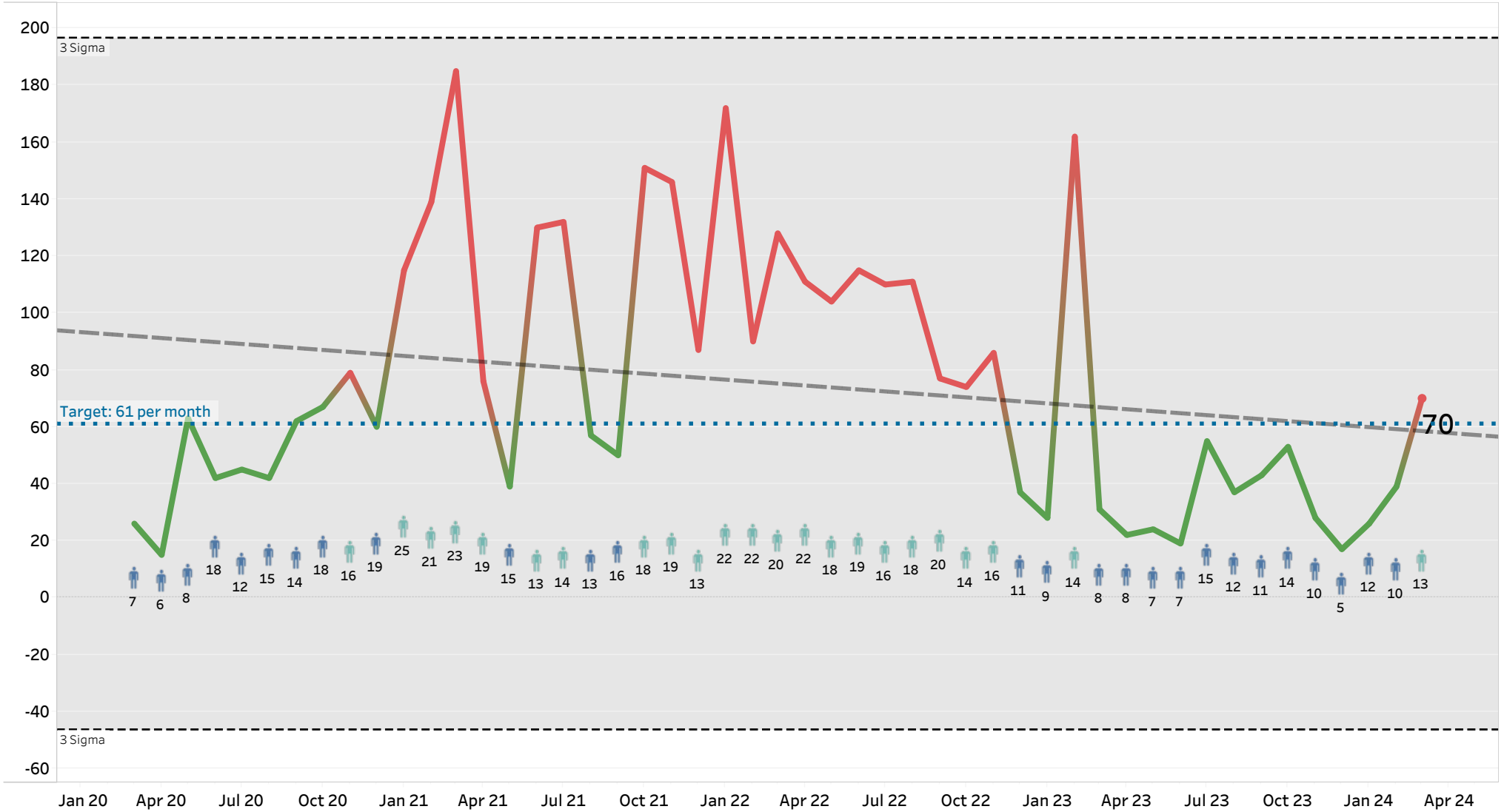
Efficient Use of Resources

YTD variance from control total (£'k) (Subject to Audit)	1.3m	-261	-441	-805	-1116	-1430	-1983	-1492	-1459	-1712	-1914	-1648	-2476

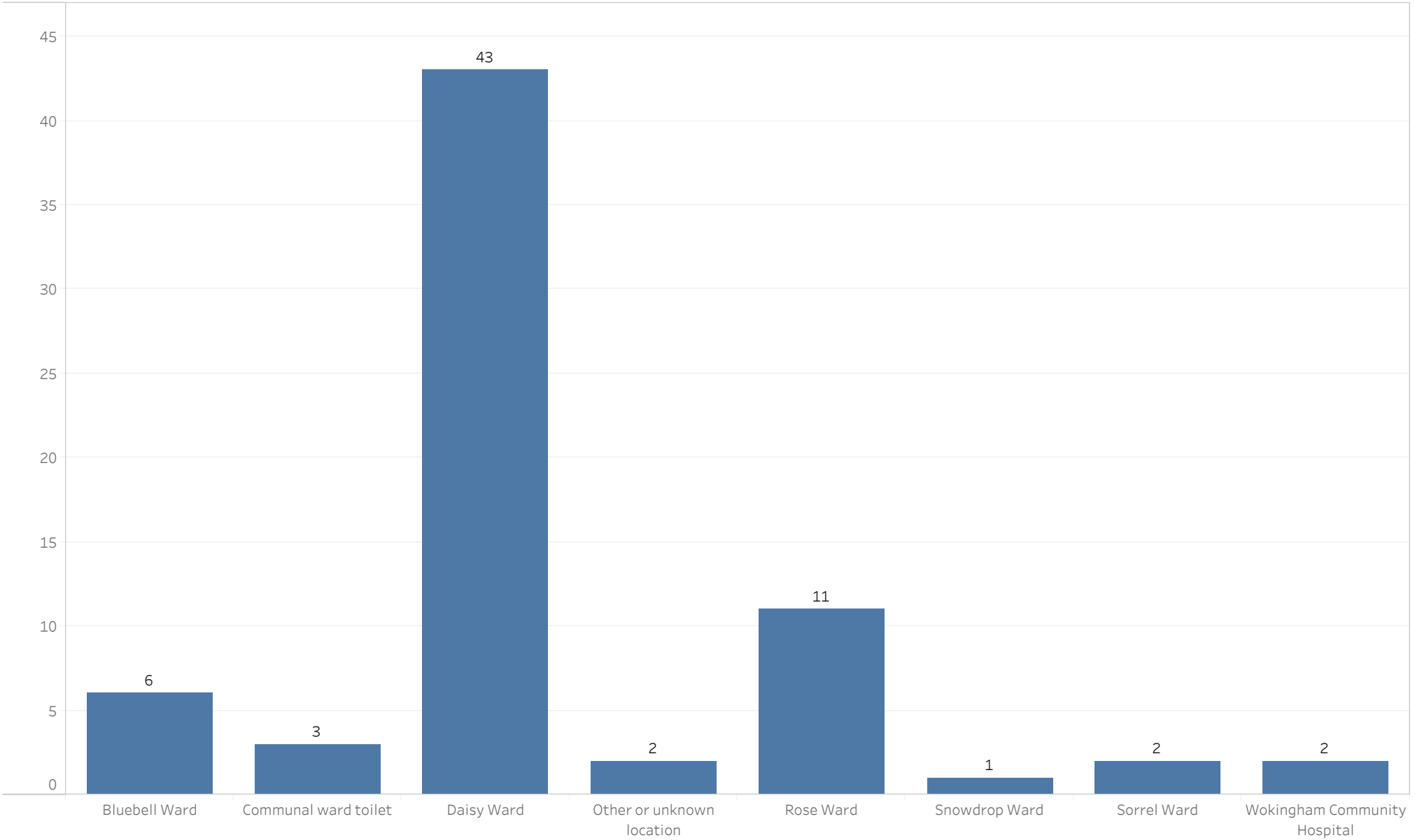
		Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Inappropriate Out of Area Placements	0 Cumulative Total Q4 2023/24	110	144	180	327	633	786	350	834	975	50	185	373

Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards (excluding LD) (Mar 20 to Mar 24)

Any incident (all approval statuses) where category = self harm

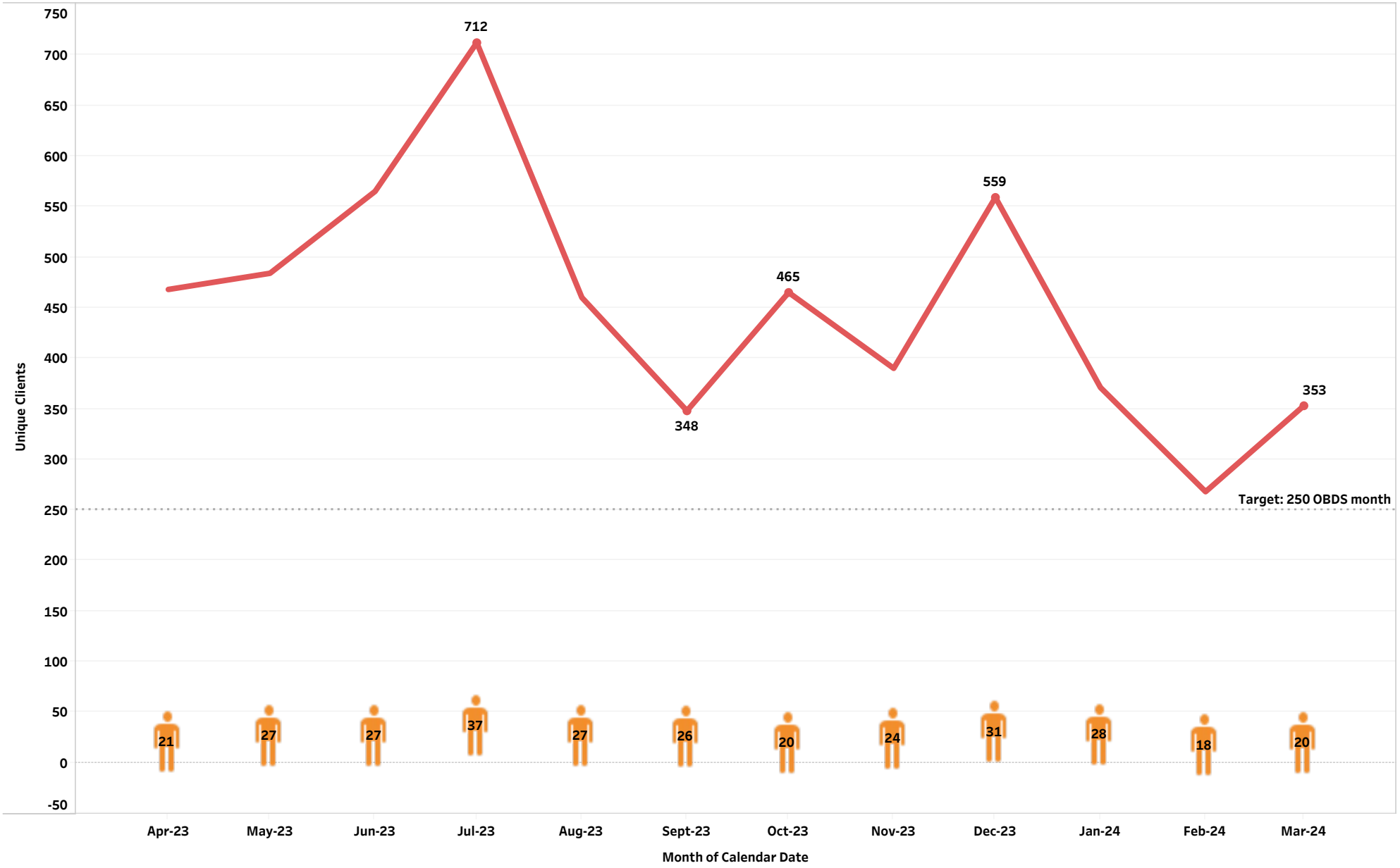


Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards (excluding LD) by location (March 2023)



Patient Experience: Breakthrough Clinically Ready for Discharge by Wards MH (Including OAPS) (April 2023- March 2024)

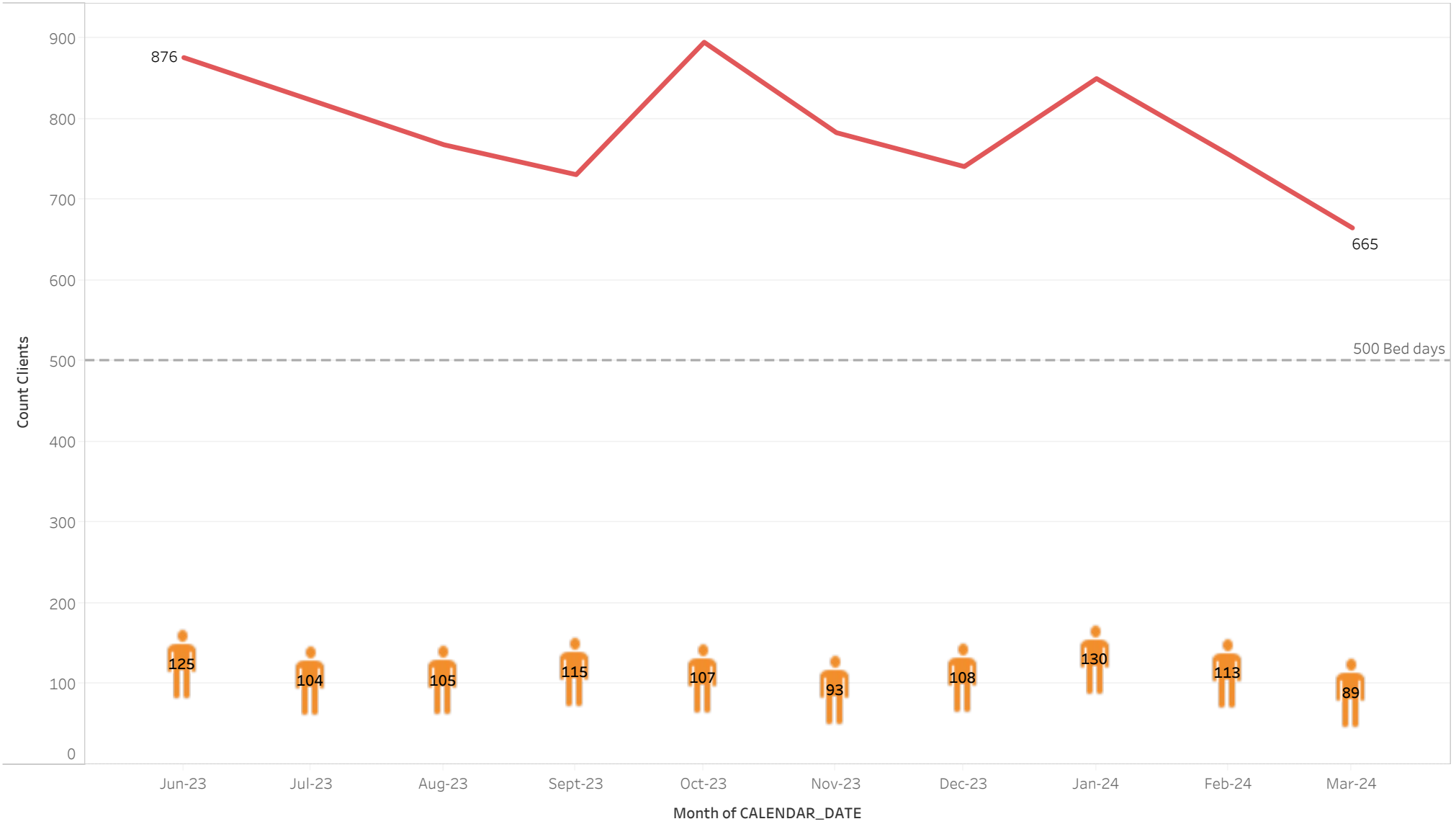
All Mental Health wards excludes Campion ward (Learning Disability)



Patient Experience: Breakthrough Bed days occupied by patients who are discharge ready Community

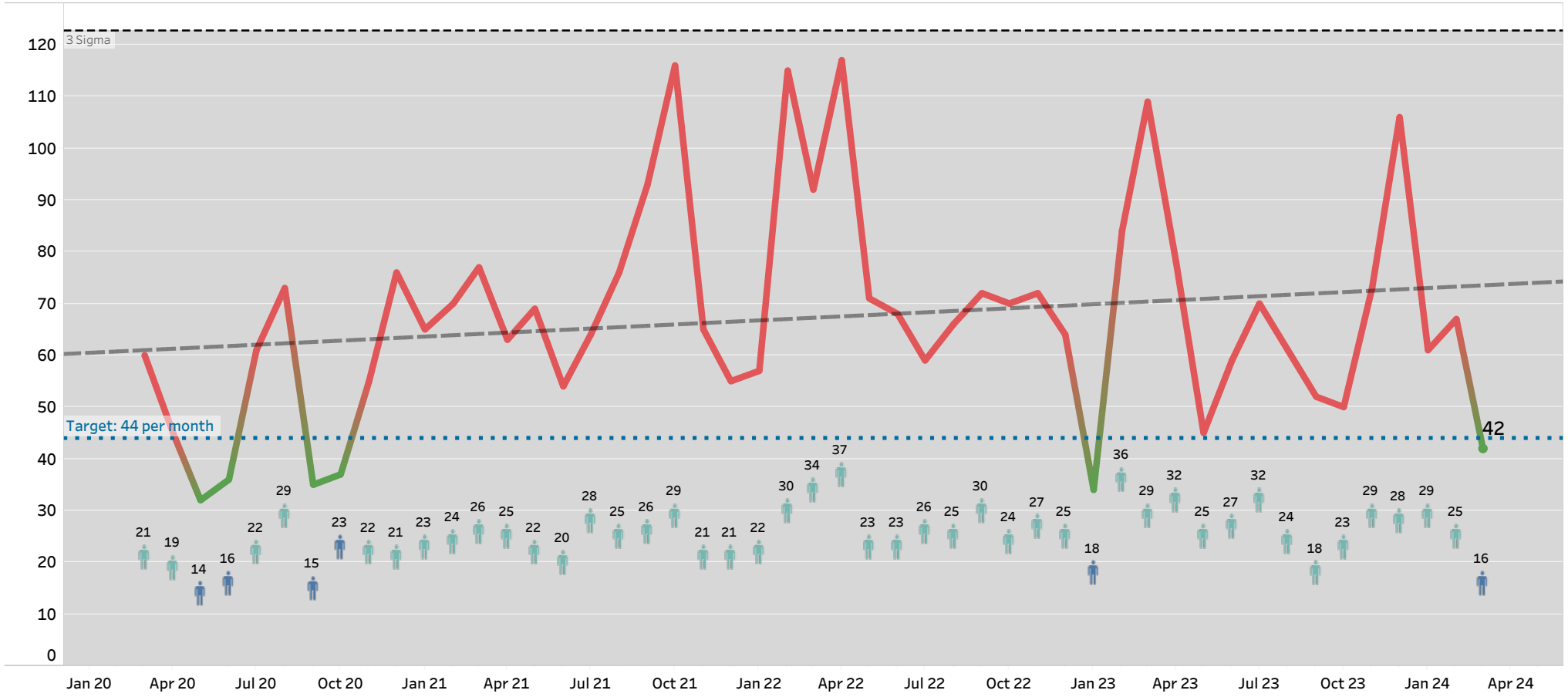
(Jun 2023- March 2024)

All Community health wards

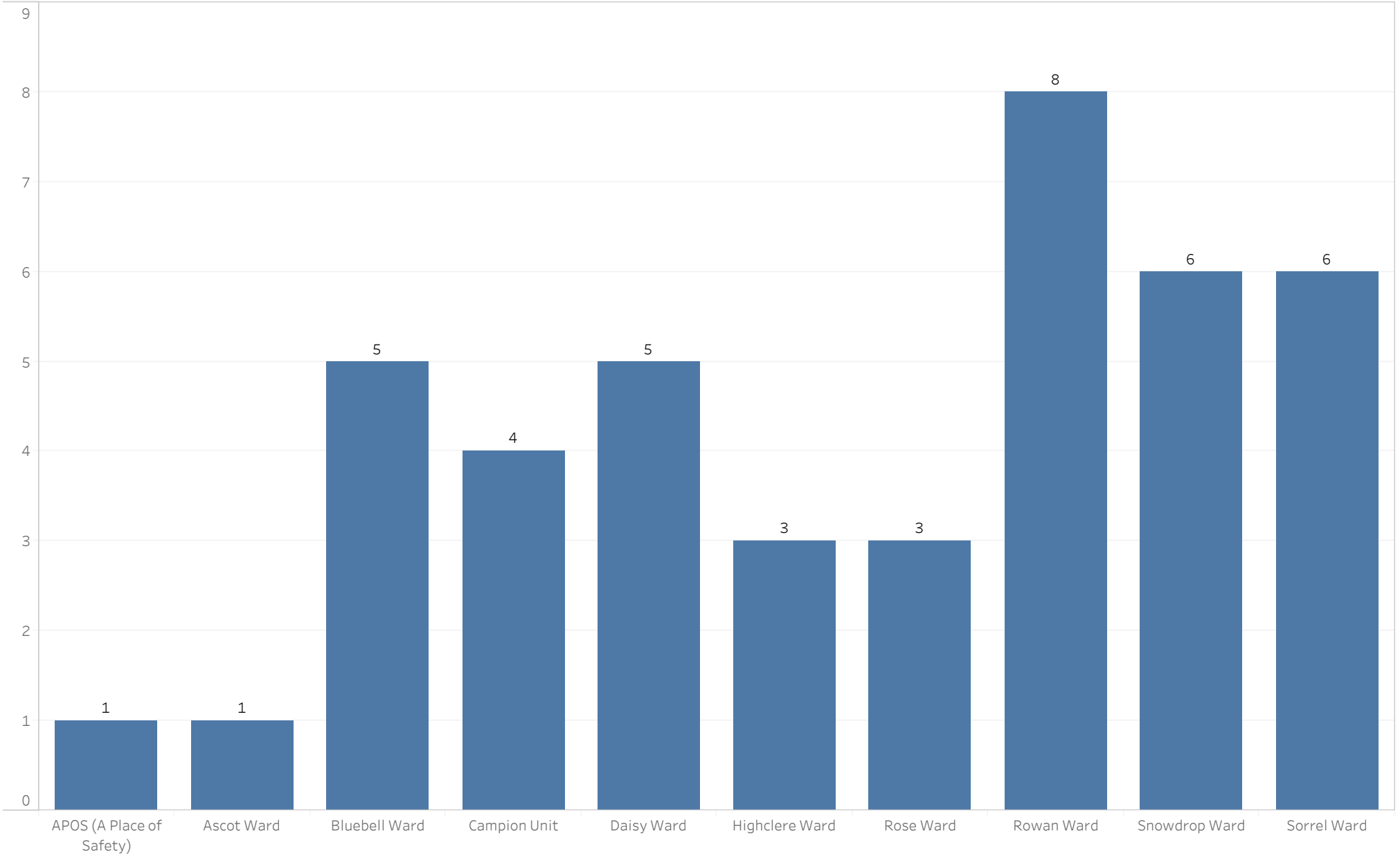


Supporting Our Staff Driver: Physical Assaults on Staff (Mar 20 to Mar 24)

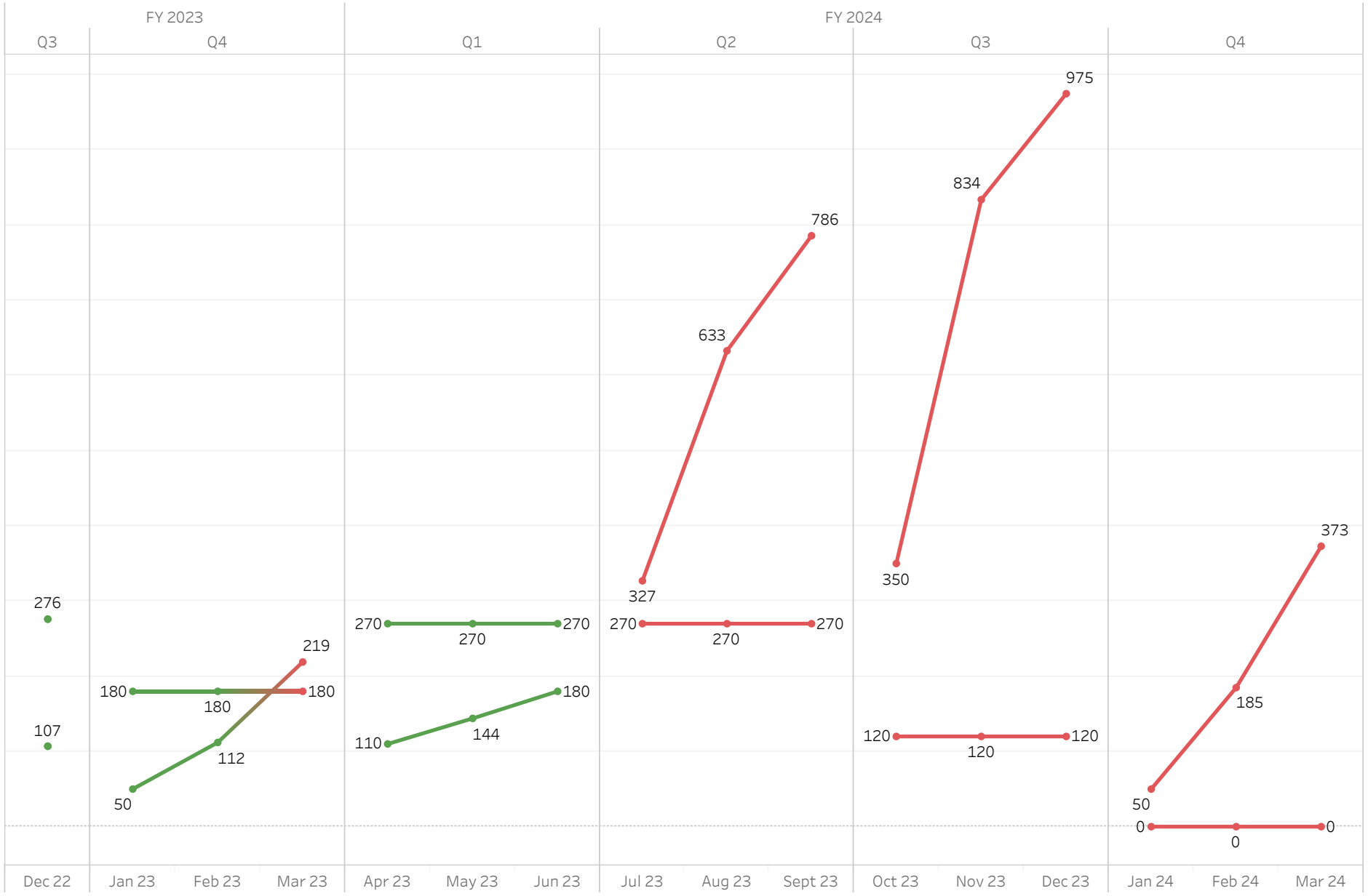
Any incident where sub-category = assault by patient and incident type = staff



Supporting Our Staff Driver: Physical Assaults on Staff by Location (March 2024)



Efficient Use of Resources Driver: Inappropriate Out of Area Placements



True North Supporting Our Staff Summary

Tracker Metrics

		Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Statutory Training: Fire: %	90% compliance	93.0%	94.1%	94.3%	94.2%	93.5%	93.1%	93.4%	94.0%	93.9%	93.9%	93.5%	93.5%
Statutory Training: Health & Safety: %	90% compliance	95.9%	95.9%	96.4%	96.4%	96.3%	96.4%	96.5%	96.4%	96.5%	96.4%	96.6%	96.7%
Statutory Training: Manual Handling: %	90% compliance	94.5%	93.2%	94.0%	94.3%	94.3%	93.4%	93.4%	93.7%	93.0%	93.3%	93.0%	92.2%
Mandatory Training: Information Governance: %	95% compliance from April 22	97.4%	97.7%	98.0%	98.2%	97.7%	97.4%	97.5%	97.6%	97.4%	97.5%	97.1%	96.7%

True North Patient Experience Summary

		Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Mental Health: Prone (Face Down) Restraint	4 per month	3	2	1	3	3	1	0	2	1	3	1	4
Patient on Patient Assaults (MH)	25 per month	22	15	21	10	12	11	8	10	14	9	14	18
Health Visiting: New Birth Visits Within 14 days: %	90% compliance	77.6%	76.7%	88.4%	86.8%	90.0%	88.8%	84.6%	86.5%	89.2%	81.6%	91.4%	86.1%
Mental Health: Uses of Seclusion	13 in month	5	12	4	10	10	4	6	6	14	12	10	5

		Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Falls incidents in Community & Older Adult Mental Health Inpatient Wards	26 per month	27	23	25	24	21	26	28	24	29	24	31	25
Physical Health Checks 7 Parameters for people with severe mental illness (SMI)	85%	87%	84%	85%	85%	86%	90%	87%	90%	91%	91%	92%	96%

True North Harm Free Care Summary

Tracker Metrics

Metric	Threshold / Target	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Mental Health: AWOLs on MHA Section	10 per month from April 2022	6	11	4	7	10	7	5	2	3	6	7	3
Mental Health: Absconsions on MHA section (Excl: Failure to return)	8 per month	2	0	2	4	2	3	7	0	0	1	1	1
Mental Health: Readmission Rate within 28 days: %	<8% per month	2.90	5.70	4.04	3.89	1.35	10.2	1.42	1.40	0	3.03	3.37	4
Patient on Patient Assaults (LD)	4 per month	0	1	2	2	1	1	2	2	5	1	0	0
Suicides per 10,000 population in Mental Health Care (annual)	7.4 per 10,000	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7
Self-Harm Incidents within the Community	31 per month	44	44	32	32	29	23	18	21	9	21	35	30
Pressure Ulcer with Learning	Tbc	2	2	1	1	5	2	4	4	1	0	3	2
Gram Negative Bacteraemia	1 per ward per year	0	0	0	0	0	0	0	1	0	1	0	0

Efficient Use of Resources

		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sept-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Community Inpatient Occupancy	80-85% Occupancy	87.8%	83.5%	86.6%	78.7%	77.8%	83.5%	88.0%	92.9%	87.7%	89.2%	89.4%	90.3%
Mental Health: Non-Acute Occupancy rate (excluding Home Leave): %	80% Occupancy	91.18%	92.60%	92.87%	87.59%	87.29%	89.92%	90.82%	87.18%	77.85%	72.48%	79.31%	84.04%
DNA Rate: %	5% DNAs	5.02%	4.79%	5.29%	5.22%	4.85%	4.65%	4.88%	5.05%	4.76%	4.70%	4.66%	4.66%
Mental Health: Acute Occupancy rate (excluding Home Leave):%	85% Occupancy	94.4%	94.4%	96.4%	96.8%	93.3%	94.6%	97.2%	93.6%	93.8%	95.9%	98.5%	99.4%
Mental Health: Acute Average Length of Stay (bed days)	30 days	41	43	45	70	62	64	43	57	45	73	42	36

Regulatory Compliance - Tracker Level 1 Summary

Metric	Threshold / Target	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
C.Diff due to lapse in care (Cumulative YTD)	6	0	0	0	0	0	0	0	0	0	0	0	0
Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate per 100,000 bed days	0	0	0	0	0	0	0	0	0	0	0	0	0
Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias (YTD)	0	0	1	1	1	1	1	1	1	1	1	1	1
Count of Never Events (Safe Domain)	0	0	0	0	0	0	0	0	0	0	0	0	0
EIP: People experiencing a first episode of psychosis treated with a NICE approved package of care within 2 weeks of referral: %	60% treated	88	75	80	87.5	100	100	81.82	100	80	85.70	100	100
A&E: maximum wait of four hours from arrival to admission/transfer /discharge: %	95% seen	99.26	99.35	99.42	99.40	99.42	99.17	99.22	99.20	99.14	99.5	99.40	99.35
People with common mental health conditions referred to Talking Therapies will be treated within 18 weeks from referral	95% treated	100	100	100	100	100	100	100	100	100	100	100	100
People with common mental health conditions referred to Talking Therapies will be treated within 6 weeks from referral	75% treated	94	94	93	91	91	87	88	89	88	88	91	91
People with common mental health conditions referred to Talking Therapies completing a course of treatment moving to recovery	50% treated	46.5	48	45	49.95	46.15	46	43.5	45	48.39	48.5	45	48.25
Proportion of patients referred for diagnostic tests who have been waiting for less than 6 weeks (DM01 - Audiology): %	95% seen	61.26	83.45	92.09	97.79	100	99.00	99.07	95.93	97.79	95.18	99.53	97.03
Diabetes - RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	100	100	100	100	100	100	100	100	100	100	100	100
CPP- RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	100	100	100	100	99.57	99.53	100	100	100	100	100	100
Sickness Rate: %	<3.5%	3.7%	4.0%	3.8%	3.9%	3.7%	3.9%	4.6%	4.6%	4.6%	4.8%	4.1%	
CYP referred for an assessment or treatment of an ED will access NICE treatment <1 week (Urgents): %	95%	42.8%	83.3%	75%	100%	75%	100%	100%	100%	50%	50%	100%	100%
CYP referred for an assessment or treatment of an ED will access NICE treatment <4 weeks (Routines): %	95%	83.2%	75%	85.7%	60%	100%	100%	100%	100%	100%	87.5%	85.7%	60%
Patient Safety Alerts not completed by deadline	0	0	0	0	0	0	0	0	0	0	0	0	1

Regulatory Compliance - System Oversight Framework

Metric	Threshold / T..	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Community Health Services: 2 Hour Urgent Community Response %.	80%	83.1%	84.2%	87.8%	87.6%	85.2%	86.3%	88.5%	82.0%	81.8%	82.5%	86.7%	87.7%
E-Coli Number of Cases identified	Tbc	0	1	1	0	1	0	1	0	1	1	1	1
Mental Health 72 Hour Follow Up	80%	96.4%	91.6%	90.7%	98.0%	87.5%	92%	89.1%	86.9%	86.2%	95.1%	100%	86.0%
Adult Acute LOS over 60 days % of total discharges	TBC	24.1%	25.8%	22.8%	24%	25%	24%	24%	24%	30%	28.9%	30%	34%
Older Adult Acute LOS over 90 days % of total discharges	TBC	66.7%	66.7%	50%	36%	32%	28.9%	42%	42%	66%	57.9%	55.0%	52%

Berkshire Healthcare NHS Foundation Trust

Trust Board Paper

Board Meeting Date	14 May 2024
Title	**Audit Committee Meeting – 17 April 2024**
	Item for Noting
Reason for the Report going to the Trust Board	The Audit Committee is a sub-committee of the Trust Board. The minutes are presented for information and assurance. The Trust Board is required to identify any areas for further clarification on issues covered by the meeting minutes and to note the content.
Business Area	Corporate
Author	Company Secretary for Rajiv Gatha, Chair of the Audit Committee
Relevant Strategic Objectives	**Efficient use of resources** **Ambition:** We will use our resources efficiently and focus investment to increase long term value

Berkshire Healthcare
NHS Foundation Trust

Unconfirmed Draft Minutes

Minutes of the Audit Committee Meeting held on

Wednesday, 17 April 2024

(Conducted via Microsoft Teams)

Present:	Rajiv Gatha, Non-Executive Director, Committee Chair Mark Day, Non-Executive Director Naomi Coxwell, Non-Executive Director
In attendance:	Paul Gray, Chief Financial Officer Becky Clegg, Director of Finance Debbie Fulton, Director of Nursing and Therapies Dr Minoo Irani, Medical Director) Sharonjeet Kaur, RSM, Internal Auditors Clive Makombera, RSM, Internal Auditors Jenny Loganathan, TIAA Maria Grindley, Ernst and Young, External Auditors Melody Padilla, Ernst and Young, External Auditors Julie Hill, Company Secretary

Item		Action
1.A	**Chair's Welcome and Opening Remarks**	
	Rajiv Gatha, Chair welcomed everyone the meeting.	
1.B	**Apologies for Absence**	
	Apologies for absence were received from: Amanda Mollett, Head of Clinical Effectiveness and Audit and Alison Kennett, Ernst and Young, External Auditors.	
2.	**Declaration of Interests**	
	There were no declarations of interest.	
3.	**Minutes of the Previous Meeting held on 17 January 2024**	
	The Minutes of the meeting held on 17 January 2024 were confirmed as a true record of the proceedings.	
4.	**Action Log and Matters Arising**	

	The Action Log had been circulated. The Committee noted the Action Log.	
5.A	**Board Assurance Framework**	
	The latest Board Assurance Framework (BAF) had been circulated. The Chief Financial Officer presented the paper and highlighted the following points: • **BAF Risk 1 (Workforce)** - it was proposed that the risk score be reduced from 12 to 8 to reflect the reduction in the Trust's staff turnover rate. • **BAF Risk 2 (Demand and Capacity)** had been amended to reflect the reduction of the Prospect Park Hospital ward size down to 18 beds. • **BAF Risk 6 (Finance)** had been amended to reflect the current state of play in relation to the development of the Trust's Financial Plan 2024-25 • **BAF Risk 7 (Digital)** had been updated to reflect the Trust's work around multi-factorial authentication The Chair referred to the proposal to reduce the risk score in relation to BAF Risk 1 (Workforce) and asked whether the current reduction in the Trust's staff turnover rate was sustainable. The Chief Financial Officer explained that the Trust had reduced its staff turnover rate quicker than other local trusts and the position had held steady over a number of months. The Committee: a) Noted the report. b) Approved the reduction in the risk score from 12 to 8 in respect of BAF Risk 1 (workforce).	
5.B	**Corporate Risk Register**	
	The Corporate Risk Register (CRR) had been circulated. The Chief Financial Officer reported that in respect of: • **CRR No 5 (Acute Inpatient Bed Pressures),** the risk had been updated to reflect the Trust's ambition around reducing the number of beds at Prospect Park Hospital and the measures put in place to ensure that the Trust could manage within its bed base • **CRR No 7 (Physical Environment Risk – Prospect Park Hospital)**, the risk had been updated to reflect the contract re-set with the Prospect Park Hospital PFI provider • **CRR No 8 (Physical Environment Risk – Jubilee Ward)**, the risk had been updated to reflect the mitigations that had been put in place to manage the fire evacuation risk on Jubilee Ward	

	• **CRR No 9 – (Risk Care, Right Person Risk)**, the risk had been updated to reflect that a new implementation checklist was being competed by all system partners and the Integrated Care Board. In the planning round, a funding allocation to support implementation of the Right Care Right Person initiative had been requested but not yet approved. The Committee noted the report.	
6.	**Single Waiver Tenders Report**	
	A paper setting out the Trust's single waivers approved from January 2024 to March 2024 had been circulated. The Chief Financial Officer presented the paper and said that the report now included a section on any direct awards made under the new Provider Selection Regime which came into force from 1 January 2024. It was noted that four direct awards had been made during the reporting period. The Chair asked whether the volume of singe waiver tenders was increasing. The Chief Financial Officer said that the Trust tried to reduce the number of single waiver tenders as much as possible but some single waiver tenders were unavoidable, for example, extensions to current contracts to provide additional time to complete the procurement process. The Chief Financial Officer said that the rationale for each single waiver tender request was reviewed and confirmed that he was not concerned about the volume or size of singe waiver tenders. Mark Day, Non-Executive Director referred to the first single waiver tender on the schedule which was for "Cardio Walls" and asked for more information as it was not clear from the text what this was. The Director of Nursing and Therapies explained that the use of Cardio Walls had been piloted on Bluebell Ward and had proved to be helpful in reducing violence and aggression and providing activities for patients. It was noted that the initiative had been proposed by a member of staff via the Trust's "Bright Ideas" programme. Mr Day said that it would be helpful if future reports included an explanation about what the tender was for when this was not clear from the name of the company/product. Maria Grindley, Ernst and Young, External Auditors commented that she was often asked about by her clients about how their organisation compared with others in relation to the use of single waiver tenders. Ms Grindley said that from her perspective, the important issue was not just the volume of single waiver tenders but around ensuring that processes were adhered to and there was clarity around the justification for using the single waiver process. The Director of Finance provided assurance that the Trust had a robust process in place for approving single waiver tenders. The Committee noted the report.	**TS/PG**

7.	**Information Assurance Framework Update Report**	

	The Chief Financial Officer presented the paper and highlighted the following points:
	• A total of four indicators were audited during quarter 4:
	  ○ **Mental Health Readmission rates** (green for data assurance and green for data quality)
	  ○ **Mental Health: Acute Average Length of Stay (bed days)** (green for data assurance and amber for data quality)
	  ○ **Mental Health: Absent Without Leave on Mental Health Act Section** (green for data assurance and amber for data quality)
	  ○ **DNA rate** (green for data assurance and amber for data quality)
	• Action plans had been put in place to address the identified issues and previous actions were tracked in the report.
	
	The Committee noted the report.	

8.	**Losses and Special Payments Report**	
	The Chief Financial Officer presented the paper which provided a list of the Trust's losses and special payments made during quarter 4 2023-24. It was noted that one of the special payments was in respect of an early termination of a property lease in Reading. The property lease was terminated early as a result of the reduction in accommodation required due to staff continuing to work remotely. The Chair asked whether there was adequate expertise around VAT issues in the Trust. The Chief Financial Officer confirmed that there was a good knowledge base about VAT related issues within the Trust and the Trust was also able to access external specialist VAT expertise if and when required. The Committee approved the losses and special payments made during quarter 4 2023-24.	
9.	**Clinical Claims and Litigation Quarter 4 and Annual Report**	
	The Director of Nursing and Therapies presented the paper and highlighted the following points: • During quarter 4 there was one new claim. This was linked to a previous claim that was withdrawn, amended and resubmitted from an incident which took place in May 2023 • Five claims were closed (all related to clinical negligence) with one subsequently re-opened as above. Of these five claims, four were either withdrawn, repudiated with one settled • During 2023-24 a total of 15 claims were opened which was comparable with the previous year where there were 12 opened claims. The slight increase from the previous year has been in an increase in	

	the number of employer liability claims rather than clinical negligence claims The Chair asked whether there were any particular themes relating to the claims. The Director of Nursing and Therapies explained that the Trust had a relatively small number of claims during the year, therefore it was difficult to identify any particular themes. The Committee noted the report.	
10.	**Clinical Audit Report**	
	The Medical Director presented the paper and highlighted the following points: • The following national clinical audit report would be presented to the May 2024 meeting oft the Quality Assurance Committee: (NDA) National Diabetes Audit – Care Processes and Treatment Target annual report including NDA Type 1 diabetes overview report and NDA Young people with Type 2 diabetes overview report • All published Clinical Audit Reports and the Trust's action plans in relation to the reports were reviewed by the Clinical Effectiveness Group • Clinical Audits in the Trust remained on track for completion. The Committee noted the report.	
11.	**Anti-Crime Services Report**	
	A) Anti-Crime Annual Report 2023-24 Jenny Loganathan, Anti-Crime Specialist, TIAA presented the report and highlighted the following points: • The Anti-Crime Specialist had completed the Trust's fraud risk assessment and developed a risk-based counter fraud work plan for 2023-24. The risk assessment and work plan identified areas where the Anti-Crime Specialist would work with the Trust to mitigate the fraud risk. • From the work conducted during the course of the year, the Anti-Crime Specialist confirmed that there were no frauds subject to investigation that met the materiality threshold for referral to the Trust's external auditors and there were no significant system failures or control weaknesses identified that impacted on the Trust's Annual Governance Statement • The Trust's overall rating in respect of the Counter Fraud Functional Standard Return was Green for 2023-24. Ten out of the thirteen individual standards were RAG rated Green and three were RAG rated amber. The amber rated standards related to training, the use of case management system which was relatively new from the NHS Counter Fraud Authority and policies, particularly the standards of business conduct policy • There were seven ongoing investigations.	

	• The Annual Report included some benchmarking data relating to the number of fraud investigations compared with previous years (2021-22, 2022-2023 and 2023-24) • The Annual Report also included benchmarking data from seven NHS trusts in relation to the use of single tender waivers. Whilst collecting the data, it was apparent that organisations managed waivers differently according to the Standard Financial Instructions. For example, organisations had different categories, different values before a waiver was required, different values for sign off by the Chief Executive and there could be one single waiver tender of significant value that could skew the total value **B) Anti-Crime Annual Work Plan 2024-25** Jenny Loganathan presented the Anti-Crime Work Plan 2024-25 which included the same number of days as for the previous year The Chair confirmed that he was happy with the proposed Anti-Crime Work Plan 2024-25. The Chair thanked Jenny Loganathan for her updates. The Committee: a) Noted the Anti-Crime Annual Report 2023-24 b) Approved the Anti-Crime Work Plan 2024-25	
12.	**Internal Audit Progress Report**	

	a) Internal Audit Progress Report
	
	Sharonjeet Kaur, RSM, Internal Auditors presented the paper and highlighted the following points:
	
	• Since the last meeting, the following reports had been issued:
	  ○ Transformational Plans/Cost Improvement Plans (Reasonable Assurance)
	  ○ Out of Area Placements (Reasonable Assurance)
	  ○ Board Assurance Framework and Risk Management (Reasonable Assurance)
	  ○ Key Financial Controls (Reasonable Assurance)
	• The remaining audit on the Audit Plan 2023-24 (Bed Management and Discharge Processes) had been issued in draft
	• Key findings from the audits included:
	  ○ **Transformation Plans/Cost Improvement Plans** - any assumptions being made relating to the delivery of individual cost improvement plans should be documented along with any risks identified. Quality impact assessments also needed to be undertaken and the outcome documented
	  ○ **Out of Area Placements** – funding applications should be in place and signed by the appropriate person. Patients' next of kin should be consulted during the placement process and this should be documented
	  ○ **Board Assurance Framework and Risk Management** – responses from the risk management survey had indicated that staff would benefit from additional risk management training	

	○ **Key Controls** – the Trust had a high volume of non-purchase orders for goods and services and non-purchase order usage increased the risk that the Trust might be overpaying for services. • Four medium actions were overdue, but all had revised dates agreed with management for their implementation • The following reports had been circulated for information: ○ Health Matters ○ Emerging Risk Radar ○ Taking Action to Drive Improvement ○ Global Internal Audit Standards ○ Cyber Security Briefing ○ Client Briefings The Chair thanked Sharonjeet Kaur for the update. **b) Draft Head of Internal Audit Opinion 2023-24** Clive Makombera reported that the Trust had performed well during 2023-24 and had retained its level 2 rating in terms of the Draft Head of Internal Audit Opinion. Clive Makombera pointed out that none of their clients had achieved the highest audit rating (level 1) this year. Mr Makombera reminded the meeting that the internal auditors had issued "partial assurance" opinions during 2023-24 in respect of the following audits: • Sickness Absence • Bed Management and Discharge Processes (draft) It was noted that the final Head of Internal Audit Opinion 2023-24 would form part of the Trust's Annual Governance Statement included in the Annual Report and Accounts 2023-24. The Chair thanked Clive Makombera for his update. The Committee: a) Noted the Internal Audit Progress Report b) Noted the information reports c) Noted the draft Head of Internal Audit Opinion 2023-24	
13.	**External Audit Report**	
	Maria Grindley, Ernst and Young, External Auditors that the Trust's external audit was progressing well and was ahead of plan. It was noted that Melody Padilla was leading the external audit and was liaising with Ernst and Young's Real Estate team to prioritise the work around the valuation of the Trust's property, plant and equipment (PPE) because the Trust was taking a different approach to its PPE valuation this year. Maria Grindley reported that Ernst and Young and the Trust's Finance Team were working well together.	

	The Chair asked for more information about the Trust's different approach to its PPE valuation. Maria Grindly explained that the approach involved working out how much the Trust's estate would cost if you were to start with a blank sheet of paper and develop the site from scratch. The Chief Financial Officer added that the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board had requested that the NHS provider organisations in its patch adopted this method of property valuation as part of the measures to improve its financial position. Maria Grindley confirmed that the valuation approach was not unusual but explained that Ernst and Young's Real Estate team needed to be comfortable with the approach and with the valuation and with how the Trust was accounting for the change. The Director of Finance added that the other key change from last year was the impact of accounting for IFRS particularly in relation to the Trust's PFI properties. The Chair thanked Maria Grindley for her update.	
14.	**Minutes of the Finance, Investment and Performance Committee meetings held on 17 January 2024 and 21 March 2024**	
	The minutes of the Finance, Investment and Performance Committee meeting held on 17 January 2024 and 21 March 2021 received and noted. The Committee noted the minutes.	
15.	**Minutes of the Quality Assurance Committee held on 27 February 2024**	
	The minutes of the Quality Assurance Committee meetings held on 27 February 2024 were received and noted.	
16.	**Minutes of the Quality Executive Committee Minutes – 15 January 2024, 19 February 2024 and 18 March 2024**	
	The minutes of the Quality Executive Committee meetings held on: 15 January 2024, 19 February 2024 and 18 March 2024 were received and noted.	
17.	**Annual Work Plan**	
	The Committee's Annual Work Plan was noted.	
18.	**Any Other Business**	
	There was no other business.	
19.	**Date of Next Meeting**	
	The next meeting of the Committee was scheduled for 19 June 2024 (meeting to approve the Annual Accounts 2023-24).	

The minutes are an accurate record of the Audit Committee meeting held on 17 April 2024.

Signed: - _____

Date: - **24 July 2024** _____

Berkshire Healthcare NHS Foundation Trust

Trust Board Paper

Board Meeting Date	14 May 2024
Title	**The Use of the Trust Seal Report**
	Item for Noting
Reason for the Report going to the Trust Board	In accordance with the Trust's Standing Orders, the Trust Board is informed each time the Trust's Seal is affixed to documents. The Trust's Seal was affixed to a deed of surrender in respect of the lease of the Ground Floor Rear Office at 81 London Street, Reading, RG1 4QA.
Business Area	Corporate
Author	Company Secretary
Relevant Strategic Objectives	**Efficient use of resources** **Ambition:** We will use our resources efficiently and focus investment to increase long term value