Berkshire Healthcare
NHS Foundation Trust

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

TRUST BOARD MEETING

(conducted electronically via Microsoft Team because of the COVID-19 pandemic)

10:00am on Tuesday 11 May 2021

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 13 April 2021	Martin Earwicker, Chair	Enc.
5.2	Action Log and Matters Arising	Martin Earwicker, Chair	Enc.
QUALITY			
6.0	Patient Story – A Children's Speech and Language Therapy Story	Debbie Fulton, Director of Nursing and Therapies	Verbal
6.1	Patient Experience Report – Quarter 4	Debbie Fulton, Director of Nursing and Therapies	Enc.
6.2	Safe Staffing Six Monthly Report	Debbie Fulton, Director of Nursing and Therapies	Enc.
6.3	Quality Accounts 2020-21	Dr Minoo Irani, Medical Director	Enc.
EXECUTIVE UPDATE			
7.0	Executive Report	Julian Emms, Chief Executive	Enc.
7.1	Gender Pay Gap Report	Alex Gild, Deputy Chief Executive and Chief Financial Officer/Jane Nicholson, Director of People	Enc.
PERFORMANCE			
8.0	Month 12 2020/21 Finance Report	Alex Gild, Deputy Chief Executive and Chief Financial Officer	Enc.
8.1	Month 12 2020/21 Performance Report	Alex Gild, Deputy Chief Executive and Chief Financial Officer	Enc.
8.2	Finance, Investment & Performance Committee meeting on 29 April 2021	Naomi Coxwell, Chair of the Finance, Investment and Performance Committee	Verbal
STRATEGY			

No	Item	Presenter	Enc.
9.0	COVID-19 Recovery Plan Report	Kathryn MacDermott, Acting Executive Director of Strategy	Enc.
9.1	Strategy Implementation Plan Update Report	Kathryn MacDermott, Acting Executive Director of Strategy	Enc.
CORPORATE GOVERNANCE			
10.0	Audit Committee Meeting held on 21 April 2021	Chris Fisher, Chair of the Audit Committee	Enc.
10.1	Annual Report 2020-21*	Julian Emms, Chief Executive	Enc.
10.2	Council of Governors Update	Martin Earwicker, Trust Chair	Verbal
Closing Business			
11.	Any Other Business	Martin Earwicker, Chair	Verbal
12.	Date of the Next Public Trust Board Meeting – 13 July 2021	Martin Earwicker, Chair	Verbal
13.	**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 in July 2021. The draft Annual Report is therefore excluded from the Public Trust Board papers on the Trust's website.*

Unconfirmed minutes

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Minutes of a Board Meeting held in Public on Tuesday 13 April 2121

(conducted via Microsoft Teams because of COVID-19 social distancing requirements)

Present:	Martin Earwicker	Chair
	Chris Fisher	Non-Executive Director
	David Buckle	Non-Executive Director
	Naomi Coxwell	Non-Executive Director
	Mark Day	Non-Executive Director
	Aileen Feeney	Non-Executive Director
	Julian Emms	Chief Executive
	Alex Gild	Deputy Chief Executive and Chief Financial Officer
	Debbie Fulton	Director of Nursing and Therapies
	Dr Minoo Irani	Medical Director
	Kathryn MacDermott	Acting Executive Director of Strategy
	Mehmuda Mian	Non-Executive Director
	David Townsend	Chief Operating Officer
In attendance:	Julie Hill	Company Secretary
	Stacey Evans-Charles	Tissue Viability Specialist Service Lead *(present for agenda item 6)*

21/038	**Welcome and Public Questions** (agenda item 1)
	The Chair welcomed everyone to the meeting. There were no public questions.
21/039	**Apologies** (agenda item 2)
	There were no apologies.
21/040	**Declaration of Any Other Business** (agenda item 3)
	There was no other business.

21/041	**Declarations of Interest** (agenda item 4)
	i. **Amendments to Register** – none
	ii. **Agenda Items** – none
21/042	**Minutes of the previous meeting – 09 February 2021** (agenda item 5.1)
	The Minutes of the Trust Board meeting held in public on Tuesday 09 February 2021 were approved as a correct record.
21/043	**Action Log and Matters Arising** (agenda item 5.2)
	The schedule of actions had been circulated. **The Trust Board:** noted the action log.
21/044	**Patient Story – A Tissue Viability Story (**agenda item 6.0)
	The Chair welcomed Stacey Evans-Charles, Tissue Viability Specialist Service Lead to the meeting. Stacey Evans-Charles shared a patient story which highlighted the importance of taking a multi-disciplinary approach to leg ulcer management for a patient in a nursing home. Further details of the patient's story are attached to the minutes of the meeting. Ms Evans-Charles reported that the case study concerned patient X who was a 93 year old woman with a past medical history of Atrial Fibrillation, Heart Failure, Alzheimer's, Hypotension and Heart Failure. She was discharged to a nursing home from an acute setting after a fall at her home. She had a history of leg ulcers which were not treated in hospital with compression hosiery for six weeks but the nursing home was advised that she should have a Doppler and have compression. Ms Evans-Charles reported that after a full medical and risk assessment, it was agreed that patient X's symptoms of acute heart failure was concerning. Patient X was referred to the Trust's Heart Failure service and her medication was optimised and her Heart Failure was stabilised. Patient X was then able to have reduced compression to treat her leg ulcers. Five and a half weeks later, patient X's leg ulcers had healed. Ms Evans-Charles said that the patient's story highlighted the importance of taking a multi-disciplinary approach to care to ensure safe and best practice which placed the patient at the heart of patient care. Ms Evans-Charles explained that there were often barriers to managing leg ulcers in the Community and explained that nursing home staff were not trained in how to conduct lower limb assessments and were not trained in the application of compression bandages. The Chair thanked Ms Evans-Charles for her clear and informative presentation. David Buckle, Non-Executive Director said that as a former GP, he was fully aware of the challenges around getting specialist support for patients with leg ulcers who also had

	complex medical needs asked whether it was easier for this cohort of patients to access specialist services. Ms Evans-Charles said that there was further work to be done around access to specialist Tissue Viability Services in the Community. Dr Buckle proposed that the Quality Assurance Committee review the Tissue Viability Service at a future meeting. **Action: Director of Nursing and Therapies** The Chief Executive thanked Ms Evans-Charles for her presentation and for her passion for her work and asked whether the Trust could do more around prevention of leg ulcers. Ms Evans-Charles said that Diabetes management and encouraging people to move around to improve circulation all played a role in preventing leg ulcers. The Chief Operating Officer asked about the process for internal referrals when patients needed to access more than one Trust service. Ms Evans-Charles explained that the Trust had a triage protocol and that the speed at which patients were seen depended on their clinical need. The Chair thanked Ms Evans-Charles and her colleagues for the work they did and commented that it was important for the Board to understand the detail of the Trust's multi-disciplinary work which joined up services for patients. The Chair thanked Stacey Evans-Charles, Tissue Viability Specialist service Lead for sharing the patient story with the Trust Board.
21/045	**Quality Assurance Committee** (agenda item 6.1)
	David Buckle, Chair of the Quality Assurance Committee reported that the meeting held on 2 March 2021 had been useful and productive. Dr Buckle said that the Committee continued to function well and received a high level of assurance with quality papers. Dr Buckle reported that in addition to the standing items, the Committee had received a presentation on the Trust's work to improve the physical health monitoring of people with serious mental illness. The Medical Director pointed out that the Learning from Deaths quarterly report covered quarter 3, that is, the period before the COVID-19 second wave. **The Trust Board noted:** a) The minutes of the Quality Assurance Committee held on 2 March 2021. b) The Learning from Deaths Quarterly Report; and c) The Guardians of Safe Working Practice Quarterly Report.

21/046	**Infection, Prevention and Control Board Assurance Framework** (agenda item 6.2)
	The Director of Nursing and Therapies presented the paper and reminded the Board that the Infection Prevention Infection and Control Board Assurance Framework was first published in May 2020 with the aim of supporting all healthcare providers to effectively self-assess their compliance with Public Health England and other COVID-19-related infection prevention. The Director of Nursing the Therapies reported the Infection Prevention and Control guidance was updated in February 2021. The Trust had made minor changes to the Infection Prevention and Control Board Assurance Framework to reflect the new guidance. The Director of Nursing and Therapies reported that a review of the Trust's current processes against the framework had not demonstrated any significant gaps in the implementation of any guidance. Where there was potential for gaps around ongoing local assurance, oversight through usual patient safety and quality assurance processes was identified as mitigation as agreed with the Clinical Directors. This included on-going support around the national "hand-space-face" messaging for all staff. It was noted that the Trust had updated its in-patient visitor guidance to include encouragement of visitors to take up the offer of twice weekly COVID-19 lateral flow tests. The Director of Nursing and Therapies reported that the Trust had an ongoing programme to train staff in the fit testing of masks made in the United Kingdom and confirmed that this was going well with no concerns identified. **The Trust Board**: noted the report.
21/047	**Proposed Changes to How the Care Quality Commission Inspects**
	The Director of Nursing and Therapies presented the paper and reported that the Care Quality Commission was consulting on changes to the inspection regime which if, implemented would lead to a move away from comprehensive inspection as the main way of updating ratings and instead would use wider sources of evidence, tool and techniques. On-site targeted inspections would continue when the data suggested that there was a significant risk to patient safety and to ensure the rights of vulnerable people were protected. There would also be a reduction in the information requested ahead of an inspection with requests being much more targeted and proportionate. Mark Day, Non-Executive Director said that he was encouraged by the Care Quality Commission's consultation paper on its proposed new inspection regime and commented that the approach seemed very sensible. Mr Day enquired whether the Trust had responded to the Care Quality Commission's consultation paper. The Director of Nursing and Therapies confirmed that she had responded to the consultation paper. The Chief Executive said that he supported the direction of travel but pointed out that under the proposed new arrangements, many of the Trust's services would never be inspected.

	The Director of Nursing and Therapies reported that the Trust held regular relationship meetings with the Care Quality Commission and that these meetings were also an opportunity for the Trust to showcase innovative and good practice. The Chair said that he supported the Care Quality Commission's direction of travel but pointed out that it would be important for the Care Quality Commission to back up their assessment judgements with evidence if the sector was to have confidence in the inspection process. **The Trust Board**: noted the report.
21/048	**Executive Report** (agenda item 7.0)
	The Executive Report had been circulated. The following items were discussed further: **a) Modern Day Slavery Statement** Naomi Coxwell, Non-Executive Director asked whether the Trust audited its suppliers to ensure that they were compliant with the requirements of the Modern Day Slavery Act 2015. The Deputy Chief Executive and Chief Financial Officer said that the Trust did not have the resources to audit suppliers, but the Procurement Team sought assurance from suppliers that they were compliant with the Modern Day Slavery Act. **b) 2021-22 NHS Operational Guidance** Chris Fisher, Non-Executive Director noted that government had allocated a further £1.5bn for elective recovery, mental health and workforce development. The Deputy Chief Executive and Chief Financial Officer said that the Trust was working with its two Integrated Care Systems to identify how the Trust's Community Services could support elective recovery in both East and West Berkshire and was feeding into both system plan. The Chair said that the guidance included a section on workforce sharing and pointed out that given the national shortage of registered nurses and other clinicians, it was unlikely that this would be a viable option for the Trust. **The Trust Board**: a) Noted the paper b) Approved the Trust's Modern Day Slavery Statement which would be included in the Trust's Annual Report 2020-21
21/049	**National NHS Staff Survey Results 2020**
	The Deputy Chief Executive and Chief Financial Officer presented the report and highlighted the following points:

	• The Board had reviewed in detail the embargoed NHS Staff Survey Results at the Trust Board Discursive meeting in March 2021. • The 2020 NHS Staff Survey Results were the Trust's best results and placed the Trust at the top of its peer group for Staff Engagement (7.5 score). • The Trust had also achieved a much higher than average response rate of 60% • There had been statistically significant improvements in themes including health and wellbeing, safety culture, morale, and staff engagement. • In the context of the COVID-19 pandemic it was positive to see above average results in all ten themes of the National NHS Staff Survey. • As well as top scoring for Staff Engagement, the Trust was strongest in its peer group for Team Working. This was a testament to the collective work of staff during very difficult times. • The National NHS Staff Survey results would help the Trust to triangulate where it needed to improve the experience of staff in order to be truly "Outstanding for Everyone". • The new People and Equality, Diversity and Inclusion strategies were focused on the areas that needed improving, including the unwarranted differential experiences of staff with protected characteristics. The Chief Executive reported that in addition to the data questions, there was also an opportunity for staff to make free text comments. The Chief Executive said that the key themes from the free text comments were around: camaraderie in the Trust, strong support for continued home working and staff valuing the Trust's communications both in terms of the All Staff Executive Briefings and more generally there was a sense that managers were communicating more with staff. It was noted that the themes from the more negative free text comments related to confusion over Personal Protective Equipment and the re-deployment process at the start of the COVID-19 pandemic. A small minority of staff had also indicated that they did not like home working. The Chair said that overall, the National NHS Staff Survey Results were extremely positive and commented that he was extremely proud of the Trust. The Chair said that the Trust had acknowledged that the results had also highlighted areas for improvement, for example, reducing bullying and harassment and reducing the differential experience of white and non-white staff and said that plans were in place to address these issues. **The Trust Board**: noted the report.
21/050	**Month 11 2120-21 Finance Report** (agenda item 8.0)

	The Deputy Chief Executive and Chief Financial Officer presented the paper and highlighted the following points:
	
	• The Trust's financial position was better than forecasted due to COVID-19 related financial allocations and income adjustments.
	• Pre-COVID-19 and deficit support, the reported a surplus of £0.7m, moving the finances to breakeven year to date and £3.9m better than the financial forecast.
	• Monthly COVID-19 costs held at £1.2m taking net costs in the second half of the year to £4.3m, £2.0m higher than planned.
	• Costs remained focused in the following areas:
	  ○ Out of Area Placement usage above our historic baseline
	  ○ Sickness and shielding cover
	  ○ NHS Professionals enhanced rates

	○ Enhanced service models within WestCall, Phlebotomy and 7 day working in the East. • Given the system and patient benefits, some of these initiatives were expected to continue into the new financial year, for which on-going COVID-19 support funding would need to be identified. • The Trust was continuing to benefit form Ageing Well and other allocations, Income was expected to increase next month with additional system allocations and NHS England funding for the CAMHS Tier 4 transition from an in-patient to a community-based service • Overall, the Trust had posted a monthly surplus of £0.4m surplus, taking the Trust into surplus year to date at £0.3m. This was £1.9m better than forecast year to date. The Chair commented that the Trust would need to understand the impact of the new ways of working so it would be in a position to develop its post-COVID-19 funding financial plan for the second half of 2021-22. **Action: Deputy Chief Executive and Chief Financial Officer** **The Trust Board noted:** • The Trust was reporting a £0.3m surplus year to date. This was £1.9m better than planned. • The latest year end forecast was below, including assessment of the allowable items omitted from system targets. • This had given rise to a materially higher cash balance than planned of £39m, with the key movements from originally anticipated
21/051	**Month 11 2120-21 "True North" Performance Scorecard Report** (agenda item 8.1)
	The Month 11 "True North" Performance Scorecard had been circulated. The Deputy Chief Executive and Chief Financial Officer presented the paper and reported that had been a deterioration in performance in relation to self-harm and physical assaults on staff. It was noted that Out of Area placements had spiked during Wave 2 of the COVID-19 pandemic but were now more stable. The Chief Executive reported that there had been a lot of changes to ward management at Prospect Park Hospital and this had impacted on the Quality Improvement Programme. The Chief Executive said that as the Trust had now moved into the COVID-19 recovery phase, the Senior Leadership were now able to resume their focus on the Quality Improvement Programme. The Chair noted that staff statutory fire training performance had dipped to 85% in February 2021 compared with the target of 95% compliance. The Chief Operating Officer reported that the Trust's priority during the COVID-19 second wave was to ensure that ward based staff completed their statutory fire training. The Chief Operating Officer said that he expected that the Trust would son meet the target for fire training. **The Trust Board:** noted the report.

21/052	**Board Vision Metrics Reports** (agenda item 8.2)
	The Deputy Chief Executive and Chief Financial Officer presented the paper and pointed out that Indicators were year to date February 2021 performance unless otherwise stated within the narrative. The Deputy Chief Executive and Chief Financial Officer highlighted the following points: • The Trust had achieved the top score in its peer group for Staff Engagement in the 2020 NHS National Staff Survey • There had been no inpatient death from self-harm since October 2018 • Prior to suspending the national Friends and Family Test collection due to the COVID-19 pandemic, the response rate was inconsistent. A Programme was underway to design and commission a new system for collecting patient experience information across Mental Health and Community services. • The Care Quality Commission's overall rating of "Outstanding" achieved in March 2020, including "Outstanding" for well led. The Ratings report included six "must do" compliance actions. The work to address the "must do" compliance actions was on-going and progress was satisfactory • The Trust had been placed in Segment 1 (lowest risk) of NHS Improvement's regulatory autonomy since segmentation had begun. • The Trust's financial position delivering lowest the financial risk rating of 1 year to date as planned to end of March 2020. The Rating performance was now suspended due to the COVID-19 financial regimes • Benchmark positions had been refreshed based on the 2019/20 data recently published. The Trust's Ranking had deteriorated in relation to patient-on-patient assaults and patient on staff assaults. There had been an improvement in the use restraint. The Chair commented that he found the format of the Trust Board Vision metrics report very helpful and that it was useful for the Board to receive a top level view of the Trust's performance set within the context of similar trusts. **The Trust Board:** noted the report.
21/053	**Finance, Investment and Performance Committee Meeting on 25 March 2021** (agenda item 8.2)
	Naomi Coxwell, Chair of the Finance, Investment and Performance Committee commented that given the significant challenges, both operationally and financially of responding to the COVID-19 pandemic, it was pleasing that the Trust had managed to end the financial year in a strong financial position. Ms Coxwell pointed out that the Trust had underspent on its capital programme but commented that this was unsurprising given the impact of the pandemic. The Committee would be discussing the Trust's financial and capital plan for the first six months of the new financial year when the Trust would continue to receive COVID-19 central funding support. Going forward, the Committee was interested in trying to understand the value of the new ways of working. The Chair thanked Naomi Coxwell for her update.

21/054	**COVID-19 Pandemic Recovery Plan Update Report** (agenda item 9.0)
	The Acting Executive Director of Strategy presented the paper and reported that the Recovery and Restoration programme of work had been amended from AMBER to GREEN. The Acting Executive Director of Strategy said that whilst the Trust continued to respond to the pressures of wave 2 of the COVID-19 pandemic and the Tier 1 and Tier 2 services continued to be under pressure, services had been able to continue in some form, including providing remote consultations in place of face-to-face consultations where clinically appropriate. It was noted that the Capacity and Demand model created in Wave 1 was being used to understand the impact of Wave 2 and any further surges on waiting list times. The learning from Waves 1 and 2 was being collated to compile a Standard Work for future 'Waves'. The Acting Executive Director of Strategy reported that the March 2021 Recovery Programme Board had considered the Refresh and Reframe Wellbeing Plan which included key themes of: • **Reflect** – on our experiences and what we have learnt • **Recuperate** – help us find our own ways to rebuild our energies • **Reconnect** – with friends, family and colleagues • **Reframe** – look at new ways to work together • **Respect** – for each other as we continue to address the inequalities that some groups experience It was noted that since the report had been circulated, NHS England had published its 2021-22 Priorities and Operational Planning Guidance and Guidance on Finance and Contracting Arrangements for 1 April to 30 September 2021-22. It was noted that both documents focused on transforming community and urgent and emergency care to prevent inappropriate attendance at Emergency Departments, improving a timely admission to hospital for Emergency Department patients, reducing the length of stay and additional resources for mental health and community services. The Chair asked for more information about the Trust's work dedicated work to reduce Health Inequalities. The Acting Executive Director of Strategy explained that Phase 3 of national Recovery Guidance had set out eight actions that each Trust was required to do in order to minimise the impact of COVID-19 on health inequalities. In addition, the Trust had developed an action plan focusing on people with learning disabilities and improving the physical health of people with serious mental illness. The Acting Executive Director of Strategy reported that the Trust Board would have a further opportunity to discuss the Trust's Reducing Health Inequalities work at the Trust Board Discursive meeting in June 2021. **Action: Acting Executive Director of Strategy** Chris Fisher, Non-Executive Director pointed out that the "resource impacts" section of the report cover sheet stated: "yes, currently unquantified" and asked for further information.

	The Acting Executive Director of Strategy explained that the Trust had developed a demand and capacity tool which measured the impact the COVID-19 pandemic had had on waiting lists for individual services and the workforce that would be required in order to clear the waiting list back log for each service. The Acting Executive Director of Strategy reported that this was work in progress and commented that for some services, moving to online consultations had increased productivity but for other services, such as Podiatry, patients had to be seen face to face and the need for enhanced cleaning after each patient had significantly reduced the number of patients who could be seen in a session. Chris Fisher, Non-Executive Director reported that he had attended the Frimley Health and Care Integrated Care System's Governance Group meeting yesterday and one of the concerns was around the imperative to reduce elective waiting lists, whilst at the same time ensuring staff who had been on the COVID-19 frontline, for example, Anesthetists had a period of recovery. The Acting Executive Director of Strategy commented that the Trust faced a similar challenge because the same pool of staff were involved in delivering the Rapid Community Response, the MSK pathway and the Hospital Discharge service. The Chair requested that the Trust Board receive a breakdown of the recovery timescale for different types of services when this was available. **Action: Acting Executive Director of Strategy** The Trust Board: noted the report.
21/055	**Council of Governors Update** (agenda item 10.0)
	The Chair reported that the Trust was conducting elections for governors in all constituencies with the exception of Windsor, Ascot and Maidenhead. The Chair thanked the Company Secretary for her efforts to promote the role of governors in order to encourage candidates from diverse backgrounds to put themselves forward for election. The Chair reported that the David Clayton-Smith, Chair of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System had been invited to attend the next Joint Trust Board and Council of Governors meeting on 5 May 2021.
21/056	**Trust Seal Report** (agenda item 10.1)
	The Deputy Chief Executive and Chief Financial Officer presented the paper and reported that the Trust's Seal was affixed to a 10-year agreement for the maintenance of a small area of tree planting (about the size of a tennis court) on freehold land the Trust owns at West Berkshire Community Hospital. The planting is being caried out by Earthwatch with circa £25K of funding from DEFRA. The proposal was approved by the Trustees of the PFI and was approved at Estates Review Group on 8th February 2021.There are environmental and community benefits from supporting the initiative. **The Trust Board**: noted the report.

21/057	**Any Other Business** (agenda item 11)
	There was no other business.
21/058	**Date of Next Public Meeting** (agenda item 12)
	The next Public Trust Board meeting would take place on 11 May 2021
21/059	**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 13 April 2021.

Signed…….. Date 11 May 2121

(Martin Earwicker, Chair)

The Role of Tissue Viability in Nursing Homes

Leg Ulcer Management and the need for Multi-Disciplinary Approaches to Care

Scenario

Patient X is a 93 year old female. She has a past medical history of Atrial Fibrillation (AF), Alzheimers Disease, Hypotension, Irritable Bowel Disease and Heart Failure.

She was discharged to a Nursing Home (NH) from the acute setting due to not managing at home, after a fall and long lie at home.

She has a history of leg ulcers which were not treated in hospital with compression hosiery for 6 weeks, but the NH was advised that she should have a Doppler and have compression

She has had leg ulcers for the last 9 years

The Assessment (15/10/2020)

Involved a full history taking, including medication, and past medical history

It involved risk assessments of Waterlow Score and MUST, as well as her mobility, and other risk factors

Patient X laid also had a Doppler for ABPI undertaken and the following readings were: Left leg- ABPI 0.7 and Right leg 1.15. Advice on leg elevation, exercise and encourage mobility

However, her legs showed pitting oedema, and in particular, her past medical history meant that although her ABPI reading suggested that she could possibly have reduced compression on the left leg and full on the right leg, her symptoms of acute heart failure was concerning. She was reported as more breathless recently and swelling of her lower limbs had increased in the last couple of weeks. Oedema below the knees.

Plan of Care

Liaise with Heart Failure Nurse (HFN) to ensure that her heart failure medication was optimised and her heart failure was stable

Appropriate dressings based on TIMES model to be used

Once feedback from (HFN) has been obtained and they have agreed, reduced compression would be used.

What happened NEXT…

- Seen by HFN
- Fluid restriction of 1.5L
- Daily weights
- Furosemide increased from 40mg to 80mg a day
- Check U&Es to monitor liver and kidney function
- PT referal

Follow up Visit on 24/11/2020

Wounds completely healed

Liaison for patient to have compression therapy and HFN decided patient not optimised enough

However, family were overjoyed that her leg ulcers had healed

Patient Review

Conclusion

- This case study confirms that a multi-disciplinary approach to care ensures safe, best practice, and places the patient at the heart of patient care.

What makes this case unique

- The barriers to managing leg ulcers in community
- NH staff would not have undertaken lower limb assessment training and are unable to undertake ABPI assessment, but also from a safety perspective, the application of compression bandaging is one that utilises skilled application and one has to be trained to do this. There is accountability to be had, in conjunction with practice and the Nursing and Midwifery Council guidance. So to combat this, it would have been recommended that Readi-wraps are used on this patient, as it is easy to use and apply, and gives adequate compression to help reduce lower limb oedema and help heal leg ulcers.

Berkshire Healthcare NHS Foundation Trust

BOARD OF DIRECTORS MEETING 11/05/21

Board Meeting Matters Arising Log – 2021 – 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
10.12.19	19/248	Vision Metrics	The Deputy Chief Executive and Chief Financial Officer to present options for linking True North and the Vision Metrics to the Finance, Investment and Performance Committee.	July 2021	**AG**	The Vision Metrics review will flow once we have agreed Three Year Strategy/ Longer Term True North Delivery Goals/metrics, so not ready to prepare options for revised vision metrics at this stage.	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
12.05.20	20/067	Patient Experience Report	The Director of Nursing and Therapies to consider including more detail of the 15 Step Visit Reports as part of the Patient Experience Report.	Paused due to Covid-19	**DF**	15 Step Visits are currently paused because of COVID-19. The action will be completed when 15 Step Visits resume.	
13.04.21	21/044	Patient Story	The Quality Assurance Committee to review the Tissue Viability Service at a future meeting.	November 2021	**DF**	The Quality Assurance Committee Forward Planner has been updated to include a review of the Tissue Viability Service. The item will be on the November 2021 QAC agenda.	
13.04.21	21/050	Finance Report	The Trust to undertake work to understand the impact of the new ways of working so it would be in a position to develop its post-COVID-19 funding financial plan for the second half of 2021-22.	July 2021	**AG**	First half year planning still in progress, completing by beginning of June 2021. The Trust will then have time to develop second half year plan and into 22/23, supported by continuing	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
						transformation benefits from new ways of working. Three-year strategy implementation plan and digital strategy will define further transformation opportunities in due course.	
13.04.21	21/054	COVID-19 Pandemic Recovery Plan Update Report	Reducing Health Inequalities to be added to the agenda of the June 2021 Trust Board Discursive meeting.	July 2021	**KM**	On the agenda for the July 2021 Trust Board meeting.	
13.04.21	21/054	COVID-19 Pandemic Recovery Plan Update Report	The Trust Board to receive a breakdown of the recovery timescale for different types of services.	June 2021	**KM**	SRO for Recovery and Operational SLT have met and have agreed a plan that will provide the June 2021 Trust Board Discursive meeting with a proposed reporting format, reporting schedule etc.	

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board	11th May 2021
Title	Patient Experience Report Quarter 4 (January – March 2021)
Purpose	The purpose of this report is to provide the Board with an overview of the patient experience information and activity for Quarter 4
Business Area	Nursing & Governance
Author	Elizabeth Chapman, Head of Patient Experience
Relevant Strategic Objectives	True North goals of Harm free care, Supporting our staff and Good patient Experience
CQC Registration/Patient Care Impacts	Supports maintenance of CQC registration and supports maintaining good patient experience
Resource Impacts	N/A
Legal Implications	N/A
Equalities and Diversity Implications	Protected Characteristic data is set out at section 5 of the report.
SUMMARY	This report provides information collected across the Trust in relation to patient experience during quarter 4 (January – March 2021). The Board is asked to note the information provided within the report During this phase of the COVID-19 pandemic, unlike wave 1, there has been no national direction issued to allow for formal processes to be paused and all complaint activity has continued in line with usual practices. During the quarter there was a slight increase in formal complaints received compared with quarter three, although the numbers were still lower than quarter two and for 2020/ 21 there has been an 8% reduction in complaints received compared to 2019/20. Collation and submission of the Friends and Family Test which has been suspended although collation recommenced locally during September 2020 using new questions the response rate remains low at around 5% (compared to 4% in Q3). National data submission recommenced for submission in January 2021. Usual methods of gathering patient experience have not all taken place during the quarter however many services are collating feedback via alternative methods, with examples included within the report. This report provides detail on feedback received from children's services in relation to use of video consultation and future preferences around appointment

	methods. **Highlights of the report** • 56 complaints were received: of these 2 related specifically to COVID-19/COVID-19 pandemic. • Prospect Park Hospital saw an increase in complaints (11 in total this quarter compared to only 1 in Q3); however the total for year overall is the same as in 2019/20 and therefore this will continue to be reviewed to ensure that there is not an increasing trend with any particular themes emerging. • CAMHS saw an increase in Q4 (6) compared with Q3 (3); however, the year-end total number complaints for CAMHS is significantly reduced on last year with total of 14 formal complaints received against 2019/20 total of 30. Only 1 of the complaints was related to wait times and no MP complaints were received in relation to wait times during the quarter. • The services with the highest number formal complaints during the quarter were CMHT (total 12 which remains a small percentage of the 11,644 contacts that occurred); CAMHS (6) and Prospect Park Hospital (9 in relation to acute wards and 2 PICU). The complaints received were all specific to the patient's situation • Of the 53 complaints closed in the quarter 66% were partially or fully upheld which is above the 48% in Q3 but more in line with both Q1 (71%) and Q2 (60%) • Compliments recorded on our system at 1319 have increased on the 1010 in Q3 and975 in Q2 but remain significantly lower than last year, however given many of our planned services for routine care have been in a phase of restoration/ followed by some reduction in services during the 2nd wave of the COVID-19 pandemic this is perhaps not surprising. • For 19.6% of our complaints the ethnicity of the complainant is unknown and therefore it is not possible to draw any comparisons with local population demographics; whilst this is a reduction on previous quarters work is still required to improve the capture of ethnicity data for all complainants. • After a decrease in MP enquires to 5 in Q1, there has been an increase in each quarter with 8 in Q2, 10 Q3 and 11 during this quarter. Except for CRHTT all the enquires were spread across differing services. 3 enquires related to CRHT and concerns from families about communication and support provided. The service is looking into these further. • The ombudsman has advised that due to the impact of the pandemic they have a significant backlog of complaints waiting review and will be focusing on those that are more serious / resulted in significant impact. There were no complaint themes or trends of note in the quarter 4 patient experience data. There was only 1 other formal complaint received around wait times

	across the trust during the quarter and that was in relation to CAMHS. Most complaints are in relation to care and treatment specific to an individual and their circumstances. **New patient Experience Tool** A contract has been awarded to I Want Great Care to develop a new patient experience measure tool with us. The project started in April and will take approximately 9 months. We are planning co-production workshops with all our services, their patients and carers between May and June to hear what questions they think are important to ask, building on the themes identified in phase one of the project last year. The survey will then be designed over the summer and tested for a month in all services at the end of October. Rollout of the new survey will start in January 2022.
ACTION REQUIRED	The Board is asked to: Note the report.

Quarter Four – Patient Experience Report (January 2021 to March 2021)

1. Introduction

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

From mid-March 2020, to align with national guidance and directives, the active collection of the FFT was suspended; National data collation for FFT is recommencing in December ready for reporting in January, ahead of this local collation has recommenced during September. To align with the Quality Account, reporting of the FFT in this report will resume from Quarter one 2021/22. An external audit of the Patient Experience Team took place during Quarter four. The report is being finalised and will be reported in Quarter one 2021/22.

2. Complaints received

2.1 All formal complaints received

Table 1 below shows the number of formal complaints received into Berkshire Healthcare for years 2019-20 and 2020-21 by service, enabling a comparison. During Quarter four 2020-21 there were 56 complaints received (including re-opened complaints). This is a decrease compared to 2019-20 where there were 59 for the same period. The total number of complaints received in 2020-21 is 9% lower than the total received in 2019-20.

There were 118,140 reported contacts and discharges from our inpatient wards, giving a complaint rate of 0.05%.

Table 1: Formal complaints received

	2019-20						2020-21							
Service	**Q1**	**Q2**	**Q3**	**Q4**	**Total for year**	**% of Total**	**Q1**	**Q2**	**Q3**	**Change to Q3**	**Q4**	**% Qtr 4 Contacts**	**Total for year**	**% of Total**
CMHT/Care Pathways	8	10	6	13	**37**	**16.02**	4	11	7	↑	12	0.10	**34**	**15.96**
CAMHS - Child and Adolescent Mental Health Services	10	8	8	4	**30**	**12.99**	2	3	3	↑	6	0.07	**14**	**6.57**
Crisis Resolution & Home Treatment Team (CRHTT)	2	2	4	6	**14**	**6.06**	4	2	3	↑	4	0.02	**13**	**6.10**
Acute Inpatient Admissions – Prospect Park Hospital	5	3	7	6	**21**	**9.09**	7	4	1	↑	9	3.91	**21**	**9.86**
Community Nursing	4	3	6	2	**15**	**6.49**	2	1	5	↓	2	0.00	**10**	**4.69**
Community Hospital Inpatient	6	1	5	3	**15**	**6.49**	5	6	3	↑	4	0.63	**18**	**8.45**
Common Point of Entry	2	6	2	2	**12**	**5.19**	1	1	3	↓	1	0.07	**6**	**2.82**
Out of Hours GP Services	0	1	7	1	**9**	**3.90**	4	0	3	↓	1	0.01	**8**	**3.76**
PICU - Psychiatric Intensive Care Unit	0	0	1	0	**1**	**0.43**	2	0	0	↑	2	28.57	**4**	**1.88**
Urgent Treatment Centre	1	1	1	0	**3**	**1.30**	1	0	1	↓	0	0.00	**2**	**0.94**
Older Adults Community Mental Health Team	1	0	0	0	**1**	**0.43**	1	1	1	↑	2	0.02	**5**	**2.35**
13 other services in Q4	11	19	21	22	**73**	**31.60**	11	33	21	↓	13	-	**78**	**36.62**
Grand Total	**50**	**54**	**68**	**59**	**231**		**44**	**62**	**51**	↑	**56**		**213**	

Three of the 13 (other complaints, not specified) were about Health Visiting and were from the same person. The remaining 11 were from across a range of Trust services.

2 out of the 56 formal complaints received were about Covid, these were:

- A patient contracted Covid whilst on a mental health inpatient ward, and was then isolated on a ward with another patient with whom he'd previously had an altercation with
- Administration of paracetamol to lower a Covid+ patient's temperature

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

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

2.2 Adult mental health service complaints received in Quarter four

35 of the 56 (63%) complaints received during Quarter four were related to adult mental health service provision. This includes the two that were logged as 'other'.

Table 2: Adult mental health service complaints

	Geographical Locality						
Service	Bracknell	Reading	Slough	WAM	West Berks	Wokingham	Grand Total
Adult Acute Admissions - Bluebell Ward		4					4
Adult Acute Admissions - Daisy Ward		3					3
Adult Acute Admissions - Rose Ward		1					1
Adult Acute Admissions - Snowdrop Ward		1					1
CMHT/Care Pathways	2	2		1	5	1	11
CMHTOA/COAMHS - Older Adults Community Mental Health Team						2	2
Common Point of Entry						1	1
Complex Treatment for Veterans/TILS							0
Criminal Justice Liaison and Diversion Service							0
Crisis Resolution and Home Treatment Team (CRHTT)		3				1	4
IMPACTT		1		1			2
Older adults inpatient service - Rowan Ward							0
PICU - Psychiatric Intensive Care - Sorrel Ward		2					2
Talking Therapies		1				1	2
Traumatic stress service							0
Other	1	1					2
Grand Total	3	19		2	5	6	35

2.2.1 Number and type of complaints made about a CMHT

12 of the 56 complaints (21%) received during Quarter four related to the CMHT service provision, detail below. In Quarter three there were 7 complaints, however 12 is comparable to the 13 received in Q4 of 2019/20. There were 11,644 reported attendances for CMHT and the

ASSiST service during Quarter four, giving a complaint rate of 0.10%, compared to 0.04% in Quarter three, 0.08% in Quarter two and 0.02% in Quarter one. Overall, there have been slighter fewer complaints related to CMHTs in 2020/21 than in 2019/20.

Table 3: CMHT complaints

	Geographic Locality						
Main subject of complaint	Bracknell	Reading	Slough	West Berks	WAM	Wokingham	Grand Total
Attitude of Staff	1	1					2
Care and Treatment	1	1		3		1	6
Communication			1				1
Confidentiality					1		1
Discharge Arrangements				2			2
Grand Total	2	2	1	5	1	1	12

There were five complaints about the CMHT based in West Berkshire.

Of these complaints, two were about discharge arrangements (they were from the same complainant). The family felt as though they had not been involved with the discharge planning or support for them.

The three complaints about care and treatment were around a lack of consistent support when a CPN was on long term absence (the patient was allocated a temporary Care Co-ordinator however they subsequently had a period of annual leave), and the transition from CAMHS to adult services (the requirement of a specialist residential placement), the trust are currently doing some work on transition from Child to Adult services..

2.2.2 Number and type of complaints made about CPE

There was one complaint received about CPE. This is a decrease from the previous three quarters.

Table 4: CPE Complaints

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

There were 1,524 contacts with CPE during Quarter four, giving a complaint rate of 0.06%, which is a decrease from Quarter three of 0.2%.

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

During Quarter four, 11 of the 56 complaints (19%) related to Adult Acute mental health inpatient wards. This is an increase to numbers received in the previous three quarters. Four were for Daisy Ward, three for Daisy and two for Sorrel.

There were 237 reported discharges from mental health inpatient wards (including Sorrel Ward) during Quarter four giving a complaint rate of 4.50%, compared to 0.9% in Quarter three, 1.52% in Quarter two and 2.81% in Quarter one.

Table 5: Mental Health Inpatient Complaints

Main subject of complaint	Bluebell Ward	Daisy Ward	Rose Ward	Snowdrop Ward	Sorrel Ward	Grand Total
Abuse, Bullying, Physical, Sexual, Verbal		1	1		1	3
Attitude of Staff	2					2
Care and Treatment	2	1		1	1	5
Communication		1				1
Grand Total	4	3	1	1	2	11

There were three complaints relating to alleged Bullying, Physical, Sexual and Verbal abuse. Following a thorough investigation, each was found to be not upheld. In one case there were no staff identified as working on the ward as described by the patient, one complainant explained that they had been confused and with the third a HR investigation is underway into the use of restraint and CCTV showed a different account to the experience reported by the complainant.

There were four complaints received for Bluebell Ward; the two relating to staff attitude were about the response from staff to lost property and the behaviour of night staff (alleged to have fallen asleep) and discussing patients in front of others. The latter complaint has been found to be partially upheld (there was no evidence of staff sleeping on duty and concerns about the conduct of a member of staff are being managed through the HR process).

The two complaints about care and treatment included concerns about the support with discharge and concerns that the patient had not received ECT. No themes were identified.

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

In Quarter four, 4 of the 56 complaints (7%) were attributed to CRHTT, an increase from 3 in Quarter three although a reduction on the 6 received in Q4 2019/20.

There were 16,311 reported contacts for CRHTT during Quarter four giving a complaint rate of 0.02%, the same rate as reported for Quarter three, compared to 0.01% in Quarter two and 0.02% in Quarter one.

Table 6: CRHTT complaints

	Geographic Locality						
Main subject of complaint	Bracknell	Reading	Slough	West Berks	WAM	Wokingham	Grand Total
Care and Treatment		3				1	4
Grand Total	0	3	0	0	0	1	4

Of the three complaints received for the service based in Reading, two involved concerns following the death of patient who had been known to the service (one being an SI and is being investigated, any learning from the investigation will be shared).

2.3 Community Health Service Complaints received in Quarter four

During Quarter four 10 of the 56 complaints (18%) related to community health service provision. The table below shows further details.

Table 7: Community Health service complaints

	Geographical Locality			
Service	Reading	WAM	Wokingham	Grand Total
Henry Tudor Ward		3		3
Oakwood Ward	1			1
Community Physiotherapy	1			1
IPASS			1	1
District Nursing (Community Nursing)	2			2
Out of Hours GP	1			1
Rapid Response			1	1
Grand Total	5	3	2	10

2.3.1 Community Health Inpatient Ward Complaints

During Quarter four, 4 of the 56 complaints (7%) received related to inpatient wards. This is compared to 3 in Q3 and 5 in Q2. There were 637 reported discharges from community health inpatient wards during Quarter four giving a complaint rate of 0.6%, which was the same rate as in quarter three and compares to 1.10% in Quarter two and 0.81% in Quarter one.

Table 8: Community Health Inpatient complaints

	Ward					
Main subject of complaint	WBCH	Henry Tudor Ward	Jubilee Ward	Oakwood Ward	Windsor Ward	Grand Total
Care and Treatment		2		1		3
Medication		1				1
Grand Total	0	3	0	1	0	4

There are seven community health inpatient wards and the top theme for Quarter four remained as care and treatment (3 complaints) and this was across two wards.

There were three complaints for Henry Tudor Ward. There were no themes and the concerns were varied, including lack of physio and a patient being discharged without medication.

2.3.2 Community Nursing Service Complaints

District Nursing received two complaints in Quarter four. This is a decrease from the five complaints received in Quarter three. One complaint was received in Quarter two and two were received in Quarter one. Both the complaints in Quarter four were for the Reading service and one of those related to End of Life care.

There were 70,932 reported attendances for the Community Nursing Service during Quarter four giving a complaint rate of 0.002%, compared to 0.006% in Quarter two, 0.001% in Quarter two and 0.004% in Quarter one. This continues to be a very small complaint rate well below the Trust overall rate of complaints per contact.

Table 9: Community Nursing Service complaints

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

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

There were 14,492 reported attendances for WestCall in Quarter four and two complaints were received giving a complaint rate of 0.01%, compared to 0.02% for Quarter three and 0% in Quarter two. The one complaint in Quarter four related to care and treatment.

There were no complaints for the Urgent Care Centre, which had 3,455 attendances.

2.4 Children, Young People and Family service Complaints

2.4.1 Physical Health services for children complaints

During Quarter four, 4 of the 56 complaints (7%) were about children's physical health services. Three related to Health Visiting and were from the same person (the same person who had raised five complaints in Quarter three and eight complaints in Quarter two, whose child lives 50/50 across Reading and West Berks). One related to the Community Paediatric Service.

Table 10: Children and Young People service physical health service complaints

	Geographical Locality			
Service	Reading	Slough	West Berks	Grand Total
Community Paediatrics		1		1
Health Visiting	1		2	3
Grand Total	**1**	**1**	**2**	**4**

2.4.2 CAMHS complaints

During Quarter four, 6 of the 56 complaints (11%) were about CAMHS services (including CAMHS CPE). There were 8,543 reported attendances for CAMHS during Quarter four giving a complaint rate of 0.07%, compared to 0.034% for Quarter three, 0.06% for Quarter two and 0.04% for Quarter one.

Table 11: CAMHS Complaints

	Main subject of complaint			
Service	Care and Treatment	Communication	Waiting Times	Grand Total
CAMHS - ADHD			1	1
CAMHS - Rapid Response	1			1
CAMHS - Specialist Community Teams	2	1		3
Common Point of Entry (Children)	1			1
Grand Total	4	1	1	6

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

2.5 Learning Disabilities

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

3. KO41A return

Each quarter the complaints office submits a quarterly return, called the KO41A. However, submissions for Quarter three data close on 14 May 2021 and the data will be published after this time.

The return looks at the number of new formal complaints that have been received by profession, category, age, and outcome. The information is published a quarter behind. The table below shows the information for Mental Health Trusts, up to and including Quarter two. Information for Quarters three and four will be provided in Quarter one 2021/22.

Table 12: KO41A Return

	2018-19				2019-20				2020-21	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Mental Health complaints - nationally reported	**3,598**	**3,651**	**3,391**	**3,450**	**3,507**	**3,502**	**3,335**	**3,303**	**2,058**	**3,049**
2Gether NHS Foundation Trust	17	14	21	20	24	16	..	..	..	..
Avon and Wiltshire Mental Health Partnership NHS Trust	78	72	77	51	56	67	59	63	42	67
Berkshire Healthcare NHS Foundation Trust	**49**	**45**	**38**	**51**	**47**	**52**	**56**	**51**	**40**	**47**
Cornwall Partnership NHS Foundation Trust	31	28	20	30	24	22	23	19	12	27
Devon Partnership NHS Trust	44	56	33	45	52	46	56	49	15	31
Dorset Healthcare University NHS Foundation Trust	91	90	92	54	61	60	64	88	60	109
Kent and Medway NHS and Social Care Partnership Trust	87	115	121	118	121	128	124	90	70	111
Oxford Health NHS Foundation Trust	50	56	58	56	52	61	72	68	44	54
Somerset Partnership NHS Foundation Trust	17	14	24	18	24	24	17	19	45	90
Southern Health NHS Foundation Trust	91	95	82	68	73	51	52	51	29	51
Surrey and Borders Partnership NHS Foundation Trust	26	36	16	26	22	28	32	27	9	27
Sussex Partnership NHS Foundation Trust	209	192	181	173	178	217	219	194	99	164

4. Complaints closed

As part of the process of closing a formal complaint, a decision is made around whether the complaint is found to have been upheld, or well-founded (referred to as an outcome). During Quarter four there were 53 complaints closed compared to 42 in Quarter three, 67 in Quarter two and 35 in Quarter one.

4.1 Outcome of closed formal complaints

Table 13: Outcome of formal complaints closed

	2019-20						2020-21					
Outcome	**Q1**	**Q2**	**Q3**	**Q4**	**Total**	**% 19/20**	**Q1**	**Q2**	**Q3**	**Comparison to Q3**	**Q4**	**% 20/21**
Case not pursued by complainant	0	0	0	0	0	0	1	1	0	-	0	1.83
Consent not granted	1	0	0	0	1	0.45	0	0	2	↓	0	0.45
Local Resolution	1	1	0	0	2	1.92	0	0	0	-	0	0
Managed through SI process	0	0	0	0	0	0	0	1	1	↓	0	0
Referred to another organisation	1	0	0	0	1	0.45	0	0	0	-	0	0
Not Upheld	16	20	23	24	83	37.56	9	25	19	↓	18	33.51
Partially Upheld	17	22	28	23	90	40.72	13	34	20	↑	28	46.33
Upheld	11	13	10	9	43	19.46	12	6	0	↑	7	17.88
Disciplinary Action required	0	1	0	0	1	0.45	0	0	0	-	0	0
Grand Total	**47**	**57**	**61**	**56**	**221**		**35**	**67**	**42**		**53**	

66% of complaints (35) complaints were either partly or fully upheld in the quarter, these were spread across several differing services. Of these 6 (17%) were about staff attitude, 6 (17%) were in relation to communication and 21 (60%) related to care and treatment received. This compares to 10% for staff attitude, 30% for care and treatment and 55% for care and treatment in Quarter three.

Table 14: Complaints upheld and partially upheld

	Main Subject of Complaint					
Service	**Attitude of Staff**	**Care and Treatment**	**Communication**	**Confidentiality**	**Discharge Arrangements**	**Grand Total**
Bluebell Ward	2	2				4
Daisy Ward		1	1			2
Snowdrop Ward		1				1
CAMHS - Rapid Response		1				1
CAMHS - Specialist Community Teams		1	1			2
CMHT/Care Pathways	1	4	2	1	1	9
Common Point of Entry		1	1			2
Common Point of Entry (Children)		1				1
Henry Tudor Ward		1				1
Oakwood Ward		1				1
Community Paediatrics		1				1
Community Respiratory Service		1				1
Crisis Resolution and Home Treatment Team (CRHTT)	1	2				3
District Nursing		1				1
Eating Disorders Service		1				1
Health Visiting	1					1
IMPACTT		1				1
Psychological Medicine Service	1					1
Veterans TILS Service			1			1
Grand Total	**6**	**21**	**6**	**1**	**1**	**35**

4.2 Response Rate

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

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

Table 15 – Percentage response rate within timescale negotiated with complainant

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

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

5. Characteristic data

5.1 Ethnicity

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

The tables below show the characteristics of patients who have had complaints raised about their care between 1 January and 31 March 2021. This does not include where a different organisation was leading the investigation but does include re-opened complaints. The population data has been realigned to the information provided in 2019 Berkshire population data.

Table 16: Ethnicity

Ethnicity	Number of patients	%	Pop %
Asian - Indian British	2	3.57	13.59
Asian - Pakistani	2	3.57	
Black African	2	3.57	3.64
Black Caribbean	1	1.79	
Mixed - White and Asian	1	1.79	3.18
Mixed - White and Back Caribbean	1	1.79	
Other Mixed	4	7.14	
Not stated	11	19.64	0
Other Ethnic Group	3	5.36	0.99
White - British/Welsh/Irish/Scottish	5	8.93	6.31
White British	24	42.86	72.29
Grand Total	56		

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

5.2 Gender

There were no patients complaints where the person identified as anything other than male or female during Quarter four.

Table 17: Gender

Gender	Number of patients	%	Pop Data %
Female	32	57.14	49.5
Male	24	42.86	50.5
Grand Total	56		

5.3 Age

Table 18: Age

Age Group	Number of patients	%	Pop %
1 to 4	1	1.79	4.8%
5 to 9	3	5.36	7.3%
10 to 14	2	3.57	6.6%
15 to 19	7	12.50	6.3%
20 to 24	2	3.57	5.7%
25 to 29	7	12.50	5.8%
30 to 34	1	1.79	6.7%
35 to 39	3	5.36	7.6%
40 to 44	5	8.93	8.1%
45 to 49	3	5.36	7.5%
50 to 54	2	3.57	7.0%
55 to 59	2	3.57	6.1%
60 to 64	4	7.14	4.9%
65 to 69	2	3.57	4.0%
70 to 74	3	5.36	3.8%
75 to 79	1	1.79	2.7%
80 to 84	0	0.00	2.0%
85+	6	10.71	1.9%
Not known	2	3.57	0.0%
Grand Total	56		

6. Parliamentary and Health Service Ombudsman

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

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

There have been no new formal investigations taken on by the PHSO in quarter four, but there have been two enquiries where they have asked for further information or sought for us to seek local resolution with the complainant.

The PHSO have advised that the COVID-19 pandemic continues to have a significant impact on their workforce, service and delays by Trusts in responding to enquiries. There is currently a queue of over 3,000 complaints waiting to be reviewed so they have decided to focus on the more serious complaints about health services in which people may have faced a more significant impact and where they can make the biggest difference. For other complaints (where

someone has faced less of an impact) they will consider whether there is anything they can do to help resolve things quickly, but if not, they will close the complaint.

Month open	Service	Month closed	Current Stage
Dec-18	Psychological Medicines Service	Open	Investigation Underway
Nov-19	CAMHS	n/a	PHSO have requested information to aid their decision on whether they will investigate
Mar-20	CMHT/Care Pathways	Open	Underway
Sept 20	CPE	n/a	PHSO have requested information to aid their decision on whether they will investigate
Oct 20	CMHT/Care Pathways	n/a	PHSO have requested information to aid their decision on whether they will investigate
Oct 20	CMHT/Care Pathways	n/a	PHSO have requested information to aid their decision on whether they will investigate
Oct 20	Community Inpatient Services	Open	PHSO have requested we have a final meeting with family
Nov 20	CMHT/Care Pathways	Open	PHSO have requested we attempt to reach resolution with mother of patient who has not given consent to share
Jan 21	Community Inpatient Services	n/a	PHSO have requested information to aid their decision on whether they will investigate
Feb 21	Community Inpatient Services	n/a	PHSO have requested information to aid their decision on whether they will investigate

The PHSO has now published the draft Complaints Standard Framework: Summary of core expectations for NHS organisations and staff. The Complaints Team are reassessing the service to ensure that it aligns with the draft standards and will provide an update in Quarter one 2021-22.

7. Multi-agency working

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

8. MP enquiries, locally resolved complaints and PALS

8.1 MP enquiries

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

Table 19: MP Enquiries

	Main theme of enquiry						
Service	Access to Services	Care and Treatment	Communication	Information Request	Medication	Other	Grand total
Adolescent Mental Health Inpatients - Willow House						1	1
Adult Acute Admissions - Rose Ward						1	1
CMHTOA/COAMHS - Older Adults Community Mental Health Team				1			1
Common Point of Entry	1						1
Community Hospital Inpatient Service - Ascot Ward					1		1
Crisis Resolution and Home Treatment Team (CRHTT)		3					3
Other	1						1
Phlebotomy			1				1
Talking Therapies - Admin/Ops Team		1					1
Grand total	2	4	1	1	1	2	11

There were three MP enquiries about CRHTT (2 in Reading and 1 in Wokingham) and the theme across them was that families had raised concerns about communication and support from the service, these will be further reviewed by the service.

It is of note that there no contacts raised in the quarter about waiting times for CAMHS; as this has been a theme in recent quarterly reports.

There were 11 MP enquiries raised in Quarter four, an increase from 10 in Quarter three, 8 in Quarter two and 5 in Quarter one.

8.2 Local resolution complaints

Complaints can be raised directly with the service, where the service will discuss the options for complaint management with those raising the complaint to give them the opportunity to make an informed decision as to whether they are looking to make a formal complaint or would prefer to work with the service to resolve the complaint locally, without involvement of the Complaints Office. These are called Local Resolutions and services log these so that we can see how services are doing at a local level.

Table 20: Concerns managed by services – Local Resolution complaints

Service	Number of concerns resolved locally
Children's Speech and Language Therapy - CYPIT	5
District Nursing	5
Physiotherapy Musculoskeletal	4
IMPACTT	2
Continence	2
Neuropsychology	2
Heart Function Service	1
East Berkshire Wheelchair Service	1
Criminal Justice Liaison and Diversion Service - (CJLD)	1
Crisis Resolution and Home Treatment Team (CRHTT)	1
Health Visiting	1
Intermediate Care	1
CMHTOA/COAMHS - Older Adults Community Mental Health Team	1
Community Hospital Inpatient Service - Donnington Ward	1
CAMHS - Anxiety and Depression Pathway	1
Diabetes	1
Podiatry	1
Acute Dietetics	1
Early Intervention in Psychosis - (EIP)	1
Grand Total	33

There were 33 local resolution complaints logged in quarter four, which is an increase to the 20 logged in Quarter three and the 27 in quarter two. Communication was the most common theme for the local resolutions that were logged. 9 of these related to mental health services and 24 to physical health services; demonstrating that as in previous quarters more concerns are resolved through local resolution within physical health services compared with mental health services.

Of the five concerns logged by Children's Speech and Language Therapy – CYPIT, four were about delays and waiting times to be seen by the service.

There were not themes of the concerns resolved by the District Nursing Service.

Two of the concerns relating to Physiotherapy Musculoskeletal service were about difficulties with virtual/telephone appointments.

8.3 Informal complaints received

An informal complaint is managed locally by the service through discussion with the Complaints Office and, when discussing the complaints process, this option is explained to help the complainant to make an informed choice.

There have been 31 informal complaints received in Quarter four, compared to eight during Quarter three. The main reason for the increase is the way in which the Complaints Office are working, as previously these complaints would have been discussed with the service to deal and log as 'local resolution'. The reason for this is change is for the Complaints Office to have more oversight of the complaints being resolved by services.

Community Nursing and CMHT resolved the most informal complaints, however there were not themes on the complaints or geographical localities for either service.

Table 21: Informal complaints

	Main theme of concern				
Service	**Care and Treatment**	**Communication**	**Discharge Arrangements**	**Waiting Times for Treatment**	**Grand Total**
Adult Acute Admissions - Bluebell Ward		1			1
Adult Acute Admissions - Rose Ward	1				1
CAMHS - ADHD	1				1
CAMHS - Anxiety and Depression Pathway				1	1
CAMHS - Specialist Community Teams				1	1
CMHT/Care Pathways	4	1	1		6
CMHTOA/COAMHS - Older Adults Community Mental Health Team	1				1
Common Point of Entry			1		1
Common Point of Entry (Children)	1				1
Community Hospital Inpatient Service - Ascot Ward	1				1
Community Hospital Inpatient Service - Donnington Ward	1				1
Crisis Resolution and Home Treatment Team (CRHTT)	1				1
District Nursing	4	1			5
Early Intervention in Psychosis - (EIP)		1			1
Health Visiting		1			1
IMPACTT	2				2
Other		1			1
Out of Hours GP Services	1				1
Paediatrics		1			1
Patient Experience		1			1
Physiotherapy Musculoskeletal	1				1
School Nursing		1			1
Grand Total	**19**	**9**	**2**	**2**	**32**

8.4 NHS Choices

There were four postings during Quarter four; three were positive, one was negative. PALS responded to these with contact information and the offer of a further conversation about their experience. It was also sent on to the services for their attention.

Service	Feedback
Rose Ward PPH	*Thank you for excellent care* *Our child (21) was admitted to Rose Ward following a relapse into psychosis only a week after discharge from a different hospital. They stayed eight weeks and remained under the care of the same clinician for two weeks at home before discharge. Throughout, the compassion shown by all those involved in the care was exemplary. We initially struggled with communication but developed a good relationship with the ward, and by phone received updates, input into treatment discussions, and gave feedback on home leave. We found it hard that the treatment was primarily medication, but we know the highly dedicated nursing and support staff spent time with our child looking after physical, emotional and social needs. The (online) carers support group facilitated by psychologists was invaluable for understanding psychosis and feeling less alone in the trauma of it all. Two months plus feels like a very long time, but we see it was caused by the nature of the illness not issues with the treatment. There has been a good handover to the community team for ongoing care that will include talking therapy.*
Wokingham Hospital – Covid Vaccination Clinic.	*Had my first covid vaccination today. All staff was amazing - caring, helpful & patient. The car park attendant, the man checking ID (I forgot my photo ID in the car) who was so patient, the nurse who answered all my questions, the admin staff. Everyone was pleasant & efficient. Thank you!*
Talking Therapies – Church Hill House.	*Regaining my confidence. I had a fear of needles and hospitals in general. I started weekly counselling sessions with a very understanding therapist after some initial telephone consultations. The lady therapist treated me with some form of hypnotherapy although it was not a traditional method. Well I'm pleased to say that I went for a blood test and my fear was about 90% reduced. I would like to say a big thank you to her and her co-therapist. I understand that I cannot mention them by name but if someone from Talking therapies would contact me and can tell you their names.*
Memory Clinic – Wokingham Hospital.	*Answering the telephone with "Old People's" memory services implies a lack of respect for those people using the service. Wokingham Memory Services or Berkshire Memory Services would be sufficient. If there is a need to differentiate the provision of services by age then I'm sure a more respectful phrase can be found.*

8.4.1 PALS Activity

PALS has continued to provide a signposting and information service throughout the pandemic response.

PALS have continued to facilitate the Message to Loved One service (collating messages for patients that are then hand delivered on the ward) that was available across all inpatient areas. This PALS have held regular meetings with Advocates, with those based at PPH having returned on a reduced basis.

There were 533 PALS contacts during Quarter four (compared with 462 last quarter). In addition, there were 377 contacts which were related to non-Trust services (an increase from 267 in Quarter three). The main reasons for contacting PALS were:

- Concerns and enquiries about how to access services and communication

(such as asking for updates on waiting times, people trying to get hold of services or specific staff members and queries about how to access services)

- Concerns about Care and Treatment

(such as worries about being discharged from a CMHT, concerns about support in a mental health crisis, side effects of medication and needing hearing aid repairs)

Of the 533 PALS contacts, 59 were about Covid-19 (an increase from 36 in Quarter three). The majority of these enquiries were:

- 28 were about accessing services (47%)
- 10 were asking for information (17%)
- 2 contacts had concerns with communication (3%)

9. The Friends and Family Test

The NHS Friends and Family Test (FFT) gives an opportunity for patients and their carers to share their views in a consistent way across the Health Service. Berkshire Healthcare has aligned its Strategic Objectives to support a 15% response rate for the FFT in both physical and mental health services. The results of the NHS England national review of the FFT have been published and the FFT question was due to change from April 2020 to *Overall, how was your experience of our service.*

NHSE/I issued a national pause on the mandatory active collection and reporting of the FFT in March 2020. The Trust has continued to collect the FFT via non-contact methods such as SMS, online link and by telephone for local learning and service development. The Patient Experience Team has worked with wards in both physical and mental health services, to telephone patients who have given consent to be telephoned after their discharge. The feedback has been positive, and staff were able to also speak with family members and carers on several calls. From May 2020, in addition to the FFT, patients were prompted to share their experience of being in hospital during the pandemic (*Q2: Please can you tell us why you gave your answer?* (Prompt to find out more about PE, feeling safe, assured, hand hygiene, visiting restrictions).

FFT reporting to NHSE started again from January 2021 with the new FFT question (rating of care rather than recommendation to others) which was due to be launched from 1 April 2020 (and paused). The Trust started the new FFT locally from 1 September 2020 in readiness for the NHSE launch. The response rate is low (5% Trust wide for Quarter four) and the Patient Experience Team are working with services to overcome their individual challenges with collecting this, such as creating QR codes that can be added to posters in waiting areas and on clinic letters, and supporting with setting up discharge calls. In line with the Quality Account, we will be reporting the FFT in this report from Quarter one 2021/22.

Examples of the feedback received from the telephone calls are:

'All carers were nice and patient. I really thought my experience was wonderful'

'To All the Wonderful Staff at Oakwood Unit THANK YOU SO MUCH for the wonderful care you gave our Dad. He is so much improved thanks to you all. We really appreciate it. With best wishes'

'My sister and I thank you and you team from the bottom of our hearts for looking after our mother. In normal times we would have done this face to face and given you all a gift as a token of our thanks. As that's not possible, could you nominate a charity we could make a donation to?'

The feedback was shared anonymously to the wards.

Wards are also continuing to promote the Message to a Loved One service which is well used and receives positive feedback.

10. Our internal patient survey

The existing patient survey programme was paused in response to the pandemic from mid-March 2020, alongside the collection and reporting of the FFT. Some services have continued to collect this information for internal service monitoring and development use, but the use of handheld devices to collect feedback has now recommenced in some areas. The Patient Experience Team has liaised with colleagues in Infection Prevention and Control, and wherever possible cards will be reintroduced by services locally scanning and emailing cards across. Berkshire healthcare has awarded the tender to *I Want Great Care* to develop and test a new patient experience measure tool with us. The project started in April and will take approximately 12 months. We are planning co-production workshops with all of our services, their patients and carers between May and June to hear what questions they think are important to ask, building on the themes identified in phase one of the project last year. The survey will then be designed over the summer and tested for a month in all services at the end of October. Rollout of the new survey will start in January 2022.

11. Learning Disabilities survey

As this is part of our Internal Patient Survey, this was paused. Collection will recommence in Quarter one 2021/22.

12. Updates: Always Events and Patient Participation and Involvement Champions, Healthwatch

There is no activity to report for Always Events, Patient Participation and Involvement Champions and 15 Steps as these were not carried out as part of the pandemic response. The 15 Steps Programme remains suspended until the restrictions on visitors to clinical areas is lifted. We plan, all going well, to reinstate the 15 Steps visits during the autumn.There continue to be open and regular channels of communication between the Patient Experience Team and the Healthwatch organisations across Berkshire, on individual cases and for sharing communication with communities and meeting on a monthly basis. The Healthwatch organisations in the East of Berkshire have been awarded to one provider and there is work underway to link the new teams to our clinical Divisions.

13. Compliments

There were 1319 compliments reported during Quarter four. The services with the highest number of recorded compliments are in the table below.

Table 21: Compliments

Service	Number of compliments
Talking Therapies - Admin/Ops Team	444
District Nursing	191
Intermediate Care	188
Community Hospital Inpatient Service - Oakwood Ward	59
CMHTOA/COAMHS - Older Adults Community Mental Health Team	57
Community Respiratory Service	48
Community Based Neuro Rehab - CBNRT	24
Community Matron	22
Physiotherapy Musculoskeletal	19
Heart Function Service	18

Table 22: Examples of compliments received during Quarter four

Integrated Care This was a compliment form the son of a patient we had completed treatment for. *He said 'thankyou so much to all of the team who have treated my mother, but in particular I am so grateful for the regular communication from yourselves so that I felt informed and supported all of the time. That's been so helpful'*	**Liaison and Diversion Team** *'You were so very supportive offering 'crisis help and pastoral support' when it was much needed and other services were had a very punitive approach'*
Prospect Park Hospital *'Extend thanks to ROSE WARD staff of the hospital for the care provided, thank you for team patience kindness and understanding during the hospital stay, will never be forgotten'*	**Cardiac Rehab** *Patient has just let me know that if it wasn't for cardiac rehab she and her husband would have felt totally lost following his cardiac surgery as they haven't received any other support.*
District Nursing *'Many thanks for your kindness with our beloved father. You made the situation so much easier. Thank you so much'*	**CMHTOA/COAMHS - Older Adults Community Mental Health Team** *"Thank you for the past few months, I am sure taking this case back on must have seemed daunting, but I hope & think that our interacting and the way you have listened and supported things in a proactive manner could not have gone better, THANK YOU* *I am truly delighted that you have said that my mums case/care will remain open. I think you know how much we value your support and all you do, but please can you pass on/forward our massive thanks for this decision. In the past as you know work with my mu was superb, and when the case was closed the results were terrible for mum; I was dreading the same may happen again'*
IMPACTT *'I just wanted to also take this opportunity to thank you and the rest of the team from the bottom of my heart. I have never seen xx feel so understood and engage independently and fully in any intervention or support system before. Both of us finally feel like she isn't the only one facing the problems she does and that means so much and enables her to embrace your help and support'*	**Community Inpatient Ward** *'Absolutely brilliant! I've never been in Hospital for 75 years as an inpatient and it's lovely here. It's absolutely lovely. Everybody is so kind'*

CMHT *'When I first met with my CPN to discuss starting DBT and the 1:1 sessions she was very warm and welcoming. She made me feel very at ease. I was initially very nervous and my experience with mental health professionals had not always been positive. But she put my mind at ease very early on with her overall manner. It was clear that she was actively listening to whatever I opened up about and hadn't made any obvious prior judgements about me before we had actually met. I was very impressed early on because she explained she was new to the treatment too, but her approach made it feel quite effortless'*	**Perinatal Mental Health** *'I just want to say again a huge thank you for the endless support throughout the 12 week course and of course all the other times too. I have so much gratitude for you both, and I truly believe it has been life changing for me. As I said yesterday I use it in my daily life and I'm trying to also teach the boys as I really do believe it's so important'*
CMHTOA/COAMHS - Older Adults Community Mental Health Team *'We would both like to send our sincere thanks to yourself and the team for all the support direction and guidance you have given us throughout this journey with dad. The work you do is truly amazing, you have helped us as a family and we truly appreciate it. Learning to live with mental health has been made so much easier with your support'*	**Veterans TILS** *'After being passed from one specialist to another over a 4yr period I was finally connected to the TILS service and at last I started to see positive result. I'm so much happier now. TILS is innovative and well organised. I found the process reliable and smooth. I appreciated the follow up'*
Community Nursing *'Our grandmother was on the palliative care pathway for a few weeks prior to daily district nursing team input. We met xx over a weekend when she came to review our grandmother whilst she transitioned into the end-of-life stage. Our grandmother passed away sadly and we just wanted to express our appreciation to xx's very caring input during the last few days of her life.* *xx's bedside manner not only towards our grandmother but the entire family was incredibly touching and despite these very upsetting circumstances, we were reassured that we were in good hands. She took her time to explain clearly the syringe driver and how the district nursing service alongside the palliative care team worked out of hours, as we ended up needing to contact during this period on several occasions. xx is an excellent representation of the district nursing team and we are grateful for her support in this difficult time'*	
CMHTOA/COAMHS - Older Adults Community Mental Health Team *'I have been a full time carer for my mum for the last 5 years. My mum had Alzheimers disease and lived here with my husband and I.* *The challenges that Alzheimers brings are enormous and whilst we were happy to and wanted to care for my mum at home, we needed support many times along the way to enable us to cope and to keep her here with us.* *When my mum's mood and behaviours deteriorated early last year we contacted our Community Mental Health Team (CMHT) and were immediately embraced and supported by xx who we were lucky to have allocated to my mum.* *xx worked very closely with us, our Social Worker xx, who was also amazing, and the mental health medical team to get my mum the right medication and dosage. This made an immediate difference and was definitely the key to avoiding having to place mum in full time care. We had wanted to avoid this at all costs but had almost got to the end of our tether until our Locality Access Point (LAP) kicked in. The ongoing support was also impressive. There was a high degree of communication between xx and ourselves right up until we lost my dear mum to Covid recently, her having contracted this awful disease whilst in hospital.*	

Our dearest wish was for my mum to pass away at home with us and I contacted xx as soon as we realised mum was in need of palliative care. I cannot praise enough how amazing the support and practical help that we received from the LAP was, to put this in place in a very short space of time. Within only hours of contacting xx we had carers coming 3 times a day, the community district nurses twice daily and access to the rapid response team whenever we needed them. Between them they kept my mum free from pain and her dignity intact until she passed away peacefully here with us as we and she had always wanted.

We cannot ever thank or praise enough all of the people involved for the kindness, care, attention and overall support that we received from all them during such an awful and sad time.

We will be forever grateful'

RRAT

Feedback from the Regional Director of BUPA:' Hope you are well.

I just wanted to send an email thanking the rapid response team for everything they have been doing for the homes which have had outbreaks. As you are aware we have had outbreaks in 2 of our Newbury homes, and I can honestly say that the response of the team has been amazing and the treatments given have been lifesaving. I am absolutely positive that the RRAT treatments have saved some of our residents from the very worst of Covid.

I wish this service for care homes was available in other areas as I am sure it would of helped with homes with outbreaks.

Once again a huge thank you to the team from me'

Table 23: Compliments, comparison by quarter

	2019/20					2020/21				
	Q1	Q2	Q3	Q4	2019/20	Q1	Q2	Q3	Q4	2020/21
Compliments	1,404	1,389	1,437	1,436	5,666	873	975	1,010	1,319	4,177

14. Changes as a result of feedback

Oakwood Ward

Presented on a You Said, We Did poster on the ward:

'We have received above 100% positive feedback from Friends and family test in January.

Because your feedback is so valued to us, we are therefore always looking for different ways to gain feedback from Patients and their families.

i.e. Service rounding on the weekend (specific conversations with patients about their experience) and family/carer questionnaire for all visitors to complete in the Reception area'.

Family Safeguarding Mental Health Service

The Family Safeguarding model is a collaboration between Children's Social Care and Berkshire Healthcare (mental health services). The FSM MH service offer individual and group therapy. We have concluded three therapy groups in quarter four, the majority of the comments below pertain to these therapy groups and is feedback that we have received from those who attended them.

These groups were delivered online. It is of note that the quantitative and qualitative feedback we received appears largely consistent with the feedback we have received previously, when these groups were delivered face-to-face.

We routinely collate paired psychometric measures for all our individual and group therapy. These are also largely consistent with our previous face-to-face working.

Feedback so far has included:

“I have tried many groups and it is the only one I have managed to stay in and use to think about how I address the challenges I face.”

“The idea of radical acceptance has helped me to see that I have denied ways I have harmed my child. I now want to work on learning from this rather than keep it buried.”

“Helps me not react and make a bad situation any worse”

“Amazing timing for me. Everyone’s so kind to each despite disagreeing sometimes. An invaluable experience for me”

“Wasn’t keen when I joined but really enjoyed being part of it. Helped me through hard situations. I see a difference in myself”

“I came into the group a bit sceptical and it was kind of ticking a box for me but I’ve actually really enjoyed it. I’ve learnt to accept myself for who I am. My past doesn’t define my future”

“Its been perfect timing for me. People are kind to each other and it helps me learn skills for parenting”

“I wasn’t up for groups at first I’ve come a long way. It’s a parenting group and a mental health group”

“Taught me about myself and I don’t have to fly off handle with everything I don’t like. My mistakes don’t define my future. I can keep my kids, I can make it work”

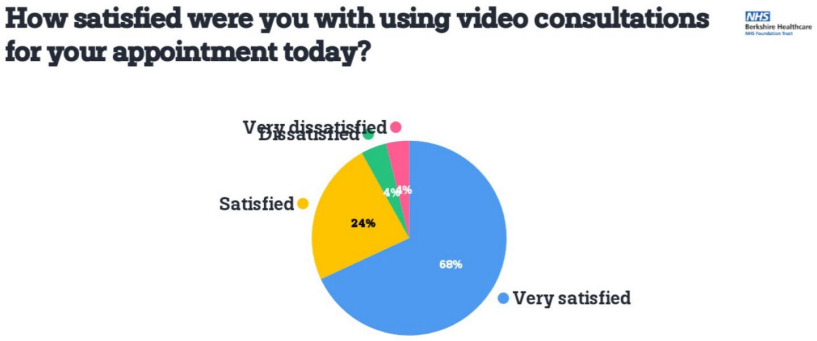
“I’ve learnt more skills to help me respond to challenges with my children. More ways of responding to situations without being led by my emotional mind”

“Other’s experiences can help you, makes one reflect”

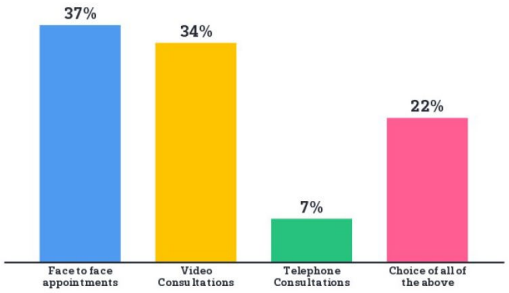
“You taught me that self care is essential to keep the stress levels down and that communicating effectively with everyone is essential. Allowing myself to believe that feeling how I am feeling is ok and to accept it is important. You always listened actively and had an amazing ability to pick out the important bits and in turn use these to help me understand behaviours and feelings. I was incredibly sad to finish our sessions, but I know that the timing was right. I think you have taught me so many good things, that I now need to ensure I continue to use them consistently”

Virtual Consultations

Several services across the Trust are reviewing the patient experience of the differing service delivery methods used during the pandemic. CYPF appointments have continued (where clinically appropriate) to be delivered via video and telephone calls and the division continues to carry out a survey to gather feedback from young people and their families regarding future appointments, around 1500 responses have been received with the results as detailed below:



If it was an option for the future, which appointment methods would you like to access for your consultations?



Elizabeth Chapman

Head of Service Engagement and Experience

Formal Complaints closed during Quarter four 2020/21

Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
West Berks	CMHT/Care Pathways	Low	Poor transition from CAMHS to adults. Complainant feels they have to keep chasing in order to get any form of service and states the complaint is that there is NO treatment for the patient	Partially Upheld	Service Manager to discuss further with medical staff to ensure that appropriate medical input is in place. Discuss content of concerns with care coordinator. This will help both to be aware of treatment plans and goals. Transition between CAMHS and CMHT to be considered with clear information given regarding what Adult Mental Health Services are able to offer.	Care and Treatment
Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Low	Explanation required as to why pt has been told 2 psychiatrists are required to be present to give a re-diagnosis. Appt due on the 15th Jan, pt not sure they should attend if only 1 psychiatrist present	Partially Upheld	Confusion over number of staff attending. Apology offered and clarification given	Communication
Bracknell	Health Visiting	Low	Family unhappy with the HV felt she lacking empathy and compassion	Upheld	Learning for the member of staff about communication with families and documentation.	Attitude of Staff
Wokingham	CMHT/Care Pathways		A complaint covering care and treatment plus attitude of staff spanning CMHT / Crisis / IMPACTT / EBPM	Upheld	Services to work closely with the family	Care and Treatment
Slough	Crisis Resolution and Home Treatment Team (CRHTT)	Low	Pt unhappy with the way they were treated by the Crisis staff member when attending their house with police, says the staff made the matter worse	Partially Upheld	Actions of staff were not helpful or supportive	Attitude of Staff
West Berks	CAMHS - ADHD	Moderate	Complainant wishes to know why we are not providing an assessment or a date when this will happen and why we are not keeping in contact with them	Not Upheld	There are no specific actions identified to prevent recurrence. However, the team is working closely with the CCG on a project to model demand and capacity, workforce and transformation in order to compare and cost options for the service. In addition, caseload management continues supported by the Team Lead and the team has a driver metric of reducing DNAs to try to improve capacity and reduce waits.	Waiting Times for Treatment
Reading	District Nursing	Low	Pt feels DN's missed the issues with their foot in the light of the offensive smell in Oct 2019. Very upset by behaviour letter sent.	Not Upheld		Care and Treatment
Reading	Psychological Medicine Service	Low	Family resulted to private treatment for pt as felt a lack of response from MH services. Family feel the PMS staff member lacked empathy, showed disdain and had a heartless attitude. Complaint also spans Newbury Crisis team member	Partially Upheld	1.Issues around how PMS and CRHTT communicate and manage issues related to prescriptions out of hours when medical cover for both teams is reduced. Learning from this will be shared with relevant staff across both teams. 1.Experience at RBH will be shared and reflected upon with the staff in their supervision.	Attitude of Staff
Reading	Eating Disorders Service	Minor	Not advised in advance the sex of the psychiatrist which has caused undue stress to the pt. Pt feels invalidated and dismissed that the psychiatrist appeared to have disregarded previous diagnosis. Family and patient feel a lack of support and understand	Partially Upheld	Communication between BEDS and referring team could have been better. BEDS acted appropriately given the information they had.	Care and Treatment

Reading	IMPACTT	Minor	Complainant feels following 2 assessments by different services the pt has been dropped as they have been they are not being accepted for treatment. Family can not afford private therapy, they wish a full explanation as do not the pt to become a statistic	Partially Upheld	We will communicate the findings of the investigation to the Manager of the CMHT and establish lines of communication/communication processes that will ensure that issues identified within the CMHT are communicated to IMPACTT in a timely and effective manner, and that any difficulties are followed up. Whilst treatments are available remotely, IMPACTT to consider, on a case by case basis, the advantages of having flexibility about service provision alongside best clinical practice. IMPACTT to consider continuing a remote offer of treatment even when face to face work can resume	Care and Treatment
Reading	Community Hospital Inpatient Service - Oakwood Ward	Low	Believes correspondence sent to PALS has not been looked into. Complainant wishes to know why pt's character totally changed whilst on oakwood, Why no MH assessment was done despite requesting and why medication review was done without looking at the contraindications to adding laxatives. Wants an apology from Dr	Partially Upheld	Improved communication between ward medics and next of kin. Weekly call to provide and discuss patient rehabilitation, care and concerns.	Care and Treatment
Reading	Veterans TILS Service		Complainant wishes a review of pt records. Feels the content is derogatorily written about the complainant. States inaccuracies about AMHT and provides proof the TILS is more than a referrals service	Not Upheld	Concerns about information documented in malice were found to be unsubstantiated.	Medical Records
Reading	Veterans TILS Service	Low	Complainant does not feel the minutes of the MDT meeting and the points taken reflect the meeting held and states they lack priority around pt TBI	Partially Upheld	Care and communication was appropriate - concerns about information being recorded in a derogatory were unfounded. An area for improvement is around making carers aware of conversations that will be recorded in patient notes.	Communication
West Berks	Common Point of Entry	Low	Due to response pt has further concerns and asks why they still have not had an assessment despite this being identified as a failing ORIGINAL COMPLAINT:- Pt referred to service Dec 2019 and states they have not heard anything from services following a nurse triage	Partially Upheld	Inform all staff about correct referral procedure for CHPS Audit discharge to GP letters sent Reflective team session with a focus on proactive follow up	Communication
Windsor, Ascot and Maidenhead	Community Hospital Inpatient Service - Henry Tudor Ward		Care and treatment whilst on Henry Tudor + breach of pt records	Upheld	See ILR	Care and Treatment
Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Low	Pt unhappy that mental health services spoke to her boss (Who is a GP) about her mental health which she says has resulted in her loosing her job.	Upheld	It is recognised the staff member felt sufficient clinical reasons existed to contact the employer. However, there is no evidence of consulting the wider team or the caldicott guardian.	Confidentiality

Wokingham	Crisis Resolution and Home Treatment Team (CRHTT)	Low	Complainant believes the pt has received detrimental care from the crisis team. 1.safety/care plan sent that was someone else's 2. incorrect prescriptions passed to GP 3. offering drug again which pt had OD with Complainant wants transcripts of calls for 7 days after incident and asks a manager advises if this is an acceptable level of care. Said they felt they were calling a call centre with very aggressive attitudes	Partially Upheld	There is evidence that CRHTT sent the wrong safety plan, IO has apologised in the response letter about this. Standard of care, IO acknowledged that may be CRHTT did not meet the expectation of patient and her sister, but all efforts were made to offer good quality support during her time with CRHTT. Assessment process was explained as it was felt that this was more of a tick box exercise. Complainant felt that the team lacked understanding, did not show empathy or common sense, the team tried to support the patient, there is evidence of good rapport with some clinicians although may be we did not meet the expectation that the client and her sister had, this is acknowledged in the response. A number of issues around medication were raised, there were no evidence to say that we were sending information to GP to provide medication. During the medical review, the patient had capacity and agreed with the treatment plan, hence was prescribed the medication.	Care and Treatment
Reading	Adult Acute Admissions - Bluebell Ward	Low	Unhelpful attitude from staff regarding lost property	Upheld	Property will be returned to patient Missing items will be replaced Staff will be reminded of customer care standards for communication Customer Care training to be provided for all staff	Attitude of Staff
Bracknell	CMHT/Care Pathways	Low	Pt has not been involved in any meetings held regarding their care, requested medication review on many occasions and not granted. Issues with 111. Alleged inappropriate actions from Crisis staff member leaving the pt	Partially Upheld	Whilst the clinical decision making was correct, decisions could have been shared with the patient more clearly.	Care and Treatment
Reading	Community Respiratory Service	Moderate	DECEASED Pt referred to Community team by GP on the 17th Dec, seen on the 23rd at home. Family feel nurse missed vital assessments. Pt taken via ambulance on 25th, diagnosed Pneumonia and dies later that day	Partially Upheld	To ensure temperature is recorded. To ensure pulse oximetry on exertion is recorded. If no response in current treatment to consider chest x- ray.	Care and Treatment
Reading	Out of Hours GP Services		Complainant unhappy with NHS as a whole. Feels 111 is not fit for purpose, Likewise WestBerks. Feels they had to wait too long for a call from the Dr and it was not appropriate that they just left a message	Not Upheld	Consent not received	Care and Treatment
Reading	Other		TVP records on BHFT records regarding pt. Pt wishes these removed	Not Upheld	Information held on the clinical records is appropriate.	Medical Records
Reading	District Nursing	Low	Pt known to DN service since 2019, complaint states that there have been many issues with our service provision. 6 points raised	Partially Upheld	Standard of work for moving/cancelling of visits Email address for patients to be added to Quality Improvement board	Care and Treatment

Reading	Out of Hours GP Services		OOH GP allegedly refused to visit pt or refer to OOHs DN to administer Paracetamol	Not Upheld	Withdrawn as no evidence to back up claims	Care and Treatment
Wokingham	Common Point of Entry	Low	Pt needed to respond to correspondence but was unable to access The Old Forge letter box or building. Staff members turned up to pt property unannounced, questions whether a staff member had read documentation about the pt that they should have done. Wishes to know why 5 staff turned up to 2nd visit in times of Covid. Relates to June/July 2020	Partially Upheld	CPE to review the need for OOO access to a post box CPE and Information Governance manager to review process for managing requests	Care and Treatment
West Berks	Health Visiting	Low	Father unhappy with Trust response ORIGNIAL: Father unhappy with information given to him by social care about BHFT	Not Upheld	Complainant had been misinformed.	Communication
Reading	Adult Acute Admissions - Bluebell Ward	Minor	Pt feels they are not getting any S117 support following numerous discharges from PPH into WAM CMHT care. Now lives out of area	Partially Upheld	i. Adding a section on the discharge protocol for a copy of the safety plan to be printed and given to all patients on admissions and clearly documenting if it is refused. CMHT part not upheld PPH - partially upheld. There is evidence of care plans and one to ones, however it is not documented that the patient was given copies.	Care and Treatment
Wokingham	Integrated Pain and Spinal Service - IPASS	Minor	Pt discharged but believes spinal issue was missed as pain continued and xrays taken in 2020 from chiropractor show scoliosis and lack of natural curve to both lumbar and cervical spine. Feels they are out of pocket for having to start work on areas IPASS Missed	Not Upheld	Clinical care was appropriate; there was no evidence was scoliosis when under IPASS. The clinician discussing the case with colleagues.	Care and Treatment
Reading	PICU - Psychiatric Intensive Care - Sorrel Ward	Minor	Pt feels their section is illegal and has been done as a punishment. Notes state the pt is a female which is not correct.	Not Upheld	Detention is appropriate and the patient is being spoken with and cared for as aligned by their reported gender.	Care and Treatment
Reading	Adult Acute Admissions - Daisy Ward	Low	Mother complaining about son's treatment on the ward. She has not been invited to meetings, and says son has mild LD and needs to have things explained to him. Several issues raised re care and treatment, but she says son was beaten up on the ward and she wasn't told. Also he tested + for Covid but was still allowed out to meet her, so she then had to isolate	Partially Upheld	Associate Medical Director to review with the daisy medical team their ways of working with the aim of increasing their documentation of patient reviews and contact with carers. A datix to be completed for the altercation incident between the two patient'. Ward manager to organise a refresher session on the ward regarding datix and Identification of datixable incidents so they can be reviewed and evidence recorder about the learning.	Care and Treatment
West Berks	CAMHS - Specialist Community Teams	Moderate	Parents care complaining regarding the care their daughter has received from CAMHS and A&E. They feel there has been a lack of age appropriate treatment from August 2020 to date and CAMHS contact has been minimal. They have asked for an urgent review, which we have asked the service to do	Partially Upheld	To ensure that there is a system in place for the suggestion of therapeutic input/support from external agencies, so that this may be shared with families at the relevant time in the care pathway	Care and Treatment
Reading	CMHT/Care Pathways		Family feel the patient is not receiving sufficient care from both CMHT & Social Care	Not Upheld		Care and Treatment
Reading	CMHT/Care Pathways	Moderate	Pt feels she has been treated badly by Psychiatry dept and not heard regarding the incident with the reception staff. Pt wishes to know why they were not called at the agreed time	Partially Upheld	The member of staff attempted to call, but was not connected for an unknown reason. Reception staff thought that they had resolve the patient's concerns when she then called in. Apology given.	Attitude of Staff
Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Minor	DECEASED PT: family raised questions following receipt of SI report	Upheld	Action to reduce jargon in future SI reports that are going to family. Need to consider the audience is different.	Care and Treatment

Reading	Adult Acute Admissions - Snowdrop Ward	Low	Patient has referred her complaint through the CQC as she is unhappy with details of her sectioning and communication from the ward. There has been very little communication regarding treatment.	Partially Upheld	a post incident review with Angela would have been beneficial for her to be able to process the events. Improve Post Incident Reviews with patients and ensure these are documented. As an in-patient mental health service provider, we need to consider the accessibility of information given to patients to ensure all patients have equity when accessing key information. It was evident there was a gap of sixteen days between rights being read and discussed with the patient. We should be ensuring patients are having their rights read and we are compliant with the Mental Health Act.	Care and Treatment
West Berks	Common Point of Entry (Children)	Moderate	Concern about CAMHS CPE and discharge process, resulting in a young person not being referred to Specialist CAMHS.	Upheld	Discussion with CAMHS A&D Team about accepting referrals of patients up their Eighteenth Birthday if required. We are currently collating information about referrals we believe would benefit from the advice of a CAMHS Consultant Psychiatrist CAMHS CPE will ensure the discussion of timely transfer between CAMHS teams is on the agenda of each bi-monthly meeting held between CAMHS CPE, Specialist CAMHS, and the Anxiety and Depression Team Robert Williams will discuss with the A&D manager the concerns Eliza had about her conversation with the A&D staff member.	Care and Treatment
Wokingham	CMHTOA/COAMHS - Older Adults Community Mental Health Team	Low	Relative of pt wants copies of records relating to them that are held within the pt records as issues have arisen that have affected their privacy. Also has been accused of lying by a healthcare professional which they are unhappy about	Not Upheld	The notes remain the same in that there were reports that a dog caused bruises to the patient.	Medical Records
Wokingham	Talking Therapies - PWP Team	Low	Pt wishes to know why they were only given help lines and on line forums by Talking Therapies when presenting with depression and expressing suicidal feelings. Why did Eating Disorders only offer group sessions when already known pt had mild Asperger's and would have difficulty engaging?	Not Upheld	Patient was given information and clear guidance on who to contact and how to get support.	Care and Treatment
Reading	CMHT/Care Pathways		Pt wishes help from services but is discharged. Unhappy with previous CPN	Partially Upheld	Discharge was appropriate - need to ensure that discharge is clearly discussed and understood by patients.	Care and Treatment
Slough	CMHT/Care Pathways	Moderate	Family advise ECT not taking place due to C19 by a Dr, but ECT nurse contradicts this statement, why were they misinformed? Why was the discharge plan from last not followed? Why were there mixed messages from SCMHT re transport? Why was ECT missed by SCMHT after PPH informed them?	Partially Upheld	Best Interest Decision was not carried out appropriately however the decision not to travel to the ECT was appropriate given the presentation of the patient.	Communication
Reading	Adult Acute Admissions - Bluebell Ward	Minor	Family wish to know why ECT has still not been given, they believe it is due to the wards miscommunication? They wish to know why the pt is not being assisted with food intake? Why is pt now under Sec3 when they went in voluntarily? WHy ere family not informed of pt fall?	Partially Upheld	Use of MHA was appropriate. It was not documented that staff were prompting with food and drink as much as they should have.	Care and Treatment

Reading	Adult Acute Admissions - Bluebell Ward	Minor	Attitude of staff on the ward - night staff observing, asleep, talking about other pts, making inappropriate comments, incorrect meds given twice. No discharge plan or ongoing care plan	Partially Upheld	No evidence of staff sleeping. There was a medication error and concerns about staff member are being managed separately.	Attitude of Staff
Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Moderate	Deceased Pt - NOK wants to know what CRHTT did with the pt since Feb/March 2020 and the frequency, they feel it was not adequate	Not Upheld	Issues were alcohol abuse and housing which could not be addressed by MH services. he was signposted and assisted by BHFT teams to access the relevant services that could help him to address his issues.	Care and Treatment
West Berks	CAMHS - Specialist Community Teams	Minor	Mother unhappy with a report which went to a Child Protection conference, believes the clinician needs to make sure the information is correct before writing.	Partially Upheld	Staff to be reminded to make every effort to share child protection reports with families, where possible. Dr to speak to staff regarding concerns.	Communication
West Berks	CMHT/Care Pathways	Low	Complainant feels there is no accountability from the Trust, no ownership of failings, no empathy and no clear indication of the way forward. ORIGINAL COMPLAINT:- Family unhappy with pt discharge and no communication with them before this happened. Family also unhappy in the lack of support for them as a family	Partially Upheld	Further emphasis on carer involvement during treatment and at the point of discharge will be discussed with CMHT Discharge audit to ensure carer involvement becomes embedded into practice Carl will be offered a further out-patient appointment to explore diagnosis. This will inform any further intervention needed by secondary mental health services, including psychological input as well as the need for medication.	Discharge Arrangements
Windsor, Ascot and Maidenhead	CAMHS - Rapid Response	Minor	complainant concerned the pt isn't getting the help that she needs, resulting in further self harm.Feels that this is neglect and service is failing their duty of care	Partially Upheld	IO will feed back to Clinician about the need to ensure communication is clear and understood especially when communicating with young people with Autism. IO to feedback to the Crisis Team manager to feedback that it would be helpful for the Crisis Team to be clear with families about their role out of hours, and to support via telephone so families feel supported. IO to inform and discuss with CPE about the potential confusion/lack of clarity around managing crisis calls when a patient is open to 3 teams (to ensure the parent/patient is put through to the correct team promptly). Further exploration needs to occur to identify if it was CPE that took the calls. IO will feedback to CAMHS SCT, how pt prefers to be communicated with (to build a relationship) and to feedback that Lili and parents would like to understand how better they can support pt when in a crisis.	Care and Treatment
Reading	Adult Acute Admissions - Daisy Ward	Moderate	Pt unhappy with reports written for tribunal hearing. Pt feels we have given their contact details to someone and they are demanding to be moved to a different address.	Partially Upheld	All staff to ensure that they are up to date with Information Governance and Mental Health Act training.	Communication
Wokingham	Crisis Resolution and Home Treatment Team (CRHTT)		Pt has issues with care, treatment and communication	Not Upheld	complaint withdrawn	Care and Treatment
Slough	Community Paediatrics	Moderate	Family have discovered the pt has a cyst which was picked up in an MRI requested by BHFT but not relayed to new paediatricians. Family extremely unhappy with care provided.	Partially Upheld	Incidental findings from MRI were not shared.	Care and Treatment
Slough	District Nursing		Complainant wishes to know if death could have been avoided. Pt treated for bed sores when admitted to Wexham and infection due to ulcerated foot	Not Upheld	Proof of consent not received despite being chased for, so closed	Care and Treatment

Wokingham	CMHTOA/COAMHS - Older Adults Community Mental Health Team	Low	Relative of pt wants copies of records relating to them that are held within the pt records as issues have arisen that have affected their privacy. Also has been accused of lying by a healthcare professional which they are unhappy about	Not Upheld	The notes remain the same in that there were reports that a dog caused bruises to the patient.	Medical Records
Reading	IMPACTT		Sols have come back on response and said they are escalating ORIGINAL COMPLAINT Pt DNA, discharged from IMPACTT - solicitor feels pt should be treated as a Tier4 pt	Not Upheld		Care and Treatment
West Berks	Health Visiting	Low	Father unhappy with Trust response ORIGNIAL: Father unhappy with information given to him by social care about BHFT	Not Upheld	Complainant had been misinformed.	Communication

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	13th May 2021
Title	Six Monthly Safe Staffing Review – October 2020 -March 2021
Purpose	The purpose of this report is to provide board assurance of the trust's compliance with safe staffing national guidelines
Business Area	Nursing and Governance
Author	Linda Nelson - Professional Development Nurse Heidi Ilsley - Deputy Director Nursing Debbie Fulton - Director Nursing and Therapies
Relevant Strategic Objectives	Harm free care, Good Patient Experience, supporting our Staff, Money Matters
CQC Registration/Patient Care Impacts	Supports maintenance of CQC registration and supports maintaining good patient experience
Resource Impacts	N/A
Legal Implications	N/A
Equalities and Diversity Implications	N/A
Summary	This report is for noting and aims to provide the Board with information relevant to safe staffing across the wards within the Trust . The report is structured to support the requirements within the 2016 National Quality Board and the October 2018 NHSI Developing Workforce safeguards in relation to Board oversight of staffing on the wards. As required the report also details a Nursing and Medical Director declaration that they are satisfied that staffing was safe. The COVID-19 pandemic has impacted on all our wards during this reporting period for many reasons, including an increase in sickness levels and a requirement of some staff to shield which has added to staffing challenges faced; some staff redeployment occurred to support the wards over this period.

	In addition, increased acuity of patients was experienced, and actions were required in line with national guidance to minimise COVID-19 transmission, this included cohorting of patients, flexing of bed numbers and some closure to admissions a point during the reporting period. Senior staff and managers have continued to deploy the available staff resource to maintain safety, with all areas having mitigation and processes in place for when there are staff shortages. High numbers of temporary staffing during the reporting period had the potential to impact on quality and patient experience although there has been no direct correlation between specific incidents and staffing during the reporting period. The Trust has a strategic initiative focusing on workforce and programmes of work/ targeted support continues to be provided to those areas with significant recruitment/ retention challenges. In addition, staff well-being is a priority to support our staff from both a health and retention perspective; a well-being lead commenced in September 2020 and multiple resources are available for staff to access.
ACTION REQUIRED	The Board is asked to: Consider this report and note the declaration provided by the Director of Nursing and Medical Director

Six Monthly Safe Staffing Review.
October 2020 – March 2021

1.0 Executive Summary.

The purpose of this report is to provide assurance to the board of the Trust's compliance with safe staffing in line with expectations of the National Quality Board (2016) and the National Health Service Improvement (NHSI) Developing Workforce Safeguards Guidance (2018), along with the declaration from the Director of Nursing and Therapies and the Medical Director that safe staffing is in place across the organisation. The report is limited in some areas, notably the biannual review of safe staffing benchmarking in some community wards due to insufficient patient numbers during this time.

The Covid pandemic has impacted on the wards during this reporting period for a variety of reasons, including an increase in sickness levels and a requirement of some staff to shield making staffing challenging at times. Some staff redeployment occurred to support the wards over this period. In addition, increased complexity of patients and actions taken to minimise Covid transmission including cohorting of patients, flexing of bed numbers and some closure to admissions over the reporting period have also impacted.

In January 2020; the NHS Long Term Plan was published and set out the direction for the future health services. Part of this is ensuring that NHS providers have the appropriate number and skill mix of staff to keep patients safe and deliver high quality of care, with a focus on mental health, learning disabilities and community services.

Non-registered Nursing Associates (NA), are included in the staffing figures reported because their training is work based and NHSI plan to monitor this training pathway within all Trusts and require it to be included in safe staffing reporting.

Registered nurse vacancies on the Mental Health inpatient wards remain challenging which is reflective of the national picture for recruitment. Prospect Park Hospital (PPH) through their dedicated recruitment and retention programme have achieved a more positive staffing picture in relation to non-qualified staff and newly registered staff. Community Health wards (CHS) and Willow House are continuing to recruit to registered nurse posts and staffing levels have improved greatly over the last six months.

The recruitment of newly qualified registered nurses supports staffing numbers and continuity of care on the wards. However, with this comes extra pressure on the more senior staff to mentor these nurses through their preceptorship and provides challenge for more junior staff especially when combined with continuous high occupancy, high use of temporary staff and high patient acuity. Enhanced systems are in place at PPH to ensure that junior nurses feel supported to build resilience and confidence.

In line with national reporting, shifts with less than two registered nurses are monitored each month. The number of shifts reported with less than two registered nurses has increased since the last six-month report of April-September 2020. 646 shifts overall were reported during this period, compared to 463 in the previous six months. During the reporting period there were 17,944 available shifts across the wards (2760 of those were RN shifts). The total number of shifts with

less than 2 registered nurses across the Trust equates to 11.09%. At PPH, 18.83% of shifts had less than two registered nurses (Rowan ward was the highest with 118 shifts followed by Bluebell ward with 112) Other wards have been able to support and a Duty Senior Nurse (DSN) is available which reduces the risk further.

The number of Willow House shifts with only 1 registered nurse slightly increased to 4.4% compared to 3.55% in the previous six months. West Community Health Services had 5.8% of their available shifts with less than two registered nurses; Highclere ward (64) being the highest. In the East the Community wards reported 5.9% shifts with less than two registered nurses (Jubilee 6 and Henry Tudor 37).

Reporting of incidents where staffing is below the expected/required number remains limited in some areas with some continued suspected under reporting in certain areas which experience the most challenges with staffing. Most incidents reported have been assessed as having low or no impact due to the mitigation put in place by staff.

The significant number of registered nurse vacancies on inpatients wards at Prospect Park has remained a risk regarding safe staffing on the mental health wards, although as detailed in this report a large proportion of gaps due to vacancy are able to be covered with temporary staffing and a number of these staff are well known to the services or are our own staff undertaking additional hours. Dedicated recruitment and retention programmes have had a positive effect on vacancies in some areas, particularly with recruiting newly qualified registered nurses into posts and support measures have been introduced alongside to support them recognising that this means that the wards have a high number of junior staff . However, staff shortages especially registered nurses remain a challenge and is reflective of the national picture.

28,944 shifts were requested across the Trust to support the wards in meeting their requirements for minimal staffing as well as providing additional cover for increased observational levels each month; 24% of these requests were not able to be filled. 24.03% of requested shifts were for registered nurses, 31.82% of which remained unfilled. Within PPH, the wards have been able to support each other, and support is also available from senior staff. West Berkshire Community Hospital and Wokingham Hospital have worked within their teams to create more flexibility in covering their wards. The ability to maintain the required two registered staff per shift for every ward using substantive staff remains a significant challenge; many registered nursing shifts continue to be filled through NHSP although these are often Berkshire Healthcare staff doing additional hours over and above their contract.

1.1 Prospect Park Hospital (PPH).

The overall staffing situation at PPH across the wards throughout the past six months has improved slightly. Recruitment of newly registered staff was again successful across the wards and most preceptees from the previous year continue to work within the hospital, however work on retention especially of more experienced staff is still required. Daily staffing huddles are standard practice within the hospital and allow the Designated Senior Nurse (DSN), Matrons and Ward Managers to identify staffing shortages and provide an oversight of activity within the hospital and together plan appropriate actions to ensure safe staffing cover within the hospital across the 24-hour period. This enables the DSN on duty to deploy or move staff to support areas where there is greatest need and staffing challenges which can change rapidly. At PPH it has been recognised that due to staffing difficulties newly qualified nurses are sometimes in charge on a shift which is not ideal. To acknowledge this; part of the daily status exchange meetings identify when a junior

nurse is in charge and may need assistance. The Duty Senior Nurse (DSN) can then arrange extra support for staff. The Nurse Consultant runs monthly structured supportive supervision sessions for preceptees which are well attended and received. In addition, a programme has also recently been implemented to support resilience and confidence in band 5 nurses called 'Reaching my Potential'. This support is crucial when there is continually a high occupancy rate alongside high patient acuity and high use of temporary staff in the acute mental health wards to meet patient need. This has been helpful in supporting the mental health wards which have experienced recruitment challenges and increased difficulty in securing staff to cover minimal staffing recruitment and increased levels of observation. Rowan ward alongside Orchid ward continue to care for patients with high physical as well as mental health needs. Daisy ward had beds enabling the cohorting of Covid positive patients for working age adults and Rowan ward for older adults during the second wave of the Covid pandemic.

PPH continue to work with the finance team (PPH beyond budget) looking at ward hours required versus actual ward hours worked (section 3). This is looking at both qualified and unqualified staff required at any one time on the ward to meet safe staffing plus additional hours required for observation.

Patient acuity has remained high. Wards were dealing with increased patient physical health needs and associated higher levels of anxiety due to the second wave of Covid 19; the Hospital has a physical health lead to support staff around this alongside senior staff on the ward, the Nurser Consultant and the senior management team. To support with the Covid management some Allied Health Professionals (AHPs) were redeployed to support the wards. Extra support workers were needed to ensure wards met the additional needs of Covid 19 during the months of December to February.

12,846 shifts were requested to support the wards in meeting their requirements for minimal staffing as well as providing additional cover for increased observational levels each month; 28.87% of these requests were not able to be filled. 21.49% of requested shifts were for registered nurses, 8.30% of which remained unfilled. Within PPH, the wards have been able to support each other, and support is also available from senior staff.

The wards have additional resource not captured in safe staffing which includes psychology and Occupational Therapy/ therapy assistants as well as the medical workforce. In addition, the mental health wards have recruited Activity Coordinators following a successful pilot on Snowdrop ward last year who assist in engaging patients in activities across the afternoon and evening period. Staff who work across wards on a sessional basis are not calculated as part of the safe staffing measure.

Considerable work has been completed in managing the bed flow and reducing the bed occupancy at PPH, as detailed in table 5. Bluebell ward experienced challenges with high bed occupancy throughout this reporting period where their rate has remained above 90%; some months above 95%. Rose and Snowdrop wards also have over 90% occupancy rates four out of the six months from October 2020-March 2021. Daisy ward and Rowan ward had designated Covid beds during the second wave which affected occupancy rates.

The number of reported shifts with less than two registered nurses has increased to 480 (127 during April 2020 - September 2020) across the hospital which is linked to the impact of the Covid second wave. Rowan ward had the highest number of shifts with less than two registered nurses overall at 118, whilst Sorrel ward had the lowest number with 16. There is on-going work across

wards on recruitment and with mobility of staff around the hospital to ensure safety of the all wards when this occurs. When this has occurred, staff are deployed from other wards and managers step in to work clinically.

Sickness rates (graph 4) have been varied across this reporting period with most wards above the Trust's target of 3.5 % for the duration of the report.

1.2 Willow House.

The unit is working with three registered nurses and five support staff during the day and three registered nurses and three support staff at night to manage the patient acuity and support the high levels of observations required by the patients. A lower bed occupancy in October assisted in managing the young people who have required higher levels of observations. Willow House's bed occupancy level has increased during this reporting period with an average of 68.57% (48% over previous the 6-month period). The sickness rate has varied between 0.16% and 9.20%.
There were 2450 temporary staffing requests, 34.53 % of requested shifts were for registered nurses due to their vacancy rate which has remained between 2.92 and 3.46 WTE. Over the last 6 months 33.10% of shifts were unfilled (15.42% RN).

The number of shifts with less than two registered nurses has increased slightly, with 15 shifts compared to 13 shifts reported in the previous six months. When there is one registered nurse on duty, the nursing team are supported by the ward manager and a senior manager between the hours of 9am and 5pm. Outside of these hours there is access to a manager/senior nurse on call and further support from the DSN at PPH. Where necessary especially out of hours, staff are moved from PPH to Willow house to support the unit.

At the end of April 2021 Willow house will close as a 24/7 CAMHS Tier 4 unit and the CAHMS (Children and Adolescent Mental Health Services) Tier 4 services will be a 24/7 out of hospital service. This will enable a greater number of children and young people in Berkshire to receive better care and outcomes.

1.3 Campion Unit.

Campion Unit has remained a very stable team with strong leadership. Throughout the six months there has been high levels of observations for a number of patients on the unit due to safeguarding and patient and staff vulnerability. This reflects the very complex and challenging patients on the unit. 1653 temporary shifts were requested to meet the requirements of levels of observations; 38.99% were requests for registered nurses. The low unfilled rate (19.90%) is due to the unit predominantly using their own staff to cover additional staffing requirements which provides continuity of care to the patients.

The average bed occupancy during the reporting period has been 39%. The sickness rate from October 2020 to March 2021 has much improved and has varied between 4.77% and 8.26%.
Work continues the development of the new Learning Disability Unit which will be located on Jasmine Ward at PPH. The provisional date for the move is the end of May 2021.

1.4 Community Wards.

West Community Health Wards (CHS).
Vacancies have varied across the wards throughout the reporting period. Wokingham wards had a high number of vacancies at the beginning of the reporting period which has meant higher temporary staffing requests, particularly for registered nurses. Wokingham, Oakwood unit and WBCH vacancy levels have improved greatly over the last 6 months. Despite this, there have been a significant number of unfilled shifts due to the Covid second wave including numbers of staff required to shield which has impacted staffing levels.

Bed occupancy has been lower than expected across all wards for this six-month period (average 73.43%); this has in part been due to requirements around cohorting and need to close beds at times due to Covid, this has assisted wards to manage their safe staffing requirements. West CHS wards have continued with regular meetings with the acute Trusts locally to increase communication and support patient flow for the community beds and identify suitable patients earlier which assists with a more consistent bed occupancy across the West wards.

Sickness rates have been consistently above the Trust's agreed target of 3.5% in all wards due to high numbers of long-term sickness which the wards have been managing with the support of human resources procedures and short-term sickness mainly due to Covid. November 2020 was the most challenging month. During the Covid second wave some at risk staff were shielding and/or self-isolating. The sickness figures do not include those individuals who were shielding and those numbers are registered separately under Covid 19 absence on the electronic roster system. There was an increase in shielding staff due to a change in government guidance in February 2021.

There was some support via redeployment in response to the Covid-19 pandemic second wave during January and February to assist the West CHS wards with staffing.

There were 106 shifts with less than two registered nurses in the West CHS wards, 29 were at Wokingham Hospital and 64 at WBCH. This is a large improvement from the previous report (171 shifts with less than 2 RN's; 82 at Wokingham and 85 at WBCH). At both these units the wards work closely together to ensure safety on these occasions and clinical managers/ANPs are also available during working hours to provide support and assistance as are Physiotherapy and Occupational Therapy staff.

East Community Health Wards.
Staffing levels on both Henry Tudor and Jubilee have remained stable. Due to low bed occupancy any vacancies have not impacted the wards as much as other areas.

Following a fire risk assessment review on Jubilee ward regarding patient evacuation, particularly at night; the ward has one extra unregistered nurse on the night shift to mitigate the risk.

From January-March 2021 the wards were supporting with the management of the Covid 19 second wave. Henry Tudor ward increased its bed capacity to 29 to assist with the cohorting of Covid patients, whilst Jubilee ward decreased its bed numbers because the ward layout in unable to support cohorting requirements of Covid -19 management. Staff were redeployed from ARC, dietetics and MSK to support the existing staff in managing the patients during this time period. The average bed occupancy was 53% which continues to be low but is an increase from the

previous six months of 38.5%. The total number of temporary requests was 1595; 40.06% were for registered nurses with 0.15% of requests being unfilled. The sickness rate for both Henry Tudor ward and Jubilee ward has been above 3.5% for the period October 2020 to March 2021. It was particularly challenging in November on Henry Tudor ward at 29.89%. There were 43 shifts in the reporting period where there were less than two registered nurses (Henry Tudor ward 37; Jubilee ward 6). Patient safety was not compromised due to the low occupancy rate on the wards during the time frame.

2.0 Main Report.

Overview**:**
To meet the requirements of the *Developing Workforce Safeguards* (2018) published by NHS Improvement (NHSI) the Trust need to:

- Include a specific workforce statement in their annual governance statement – this will be assessed by NHSI.
- Deploy enough suitably qualified, competent, skilled and experienced staff to meet care and treatment needs safely and effectively.
- Have a systematic approach of determining the number of staff and range of skills required to meet the needs of people using the service, keeping them safe at all times.
- Use an approach that reflects current legislation and guidance where available.

As part of the safe staffing review, both the Director of Nursing and Therapies and the Medical Director must confirm in a statement to their board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable. This can be found on page 21.

Trusts must have an effective workforce plan that is updated annually and signed off by the Chief Executive and executive leaders. The board should discuss the workforce plan in a public meeting. An effective workforce plan should be multidisciplinary, evidence-based, integrated with finance, activity and performance plans, and directly involve leaders and managers of the service. The Director of People for the Trust leads on this piece of work.

The directive states that establishment setting must be done annually, with a mid-year review, and should take account of:

- Patient acuity and dependency using an evidence-based tool (as designed and where available).
- Activity levels.
- Seasonal variation in demand.
- Service developments.
- Contract commissioning.
- Service changes.
- Staff supply and experience issues.
- Where temporary staff have been required above the set planned establishment.
- Patient and staff outcome measures.

Different roles.
The national minimum staffing expectation of at least two registered staff on each ward for every shift remains a requirement. However, vacancies across all wards means that at times this has

been challenging to maintain. The number of shifts where there are less than two registered staff on duty is monitored on a monthly basis at executive and board meetings. The exception to this minimum is on Campion Unit where it was agreed that a skill-mix of one registered with three support workers was best able to meet with patient need at night.

2.1 Current Situation.

Berkshire Healthcare NHS Foundation Trust has the following wards:
1 Learning disability unit.
7 Community hospital wards (5 units).
7 Mental health wards.
1 Adolescent Unit.

All the wards have a staffing establishment that includes an allowance of 24% for planned and unplanned leave (training, annual leave, sickness absence). Table 1 demonstrates the actual and agreed staffing level on each shift.

Table 1: Current Staffing establishment, bed numbers and shift patterns October 2020 to March 2021 :

	Beds	FTE Establishment in budget 2020/21	Professional judgement FTE	Planned shift pattern (Early-late-night)
Bluebell	**22**	35.00	33.3 + 1 ward manager + 0.5 DSN + 1 CDL = 35.8	6-7-5 activity coordinator inc on the late shift
Daisy	**20**	35.95	28.8 + 1 ward manager + 0.5 DSN + 1 CDL =31.3	6-7-5 activity coordinator inc on the late shift
Rose	**22**	34.15	27.3 + 1 ward manager + 0.5 DSN + 1 CDL = 29.8	6-7-5 activity coordinator inc on the late shift
Snowdrop	**22**	35.95	27.3 + 1 ward manager + 0.5 DSN + 1 CDL = 29.8	6-7-5 activity coordinator inc on the late shift
Orchid	**20**	36.00	27.4 + 1 ward manager + 0.5 DSN + 1 CDL = 29.9	6-6-5
Rowan	**20**	42.00	29 + 1 ward manager + 0.5 DSN + 1 CDL = 31.5	7-7-5
Sorrel	**11**	38.00	27.3 + 1 ward manager + 0.5 DSN + 1 CDL = 29.8	6-6-5
Campion	**9**	37.11	30.8 + 1 ward manager = 31.8	7-7--5
Willow House	**9**	23.42	24+1 ward Manager =25	week days 6-4 (long days) weekend 4-4 (long days)

WBCH	44	63.46	**DONNINGTON** 39.9 + 1 ward matron + 0.3 staff development lead = 41.2	9-6-6
			HIGHCLERE 35.9 + 1 ward matron + 0.3 staff development lead = 37.2	6-5-4
Oakwood	**24**	46.67	45.1 + 1 ward manager and 1 dep. ward manager matron = 47.1	9-7-4
Wokingham	**46**	61.31	59+ 1 ward manager + 0.8 matron = 60.8	13-10-7
Henry Tudor	**24**	32.80	30.8+ 1 ward manager = 31.8	7-6-4
Jubilee	**22**	30.23	30.8 + 1 ward manager = 31.8	7-5-5

At times across a month, wards may require additional staff above what is planned within the establishment. This is to both meet patient need and the increased dependency needs of the patients. The staffing levels are reviewed daily and monthly alongside a range of quality and workforce indicators to monitor the impact and experience for patients. From October 2020 the establishments for the wards changed due to increased funding for 14 Healthcare Assistants for the acute mental health wards which incorporates the activity coordinator posts.

3.0 Review of staffing establishment.

When workforce modelling is undertaken for the wards, the Keith Hurst dependency modelling tool is used to assist in the triangulation of data, alongside benchmarking and clinical judgement. It is recognised that this modelling tool uses a snapshot of dependency of patients on a given day and that dependency can fluctuate, therefore review of the tools uses collation of the daily data over a period of time (20 days) to understand the average dependency for each ward. This is an increased snapshot reporting period from previous reports.

3.1 Review using workforce modelling tool.

Tables 2 and 3 below show the current establishments compared to the recommended establishment from the 20-day review undertaken in March 2021 using the current available Keith Hurst tools.

Table 2: Prospect Park Hospital Wards:

Ward	Bed Number	Current establishment (WTEs)	Average additional staff requested above establishment (WTE per day)	Recommended establishment from March 2021 review (WTEs)	Total actual establishment (including unfilled shifts requested)
Sorrel	11	38	3.49	31.95	41.49
Rose	22	34.15	6.32	31.95	38.27
Snowdrop	22	35.95	6.01	34.74	41.96
Bluebell	22	35.0	7.64	49.24	42.64
Daisy	20	35.95	3.73	19.83	39.68
Rowan	11	42.0	3.49	24.05	45.49
Orchid	20	36.0	5.55	20.97	41.55
Total	128	257.05	36.23	191.8	334.94

The review was undertaken over a 20 day period in line with the Developing Workforce Safeguards recommendations and offers a guide, as we know from triangulation of data that our staffing is not out of line with other mental health providers and it is believed that the required levels of actual establishment was correct to meet the patient need over the 20 day period for all of our wards. In addition, due to the need to provide sufficient social distancing between beds in line with Covid regulations some numbers may be skewed. The figures for both Daisy ward and Orchid ward have been worked out on their usual bed establishment despite both having a reduction in bed numbers to allow for the cohorting of Covid patients. It is noted that Daisy had a lower than average dependency score. This is expected to increase over the next six months in line with the other acute mental health wards.

Patients on Bluebell ward and Rose ward most frequently required extra staff to support the high level of patients requiring observations. Daisy ward had designated beds from December to February to manage and cohort Covid positive patients. This had an affect on occupancy because of the need to maintain distancing between patients. Orchid ward patients have both mental and physical health needs. The current MHOST tool does not have a calculator specifically for dementia wards. Therefore, it appears that the total establishment is above required. However, taking into account the complexity of mental health and physical health on the ward, staffing levels are felt to be appropriate including the use of additional staffing to meet the needs of the patient group. A tool which assists in identifying and supporting safe staffing figures which incorporates both the physical and mental health needs of patients would be beneficial. All the wards required extra staff to support the Covid 19 regulations to ensure compliancy during the second wave. In addition, there was a high level of acuity and need for increased levels of observations which also increased the demand for additional staff alongside recruitment challenges.

Staff employed to cover additional patient observations are regularly used and based on Rowan ward to provide the necessary additional staff to meet patient acuity needs and ensure continuity of care. All wards have now successfully recruited Activity Co-ordinators following the successful pilot on Snowdrop ward. These individuals work on the wards during the 4pm-10pm period, 7 days per week. This will support both safe staffing and the therapeutic environment. There will always be a requirement for some flexibility to meet increased observations and demand.

Ward Managers and Clinical Development Posts are not included in the numbers. All wards have Allied Health professionals who support the wards who are also not included in the numbers but support the ward throughout the day with patient care and treatment, including some weekends.

The supportive roles on the wards (Ward Manager, Clinical development lead and the Matron) need to be taken into account as well as the allied health professional (AHPs) working on the wards when considering safe numbers. These additional roles have supported the safe staffing of the wards during this period as well as the new role of activity coordinator which aims to improve the therapeutic environment.

PPH continue to work on looking at ward hours required versus actual ward hours worked. The definition of ward hours for this is the number of hours of qualified and unqualified staff that is required at any one time on the ward to meet safe staffing plus any additional hours required for observation.

The latest national mental health benchmarking data below demonstrates the acute adult mental health wards to have around same as the national average in terms of skill mix and therapy

resource; however the therapy resource is lower than a number of trusts within the region, and it also appears that there is some correlation between therapy and length of stay. Therefore, a recommendation from this review is for further consideration of increased therapy on the acute wards given that national benchmarking data indicates Berkshire to have longer lengths of stay than the national average.

South East – adult acute skill-mix

Trust	Registered Nursing %	Support workers %	Combined Psychology & Occupational therapy %
National average	45%	55%	4%
Berkshire Healthcare NHS Foundation Trust	40%	60%	4%
Isle of Wight NHS Trust	53%	47%	-
Kent and Medway NHS and Social Care Partnership Trust	41%	59%	5%
Oxford Health NHS Foundation Trust	43%	57%	3%
Solent NHS Trust	36%	64%	6%
Southern Health NHS Foundation Trust	40%	60%	9%
Surrey and Borders Partnership NHS Foundation Trust	48%	52%	12%
Sussex Partnership NHS Foundation Trust	46%	54%	3%

Table 3: Community Wards, Oakwood, Willow House and Campion:

Ward	Bed Numbers	Current establishment	Recommended establishment from March 2021 review	Average Patient number March 2021 review
Oakwood Ward	24	46.67	32.01	23.75
Wokingham Wards (Ascot and Windsor)	46	61.31	47.72	16.05+25.35= 41.4
WBCH (Highclere and Donnington)	49	63.46	71.57	15.9+13.8= 29.7
Henry Tudor Ward	24	32.8	14.04	15.3
Jubilee Ward	22	30.23		
Campion	9	37.11	12.45	4.0
Willow	9	23.42	7.2	6.8

Ward Manager/Matron posts are not included in these figures. The wards all have ANPs and allocated therapy staff who work on the ward. These roles are key members of the multi-disciplinary team but not included in these figures.

The review of staffing in March 2021 occurred while the bed occupancy was lower than expected on all the Community Wards plus Willow and Campion. (Jubilee ward had insufficient bed stock during this period; therefore, analysis of their data was unable to be completed). This is reflected in the outcome of this review (lower suggested recommended establishment than actual establishment). In addition, the average patient number for all community wards has been added to Table 3 to further demonstrate this as all are below the current bed numbers. Taking this into consideration it indicates that baseline agreed staffing levels with the ability to increase this with the use of temporary staff as required continues to be appropriate for achieving safe staffing.

In order to calculate ward hours required for all wards; the safe staffing requirement for qualified and unqualified staff was examined throughout the day. Hours for unqualified staffing were added which were required to cover any observations that were not covered within the safe staffing definition.

To work out hours required for observations; data was collected from the wards around the number of observations each day. This data was used to both predict how many ward hours each ward would need and then retrospectively how many ward hours they needed. This is compared to how many ward hours were worked.

In addition to required ward hours, e-roster data has been analysed to understand available and unavailable hours of substantive staff. Available hours are hours that staff are available to be on the ward. Unavailable hours are hours where staff are paid but are on leave, study, sick, off the ward etc. If the number of 'available hours' on average a substantive staff member works is identified, we can forecast how many temporary hours are required to cover the number of 'ward hours' required each day.

For the mental health wards the optimal mix of substantive/temporary staff is calculated so that there is a target for substantive recruitment for each ward. One factor is that because substantive staff have a significant number of 'unavailable' hours it is can sometimes more cost effective to use bank staff. This needs to be balanced with quality of care.

3.2 Care Hour per Patient Day (CHPPD) Data Collection.

Lord Carter's review: 'Operational Productivity and Performance in English Acute Hospitals: Unwarranted Variations' (2016); highlighted the importance of the non-acute sectors in ensuring efficiency and quality across the whole NHS health economy. One obstacle identified to eliminate unwarranted variation in clinical staff distribution across and within the NHS provider sector has been the absence of a single means of consistently recording, reporting and monitoring staff deployment. CHPPD provides this measure.

The CHPPD is calculated by taking the actual hours worked (split into registered nurses and healthcare support workers) divided by the number of patients occupying beds on the ward at midnight. However, CHPPD does not consider patient acuity, ward environmental issues, patient turnover or movement of staff for short periods.

CHPPD is now the main metric used to benchmark safer staffing. The monthly safe staffing review compares the CHPPD per ward in comparison to the national median and peer median to other Trusts rated by CQC as 'outstanding'. The table below shows the CHPPD for each of the wards over this six-month period alongside nationally available data using peer and national median.

Table 4: BHFT CHPPD:

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Peer Medium	National Medium
Bluebell	8.40	8.00	8.70	9.30	9.00	9.00	11.77	11.29
Daisy	9.00	10.90	9.40	10.80	11.00	9.40	11.77	11.29
Rose	8.30	7.40	7.00	10.60	16.90	11.00	11.77	11.29
Snowdrop	8.30	7.80	8.40	10.20	10.20	7.80	11.77	11.29
Orchid	14.70	18.30	13.50	9.20	12.70	12.80	11.32	13.09
Rowan	16.40	18.20	18.80	11.00	19.50	21.50	11.32	13.09
Sorrel	18.00	18.10	26.90	20.00	19.40	17.80	21.48	21.73
Campion	66.40	56.90	54.30	44.60	52.20	58.00	27.27	29.78
Willow House	39.30	27.90	23.90	29.40	26.50	29.60	21.95	21.72
Donnington	7.30	7.00	6.90	6.20	5.90	6.10	8.07	8.72
Highclere	7.20	7.30	7.50	6.50	6.80	7.00	8.07	8.72
Oakwood	8.30	8.60	7.50	7.10	7.60	7.40	8.07	8.72
Ascot	9.90	8.30	9.10	8.10	7.80	7.60	8.07	8.72
Windsor	8.00	8.30	6.80	5.00	6.70	6.40	8.07	8.72
Henry Tudor	12.00	10.70	9.80	7.70	9.50	6.40	8.07	8.72
Jubilee	15.90	13.70	12.50	11.80	21.20	38.90	8.07	8.72

Campion Unit CHPPD data figures are high due to the high amount of level 2 observation (5-6 cases), patients who required 2 on 1 supervision for safety/safeguarding reasons and another patient needing 2 to 1 supervision. For this group of patients' level of risk carries higher priority than the number of patients in the unit.

3.3 Model Hospital National Median and Peer Median.

This data acts as a guide in terms of benchmarking for the Mental Health Wards However, it can be easily skewed if there are several patients on a ward requiring 1:1 supervision. This is because the measure simply takes available nursing hours and divides by the number of patients. In addition, there is also a national variation regarding what is included within the CHPPD as the data is pulled from e-roster. This therefore includes variation in staff who feature on a ward roster including allied health professionals where they are rostered.

3.4 Bed occupancy.

Table 5 below details monthly bed occupancy over the reporting period, the data highlighted in red is where bed occupancy has exceeded 90%. The areas that have frequently experienced bed occupancy in excess of 90% are the Acute Adult Mental Health Wards, this is with the exception of Daisy ward during this reporting period because beds on Daisy ward were ring fenced to cohort Covid positive patients should that be required; this lead to lower occupancy In addition, the West CHS wards also demonstrated periods of high occupancy although averages were under 90%.

During this reporting period all wards were impacted by Covid with some periods of time requiring beds to be closed to ensure appropriate cohorting and management of patients to minimise the risk of transmission in line with national guidance.

Table 5: Bed Occupancy:

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Average
Bluebell	93.10%	96.50%	90.50%	92.50%	94.16%	95.16%	94%
Daisy	86.00%	70.30%	85.50%	83.40%	73.04%	84.03%	80%
Rose	92.50%	97.60%	96.50%	83.10%	98.38%	89.74%	93%
Snowdrop	90.30%	95.00%	94.40%	74.20%	77.92%	98.24%	88%
Orchid	76.30%	52.20%	71.80%	73.70%	79.46%	76.13%	72%
Rowan	54.50%	59.20%	57.90%	65.80%	46.07%	49.19%	55%
Sorrel	99.40%	99.10%	71.30%	86.80%	92.21%	96.19%	91%
Campion	28.30%	35.20%	39.80%	48.70%	46.24%	37.99%	39%
Willow House	50.50%	69.60%	78.90%	76.00%	73.41%	62.00%	68%
Donnington	79.50%	91.20%	88.70%	93.10%	93.10%	86.02%	89%
Highclere	68.10%	68.20%	62.20%	72.00%	72.93%	70.29%	69%
Oakwood	80.00%	67.70%	73.75%	78.80%	94.21%	94.27%	81%
Ascot	77.40%	94.90%	82.70%	83.30%	84.45%	89.03%	85%
Windsor	84.60%	80.00%	90.30%	94.20%	74.74%	77.70%	84%
Henry Tudor	50.00%	47.50%	62.70%	74.20%	55.20%	61.30%	58%
Jubilee	45.00%	54.80%	69.50%	63.20%	39.20%	13.78%	48%

During this period occupancy has been impacted by Covid, this has included the need to achieve 2 metre bed spacing where possible, the need to have separate cohort areas for Covid positive patients and to close some beds to admissions if outbreaks occurred. Alongside this demand for beds has fluctuated over the reporting period.

4.0 Workforce data

Several factors have the potential to impact on the wards ability to achieve the agreed staffing levels on every shift; these include vacancies, maternity leave and sickness absence.

4.1. Vacancies.

Table 6 below shows the combined whole-time equivalent vacancy rate of registered nursing and healthcare support staff for each ward according to finance data over the last six months. At PPH extra funding was agreed in January for 25 band 2 clinical support workers and active recruitment undertaken. This accounts for the fluctuating high level of vacancies for unregistered staff on the mental health wards. Graph 2 below, demonstrates a variable picture across the mental health wards with some improvement on Bluebell ward but a static or increasing vacancy picture across the other mental health wards. Registered nursing recruitment on the mental health wards continues to be challenging in line with the national picture despite proactive recruitment activity. The CHS wards have had some staffing challenges but the picture is much improved especially on Wokingham wards, at West Berkshire Community hospital and on Oakwood Unit which had

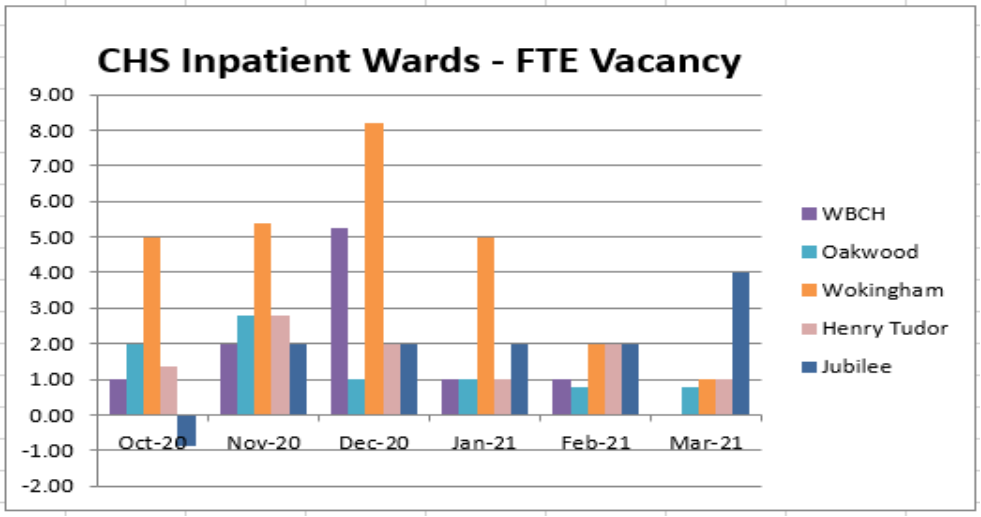
previously had recruitment issues; Jubilee wad has seen an increase in March 2021 but vacancies have remained minimal. Some targeted recruitment at Willow house has improved their staffing levels considerably especially in relation to non-qualified staff where vacancies have been minimal since December 2020.Campion has consistently had low vacancy rates but has challenges filling RN positions long term.

Table 6: Whole Time Equivalent (WTE) vacancy of registered nursing and healthcare worker combined:

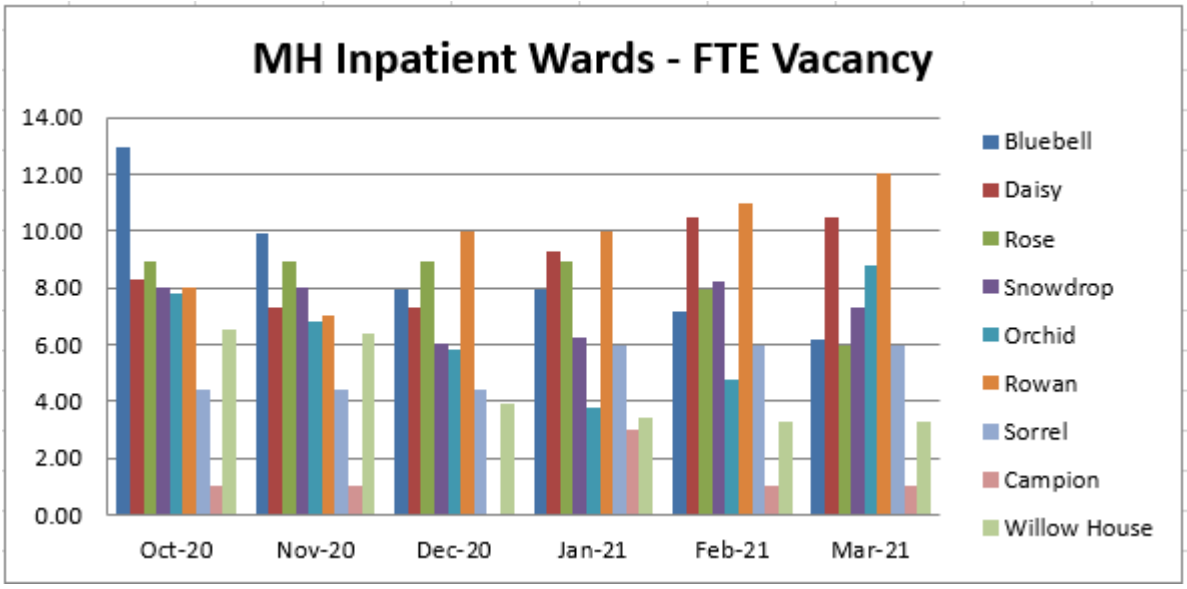
		Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
MH Wards	Registered	30.24	27.24	24.74	28.96	29.96	33.96
	Unregistered	32.40	27.60	9.80	26.68	26.68	27.48
CHS Wards	Registered	5.49	9.00	12.80	11.00	4.80	5.00
	Unregistered	2.98	7.00	7.43	3.00	5.00	1.00
Campion	Registered	1.00	1.00	0.00	2.00	1.00	1.00
	Unregistered	0.00	0.00	0.00	1.00	0.00	0.00
Willow House	Registered	2.54	3.46	2.92	3.46	2.92	2.92
	Unregistered	4.00	4.00	1.00	0.00	0.40	0.40

Graphs 1 and 2 below detail the split of vacancy across the wards and demonstrate variation in level of vacancy that each ward is experiencing.

Graph 1: WTE on the Community Wards by Month:



Graph 2: WTE on the Mental Health Wards by Month:

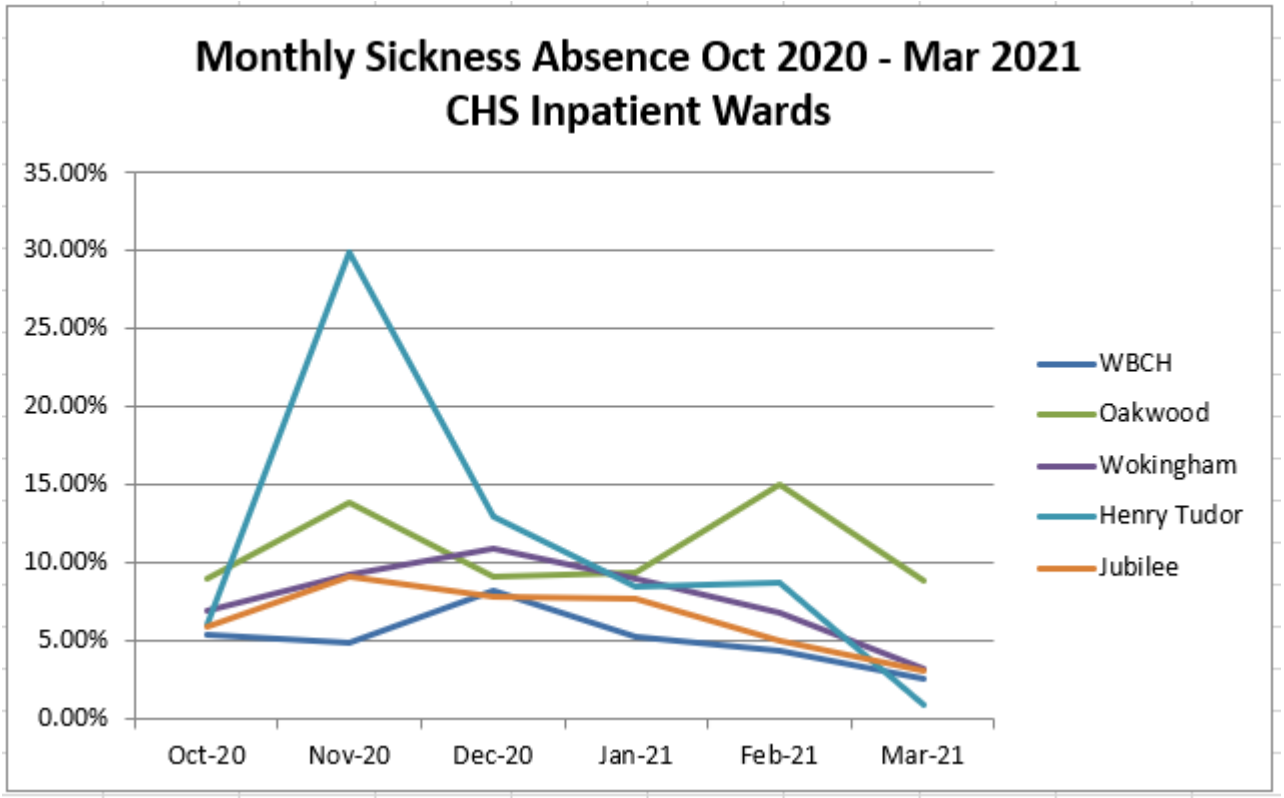


4.2 Sickness absence.

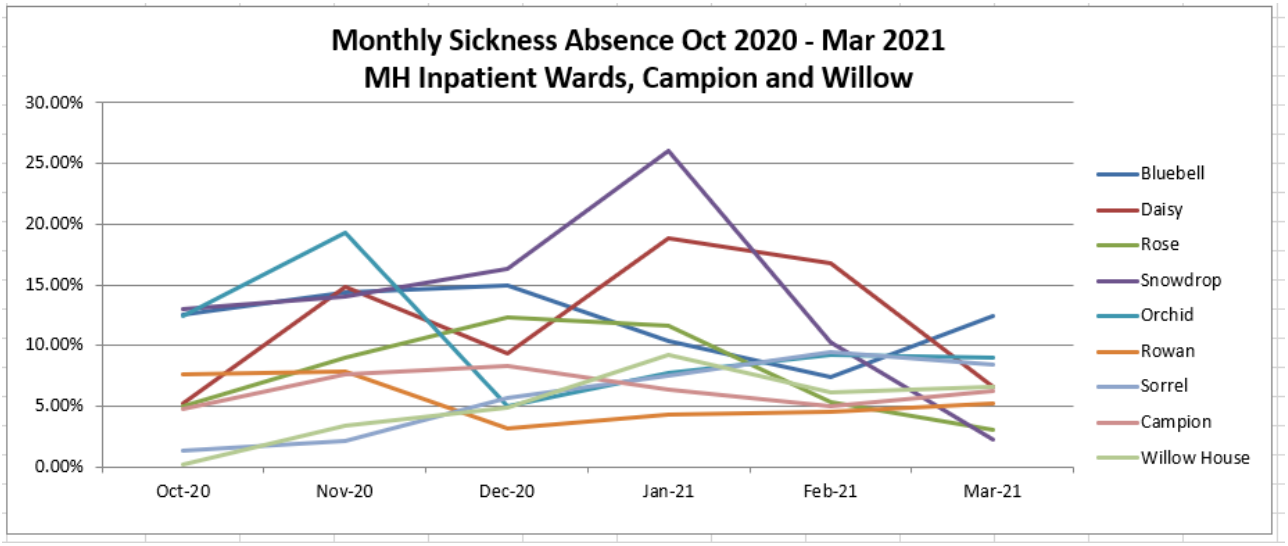
Graphs 3 and 4 detail the sickness absence as a percentage of the total registered nursing and care staff workforce for each ward. The sickness absence includes long and short-term sickness.

The Trust sickness absence target is 3.5% and most wards exceed this at the time of this report (apart from Willow house and Sorrel ward in October and November 2020), this has coincided with a Covid surge across the country . The Trust has a sickness absence policy which with support from the Human Resources department, ensures that appropriate action is taken to support staff and managers with sickness related absenteeism. There are several wards with a high sickness absence due to a combination of both long and short-term sickness factors. These wards are working closely with Human Resources and Occupational Health providers to ensure that appropriate support is offered, and action being taken. A Health, Wellbeing and Engagement Manager is now in post to support actions aimed at reducing sickness absence. In addition, there are several initiatives which have been introduced to address both physical and mental health care needs of staff including a health and wellbeing hub for staff. These can be accessed via Nexus the Trust internet site or via Occupational Health referral if appropriate. During the Covid second wave there were some staff members who were shielding or self isolating for differing reasons. These staff were encouraged to work from home as were other groups of workers such as non patient facing and administrators. Those staff were supported via regular one to ones and meetings via teams with colleagues and managers. In addition, they were given information on how to access the support systems especially in relation to mental well being as it is seen to be beneficial especially for those individuals working in isolation. Sessions were provided by Learning and Development to assist managers in supporting staff who are working remotely to ensure they have the tools to manage and support this way of working.

Graph 3: Sickness absence for wards as a percentage of total ward staffing (Community Wards):



Graph 4: Sickness absence for wards as a percentage of total ward staffing (Mental Health, Wards, Learning Disability and Willow House):

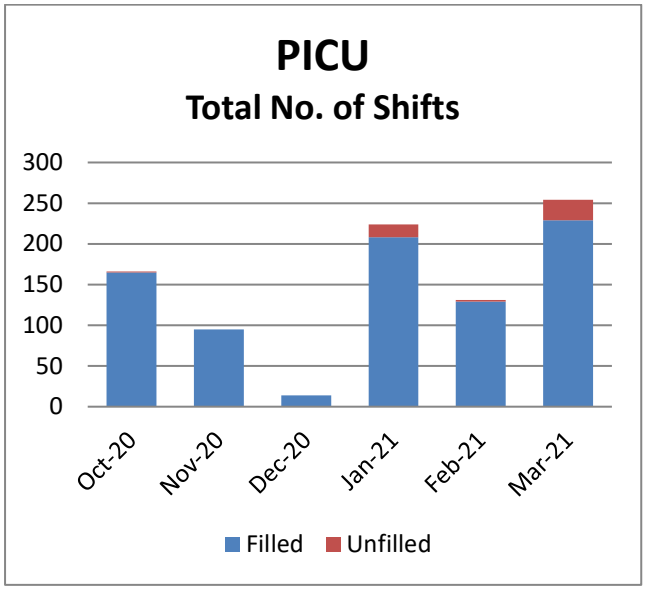


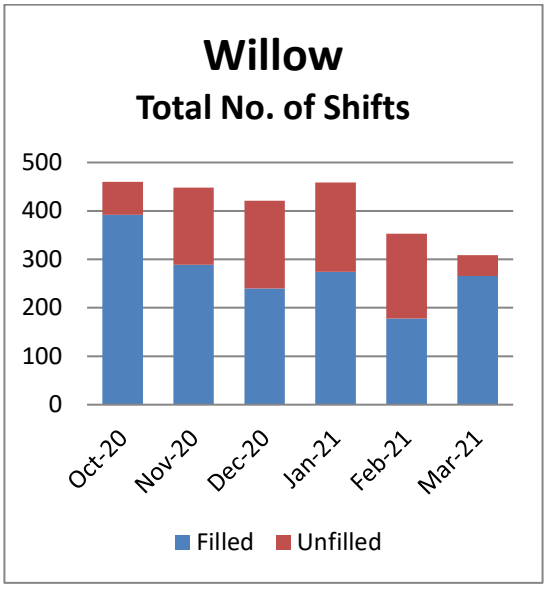
4.3 Temporary staffing.

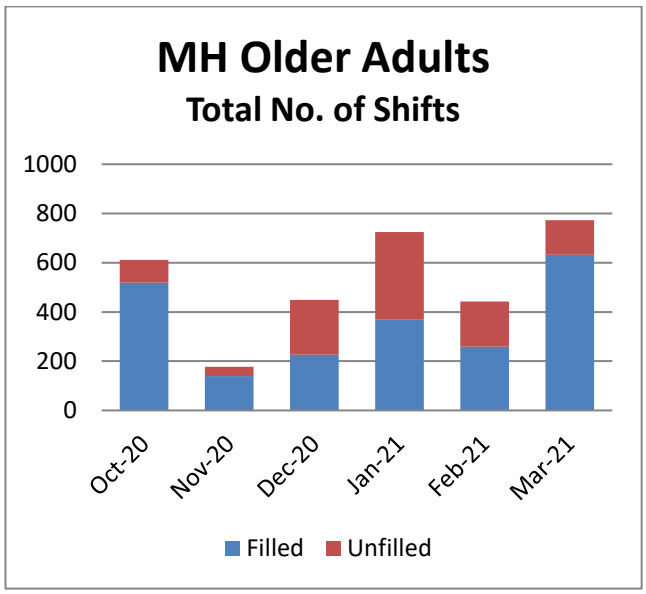
When the wards have vacancies and sickness within their nursing staff establishment, they use temporary staffing (agency / bank, or additional shifts by their own staff) to ensure that safe staffing levels are maintained. Temporary staffing is also used where patient need means that additional staff are required. It is recognised that increased numbers of agency and bank staff have the

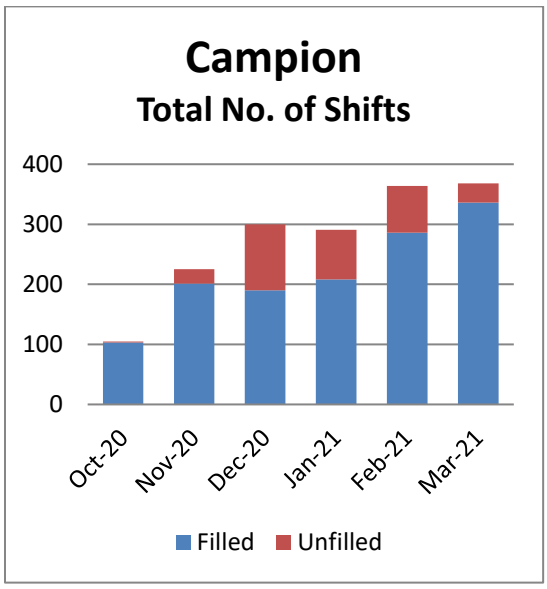
potential to impact on quality of care. Therefore, the wards continue to work hard with the support of the recruitment team to fill vacancies with the aim to reduce the reliance on temporary staffing.

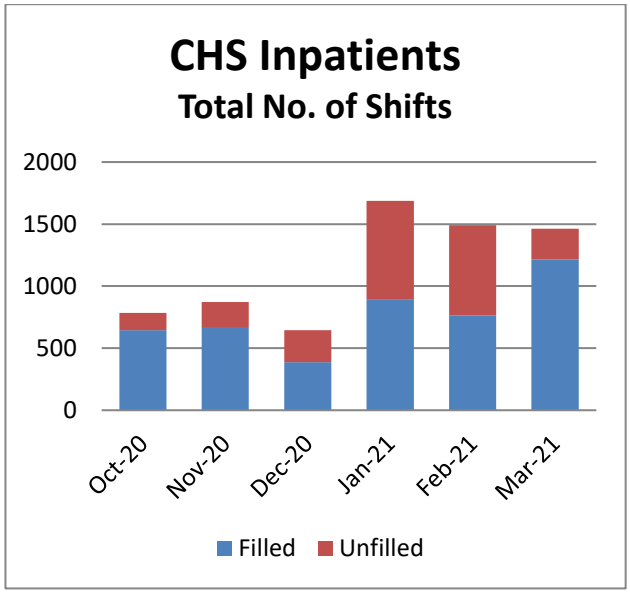
The graphs below show the total number of shifts required to be filled for each area as well as number of these that were filled/ unfilled. Both CHS and MH wards have had difficulty in filling required shifts. Most areas saw an increase in temporary staffing need over January to March which coincided with the Covid pandemic surge.

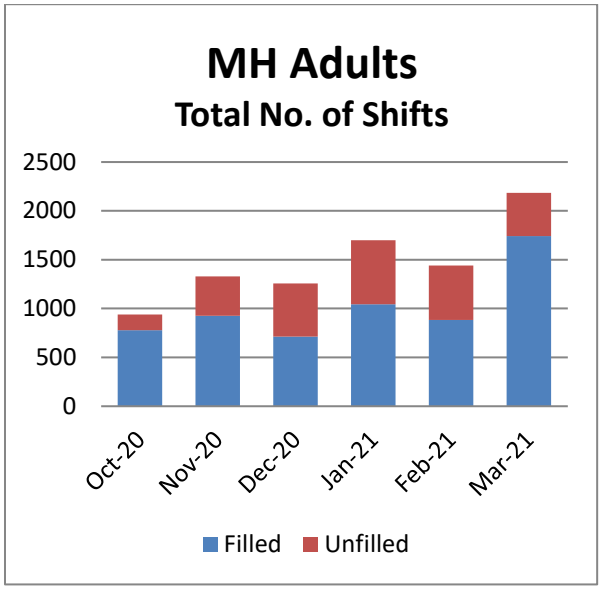












Please note MH Inpatients POOL PPH figures included for first time March 21. They are added to MH Adults.

4.4 SafeCare Tool.

Managing staff deployment is of great importance to the Trust and ensuring that staffing levels match demand so that both over and understaffing is avoided is crucial to maintain and deliver services. How patient activity considering occupancy, patient acuity and dependency is understood requires processes to be able to respond to changing demand yet address cost pressures. The SafeCare tool is a software module which can be added onto the already implemented Allocate E-Roster system and will assist in providing a consistent way of interpreting productivity and efficiency alongside quality and safety outcome measures. In addition, it will enable data to be collected in real time rather than retrospectively, more accurate acuity and dependency data will be collected, it supports the CHPPD measurement and provides operational staffing control which ensures governance and transparency. A business case was approved by the trust in February 2021 and roll out will commence in May 2021 first using the West CHS wards. This will in turn be rolled out to all the in-patient wards within BHFT.

5.0 Displaying planned and actual registered and care staff on the wards.

All the wards within the trust have a display board which shows the number of staff that the ward had planned to have on shift and the number of staff on shift. This is clear to visitors to the ward as to the number of registered nurses and care staff on the ward at the time. The nurse in charge of the shift portrayed so that visitors can identify who to contact if they have a concern or want to speak to them. These boards are monitored during quality visits to individual wards throughout the year by senior managers to ensure they are current.

6.0 Safety on our wards.

The NHSE/I in its workforce safeguarding recommendations recommends organisations need to demonstrate effective governance and commitment to safety so boards can be assured that their workforce decisions, promote patient safety and comply with the Care Quality Commission's (CQC) fundamental standards. Therefore, it is just as important to have the appropriate staff

capability alongside the number of staff to ensure that they can deliver a safe and quality service to all patients.

6.1 Quality indicators.

To monitor safety of care delivered on the wards the Director of Nursing and Therapies and the board reviews a range of quality indicators on a monthly basis alongside the daily staffing levels.

These indicators are:

Community Wards:

- Falls where the patient is found on the floor (an unobserved fall).
- Developed pressure ulcers.
- Patient on staff assaults.
- Moderate and above medication related incidents.

Mental Health Wards:

- AWOL (Absent without leave) and absconsion.
- Self-harm.
- Falls where the patient is found on the floor (an unobserved fall).
- Patient on patient physical assaults.
- Seclusion of patients.
- Use of prone restraint on patients.
- Patient on staff assaults.

Monthly discussions are held with senior staff from each ward area to discuss staffing data along with the listed indicators. Any concerns are highlighted in the monthly safer staffing board report and inform the safe staffing declaration provided by the Director of Nursing and Therapies.

Table 5: Quality metric for mental health inpatient wards (October 2020 to March 2021):

Ward	AWOL	Falls	Patient on Patient Assault	Patient on Staff Assaults	Prone Restraint	Seclusion	Self-harm
Bluebell	12	7	19	27	3	13	182
Daisy	9	2	3	13	4	1	46
Rose	20	3	7	38	6	4	92
Snowdrop	15	3	13	17	5	6	104
Orchid	1	12	1	14	2	0	1
Rowan	0	11	1	18	1	0	0
Sorrel	3	2	16	41	5	39	13
Campion	0	0	5	91	0	4	27
Willow House	5	0	3	6	2	1	161
Total	**65**	**40**	**68**	**265**	**28**	**68**	**626**

* correct at time of report

There has been an overall increase in incidents reported during this period compared to the previous six months especially in relation to patient on patient assaults, patient on staff assaults and self harm. This is possibly due to high levels of patient acuity. Reducing assaults, falls, prone restraint and self harm are key priorities for the trust and are included within the Trusts harm free care/ supporting our staff plan on a page initiatives; quality improvement approaches are being used to support identification of countermeasures to achieve reduction. For Prone restraint significant reduction has been achieved with latest benchmarking demonstrating the Trust to be in lowest quartile nationally.

Table 6: Quality metric for community physical health inpatient wards (October 2020 to March 2021):

Ward	Drugs	Falls	Pressure Ulcers	Patient on Staff Assaults
Donnington	22	27	7	2
Highclere	3	11	4	0
Oakwood	39	28	10	1
Wokingham	22	23	11	0
Henry Tudor	20	11	6	0
Jubilee	3	5	0	0
Total	**109**	**105**	**38**	**3**

* correct at time of report

There has been an increase in incidents reported during this six-month period (227 to 255) especially in relation to incidents of falls and pressure damage. Pressure ulcer desk top reviews and learning events are undertaken and ensure learning is shared within teams across the Trust and ensures information is disseminated to relevant staff.
Reducing falls is a key focus for the Trust and is part of the harm free care driver metrics using a quality improvement approach to support reduction. All medication incidents have been reported as being low or causing no harm.

6.2 Red flags.

The ability to achieve a position of at least two registered staff on duty is also perceived as a metric of quality(NICE; 2014 and 2018).It has been well documented that a shift with less than two registered staff on duty should be perceived as a red flag incident.

Table 7 demonstrates the number of occasions by ward and month where there were less than two registered nursing staff on a shift.

For all the wards where there are less than two registered nurses, senior staff and ward managers (who are supernumerary to the safe staffing numbers) as well as other clinical staff such as Physiotherapy and Occupational Therapy provide support when available. For the wards at Prospect Park Hospital, the Duty Senior Nurse is also available and able to take an overview of the wards and redeploy staff to areas of most need as necessary.

Table 7: wards and number of occasions where there were less than two registered nursing staff on duty (excluding supernumerary roles of Ward Manager/ Matron/ Clinical Development Lead and ANP):

	Oct-20		Nov-20		Dec-20		Jan-21		Feb-21		Mar-21		Total for ward	%
	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night		
Bluebell	13	0	6	6	18	8	7	5	12	5	25	7	112	30.77%
Daisy	2	0	4	5	10	12	9	6	6	1	15	0	70	19.23%
Rose	2	0	2	2	9	1	12	7	0	0	9	1	45	12.36%
Snowdrop	4	0	1	3	7	3	16	5	14	3	9	2	67	18.40%
Orchid	4	3	14	4	5	12	0	4	3	0	3	0	52	14.28%
Rowan	5	0	17	15	35	12	13	6	0	6	0	9	118	32.42%
Sorrel	5	0	0	1	0	1	0	0	6	1	2	0	16	4.40%
Campion	0	0	0	0	1	0	0	0	0	0	0	0	1	0.27%
Willow House	1	0	7	3	0	0	0	1	1	0	2	1	16	4.40%
Donnington	0	0	0	2	0	0	0	3	0	0	0	0	5	1.37%
Highclere	7	0	2	9	7	0	4	15	10	3	7	0	64	17.58%
Oakwood	0	0	2	3	0	0	0	0	0	0	0	0	5	1.37%
Ascot	1	0	4	2	5	6	4	0	0	0	2	5	29	7.97%
Windsor	0	0	0	0	0	2	0	0	0	0	1	0	3	0.82%
Henry Tudor	3	0	20	9	4	0	0	0	1	0	0	0	37	10.16%
Jubilee	0	0	0	0	0	0	0	0	3	3	0	0	6	1.64%
Total for month	**50**		**143**		**158**		**117**		**78**		**100**		646	

7.0 Safe Staffing Declaration.

Each month the Director of Nursing and Therapies is required to make a declaration regarding safe staffing based on the available information.

Following the publication of Developing Workforce Safeguards (NHSI, 2018) there is a requirement as part of the safe staffing review for the Director of Nursing and Therapies and the Medical Director to confirm in a statement to their board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable.

7.1 Declaration by Director of Nursing and Therapies and Medical Director.
During this reporting period the Covid pandemic has impacted on staffing across the organisation with staff sickness, staff required to shield and some redeployment of staff to support wards. The mental health wards have continued to raise some concern because of the sustained high number of temporary staff. However, there has been some successful recruitment and there was no correlation between staffing levels and any patient safety incidents. There is, however, limited assurance that care was always of a high quality and it is possible that patient experience was compromised.

The community wards all had lower bed occupancy within the period of October 2020 to March 2021 especially in the East. However, that number is now steadily increasing. High sickness rates contributed to the increased level of requests for temporary staffing for the wards. There was no correlation between any incidents and staffing levels during the reporting period.

Willow House was declared as causing some concerns earlier in this reporting period due to the high number of vacancies; measures were put in place to maintain safety and this has now improved with recruitment. From the end of April 2021, the service provided by Willow House will be changing. The CAHMS (Children and Adolescent Mental Health Services) Tier 4 services will be a 24/7 out of hospital service. This will enable a greater number of children and young people in Berkshire to receive better care and outcomes.

All wards have senior support and mitigation in place for when there are gaps in rotas, and this includes use of senior staff and deployment of staff across wards.

Medical staffing numbers remain stable with adequate medical cover available during routine working hours for inpatient mental health and community health wards.

Out of hours medical cover is provided by GPs for all our community health wards and Campion Unit.

Out of hours medical cover is provided by junior doctors for the mental health wards with Consultant Psychiatrists providing on-call cover from home.

8.0 Community Nursing Caseloads.

Each month a dashboard is produced and discussed with teams in order to improve the recruitment and retention strategy. The community nursing service use an Internal Escalation Triggers tool, whereby community nursing teams undertake a daily capacity assessment with results collated to allow an escalation process to take place where services are unable to meet their commissioned service. This has been introduced in the absence of a national community nursing staffing tool. Following the RAG rating being completed, teams can move staffing resources accordingly with localities providing cross cover when able. This has been successful as the table below shows:

The escalation tool:

Green	Less than 25% reduction in staffing.
Amber	26-35% reduction in staffing. Professional judgement of dependency of patients to be taken into account as well as levels of staffing.
Red	36-45% reduction in staffing. Amber staffing status moves to red once continuous for over 1-week period. Professional judgement of dependency of patients to be taken into account as well as levels of staffing.
Dark red	46-60% reduction in staffing. Red staffing status moves to dark red once continuous for over 1-week period. Professional judgement of dependency of patients to be taken into account as well as levels of staffing.
Black	61% plus reduction in staffing. Capacity in all teams not enough to meet demand. Unable to accept any new referrals.

Table 8: Community Nursing actual staffing against current agreed WTE establishment:

Locality	October	November	December	January	February	March
West Berks	100.5%	100.55%	108.78%	104.79%	110.87%	107.8%
Reading	78.09%	77.78%	73.0%	70.01%	74.73%	75.56%
Wokingham	99.04%	94.02%	91.46%	91.18%	93.72%	91.88%
Bracknell	106.4%	105.7%	102.65%	100.41%	95.6%	95.38%
Windsor & Maidenhead	98.5%	94.31%	97.37%	96.64%	95.25%	96.64%
Slough	99.8%	108.64%	102.93%	111.84%	109.46%	107.35%

The RAG rating for community nursing is based on staffing levels and does not include the additional unpaid hours that staff work to meet demand and work is on-going to review staffing requirements. Although Reading locality figures portray staffing as having less than 25% reduction on some occasions; professional judgement regarding patient acuity has been used to RAG rate them as amber for the timescale of this report.

The focus on recruitment and retention within community nursing has had a positive impact on staffing levels within all localities (apart from Reading) being at over 90%. A new Locality Manager came into post in January 2021 and is actively looking at the recruitment concerns in Reading and exploring new roles to support existing staff.

NHSE is working on developing and implementing a community nursing dependency tool. First cohorts to work on the project are beginning in April 2021. We have submitted an expression of interest form to be involved in the work to develop this tool.

9.0 Nursing Associates.

The Nursing Associate (NA) role is a nursing role which has been created due to the inability to recruit enough registered nurses. In addition, it will bridge the skills gap between healthcare support workers and registered nursing professionals. It is seen as offering a range of benefits: working alongside more senior regulated professionals, helping to improve patient care and a career pathway development opportunity. This role is an important part of workforce development within the Trust. Qualified NAs are registered with the Nursing and Midwifery Council (NMC).

There are 16 qualified NAs working in a range of services (community nursing, community mental health teams, community health wards). 1 was recruited externally with the NA qualification. 2 completed the programme with the trust and have now left. 14 trainee NAs are at different stages of their training across all services from Cohort 4, 5 and 6. There are currently 16 trainees across the Trust.

10.0 Conclusion and next steps.

- Work with the PPH Beyond Budgeting project to establish safe staffing requirements on the wards at PPH which incorporates staffing needed for observational levels.

- Review of therapy input into mental health wards - whilst latest benchmarking indicates the wards to be at national average in terms of therapy input, benchmarking also indicates a correlation between length of stay and amount of available therapy. Given the acute mental health wards have an above average length of stay; potential impact of increased therapy (psychology/ occupational therapy) on the wards should be considered.

- Complete staffing review in October 2021 across all inpatient areas using agreed national toolkits.

- Continue with focused recruitment plans which have achieved some positive results in securing new staff. Support the preceptorship programme to ensure preceptee feel confident to fulfil their role on the wards.

- Assist with the implementation of the SafeCare tool to the inpatient wards across the Trust.

- Support the Nurse Associate pathway and recruitment post qualifying. This includes exploration at PPH of increasing the number of Nurse Associates.

- Involvement with NHSE in the development of national community nursing dependency tool to aid assessment of safe staffing levels within the service.

Trust Board Paper

Board Meeting Date	11th May 2021
Title	Quality Account 2020/21
Purpose	NHS Foundation Trusts must publish a quality account each year, as required by the NHS Act 2009, and in the terms set out in the NHS (Quality Accounts) Regulations 2010 (as amended by the various NHS (Quality Accounts) Amendments Regulations). This provides the Trust with an opportunity to present a balanced account of its quality priorities and performance against these. The report includes some mandated content which can be complex but should in general be accessible for members of the public.
Business Area	Trust Wide
Executive Lead	Medical Director
Authors	Head of Clinical Effectiveness and Clinical Effectiveness Facilitator.
Relevant Strategic Objectives	True North Goal 1- Harm Free Care, True North Goal 2- Supporting Our Staff, True North Goal 3- Good Patient Experience
CQC Registration/ Patient Care Impacts	Does not negatively impact registration or patient care.
Resource Impacts	None
Legal Implications	The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 to prepare Quality Accounts for each financial year. The NHS Improvement annual reporting guidance for the quality report incorporates the requirements set out in the Department of Health's Quality Accounts Regulations and additional reporting requirements set by NHS Improvement.
Equality and Diversity Implications	None
SUMMARY	This is the 2020/21 report of the Trust's Quality Account for final approval by the Board. The Trust Quality Assurance Committee (QAC) have reviewed the draft account in committee during Q1, Q2 and Q3. The Q4 version has been shared virtually with the QAC at the end of April 2021 for comment, and all required actions identified have been incorporated within this final version. National guidance has been published by NHSI, and again this year we are not required to submit the Quality Account as part of the annual report to NHS Improvement or to commission an external audit on the quality report for 2020/21. Whilst some of the guidance has changed we are still required under legislation to complete a quality account in line with department of health guidance which must be signed in line with the statement of Directors responsibilities and then published on both the NHS Choices and the Trust website by 30th June. We are required to share the Quality Account for consultation with specified stakeholders to provide external assurance. The Q3 version of the Trust Quality Account was shared for consultation with our stakeholders at the beginning of March 2021, including, Frimley and Berkshire West Clinical Commissioning Groups, Bracknell Forest Council Health Overview and Scrutiny Commission, our Council of Governors and local Healthwatch organisations. Responses are positive and support the consistency of the Quality Account with data and information they are aware of (Appendix G).

	In line with Department of Health and NHS Improvement requirements the Quality Account consists of three main sections:
	• Part 1 is the Chief Executive's Statement.
	• Part 2 is a report on the priorities for improvement and statements of assurance from the Board. This part details:
	  ○ Our achievement against the objectives of the 2020/21 True North Annual Plan, divided into sections relating to; patient experience, patient safety, clinical effectiveness and supporting our staff. Pages 4 and 5 of the Quality Account detail a summary of the Trust achievement against these 2020/21 priorities.
	  ○ Our priorities 2021/22 priorities linked to the True North Annual Plan.
	  ○ Mandated Statements of Assurance from the Board, which must cover Clinical Audit, Research, CQUINs, CQC, Data Quality, Information Governance and Learning from Deaths.
	• Part 3 is a review of quality performance in 2020/21 and must include at least three measures in each of the areas of quality - patient safety, clinical effectiveness, and patient experience.
	
	The quality account priorities for 2020/21 support the goals detailed in the Trust's 2020/21 True North Annual Plan, Page 4 of the report gives a high level summary and Page 5 of the report details the full list of metrics against our Trust priorities and our achievement against them for 20/21, which are summarised below.
	
	Many of the priorities have been met, these are:
	Patient Experience (Section 2.1.1)
	• Our community health inpatient wards have successfully managed the flow of patients though the service and maintained their bed occupancy rates and average lengths of stay for patients to below target thresholds.
	• Adult mental health inpatient wards have kept their percentage of delayed transfers of care to below the 7% target threshold in nine of the months during the year.
	• Our Patient Advice and Liaison Service (PALS) has continued providing a signposting and information service throughout the COVID-19 pandemic
	
	Patient Safety (Section 2.1.2)
	• Infection Prevention and Control measures, based upon national guidance, have been implemented to protect both patients and staff from COVID-19. Examples of this include appropriate Personal Protective Equipment (PPE), undertaking care remotely and implementing the staff vaccination programme.
	• Older people's mental health wards have maintained their rate of falls for the year to below the target threshold of 8 falls per 1000 bed days (rate-6.46)
	• The trust is below the target threshold of ≤18 grade 3 or 4 pressure ulcers during the year due to a lapse in care by trust staff (result- 3).
	• We continue recognising and responding promptly to physical health deterioration on in-patient wards. Reviews of deaths have led to improvements in the quality of local Induction for agency and NHS Professionals (NHSP) staff; updating staff on skills and competence to monitor and escalate the deterioration of patients and ensuring handover reflects ongoing nursing care and monitoring requirements.

	Clinical Effectiveness (Section 2.1.3) • NICE Guidance compliance remains above 80% • The Trust is participating in all mandated national clinical audits and confidential enquiries that are relevant to the organisation. • The Trust continues to progress a number of initiatives to support research activities within the Trust and with local and regional partners. • The Trust continues to report on and learn from deaths of patients. Supporting our staff (Section 2.1.4) • The Trust's 2020 National Staff Survey score for staff engagement was 7.5/10 and was one of the highest scores in the country. • The staff wellbeing and support offer has been enhanced, with a staff support service in place to help provide additional support for teams and individuals during the COVID-19 pandemic. • The proportion of our staff reporting in the National Staff Survey that they can influence how we work and make decisions has increased from 65.7% in 2019 to 67% in 2020. • The staff turnover rate has remained below the 16% target threshold in all 12months. • The staff sickness rate was below the target threshold of 3.5% in 6 of the 12 months in 2020/21. Increased sickness rates linked with the 1st and 2nd waves of the COVID-19 pandemic. Areas where trust targets are not currently being met are as follows: Patient Experience (Section 2.1.1) • Adult Mental Health Inpatient services have not met the 30-day average length of stay target in any of the months during this year, and this service also breached the bed occupancy target in all but two of these months. These wards have looked after several patients that have been on these wards for a long time and the outbreak of COVID-19 has made placements and assessment for placements even more challenging and created more delays. To help address this, a Post Admission Liaison Meeting (PALM) has been introduced to highlight those patients where it is thought there is a risk of delay to discharge so that community and inpatient services can plan together to manage this. Patient Safety (Section 2.1.2) • The rate of falls on adult community inpatient wards during the year were above their target threshold of 4 falls per 1000 bed days (rate- 6.41). These wards have managed a number of complex patients since the outbreak of the COVID-19 pandemic. As a result, all relevant units will review the root causes of falls and make sure that their falls reduction measures are still relevant and effective. There will also be a renewed focus on falls prevention with the restarting of the Trust's Falls Prevention Strategy Group. • The number of self-harm incidents on mental health inpatient wards was above the target threshold of 42 in seven of the months in 2020/21, with a notable increase during Quarter 4. This is largely due to a small number of patients who repeatedly self harm and have been in hospital for longer admissions. Once the severity of self harm increases it becomes more difficult to discharge in a timely way due to concerns in relation to risk.

	There is ongoing work on the wards that contribute the highest to these numbers, as well as teams working hard to reduce the length of stay for these patients, so that the self-harm has less risk of escalating. Supporting our staff (Section 2.1.4) • 80.1% of staff responding to the 2020 national staff survey either agreed or strongly agreed that they would recommend the Trust as a place to receive treatment. This is below the 85% target set by the Trust, but above the 2019/20 score of 74.4% • The target threshold of no more than 44 adult mental health inpatient on staff assaults per month was breached in six of the months in 2020/21 and was not met in any of the last four months of the year. This is likely to be linked to the high level of acuity of patients. Four adult mental health wards are working on this as a driver for their Quality Improvement work and are testing out countermeasures. Board members are asked to note that this version of the Quality Account does not contain details of the following as we are awaiting their publication: • Full-year incident data from the national reporting and learning system (NRLS) • 2021/22 CQUIN details These will be added as soon as they are released and prior to publication on the websites.
ACTION REQUIRED	The Board is asked to seek any clarification required and approve the 2020/21 Quality Account. Directors are asked to consider the Statement of Directors' Responsibilities in Respect of the Quality Account (page 66), 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 66 in preparing the Quality Report, and the statement must then be signed by the Chair and Chief Executive by order of the Board to confirm this. Once approved, the final Quality Account will be published on our Trust Website and on NHS Choices by the deadline 30th June 2021, thus fulfilling our Statutory duties in this area.

Berkshire Healthcare
NHS Foundation Trust

Quality Account 2020/21

caring for and about you is our top priority

committed to providing good quality, safe services

working together with you to develop innovative solutions

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

What is a Quality Account?

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

About the Trust

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

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

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

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

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

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

Contents

Quality Account Positive Highlights and Overall Summary 2020/21

Patient Experience Priorities

- Our services have continued supporting patients throughout the COVID-19 pandemic. This has been achieved through a variety of methods, including running appointments remotely to maintain service provision
- Our Patient Advice and Liaison Service has continued providing a signposting and information service throughout the COVID-19 pandemic.
- Our community health inpatient wards have successfully managed the flow of patients though the service and kept bed occupancy rates and average lengths of stay for patients to below target thresholds. Adult mental health wards have kept delayed transfers of care to below target thresholds.
- The Patient Friends and Family Test (FFT) was suspended nationally in 2020/21 due to the COVID-19 pandemic.

Patient Safety Priorities

1. We have endeavoured to protect patients and staff from COVID-19 by following national Infection Prevention and Control Guidance. This has included using appropriate Personal Protective Equipment (PPE) where face-to-face care was necessary. We have engaged with our services throughout the year to bring them back into operation following the first wave. We are also vaccinating NHS and Social Care staff to protect them from COVID-19.
2. We have met the following annual targets:
   - ≤8 falls per 1000 bed days on Older People's Mental Health Wards. Result- 6.46
   - ≤18 grade 3 or 4 pressure ulcers due to a lapse in care by trust staff. Final result- 3

Clinical Effectiveness Priorities

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

Supporting our Staff Priorities

1. We have supported the wellbeing of our staff during the COVID-19 pandemic by providing a psychological Staff Support Service.
2. Our staff turnover remained below our target threshold of 16%. Result- 12.4%.
3. We continue promoting a compassionate culture with zero tolerance of aggression, bullying and exclusion.
4. Our national staff survey scores have improved, are above average for similar Trusts in all ten themes and the best in our group for two themes

Care Quality Commission (CQC) Rating

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

2021/22 Trust Priorities

Patient Experience Priorities. We will improve outcomes by; reducing the number of patients waiting for services; using feedback to improve services; managing patient flow; and engaging with the public.

Patient Safety Priorities. We will provide safe services by; protecting patients and staff from COVID-19; minimising harm relating to waiting times; reducing falls, pressure ulcers, inpatient self-harm and suicides; recognising and responding to physical health deterioration; improving the physical health of patients with serious mental illness; and strengthening our safety culture.

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

Supporting our Staff Priorities. We will make the Trust a great place to work by; improving the mental and physical health and wellbeing of our staff; having zero tolerance to bullying, harassment and racism and taking action where we see or hear of this; supporting the development of our people through appraisal, supervision and training; supporting our staff to work flexibly; acting on feedback from the staff survey; and providing opportunities for staff to show initiative and make improvements for their colleagues and patients

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

Indicator (Click on links to access the related main sections of the report)		2020/21 Target	Results 19/20	Results 20/21	Comment
Patient Experience					
Patient Friends and Family Test- response rate		≥15%	10.6%	Data collection suspended nationally due to COVID-19	
Patient Friends and Family Test (FFT) - % of patients stating they are likely or extremely likely to recommend the service to a friend or family member	Community services (Mental health and physical health combined)	≥95%	92%		
	Mental health inpatients	≥95%	71%		
	Community hospital inpatients	≥95%	96%		
	Minor Injuries Unit	≥95%	97%		
Carer Friends and Family Test (FFT) - % of carers likely or extremely likely to recommend the service to a friend or family member		No target set	95%		
Managing patient flow- Bed occupancy rate on adult inpatient wards	Adult mental health acute inpatient wards	≤85%	N/A	**91.9%***	**Target not met**
	Adult mental health non-acute inpatient wards	≤85%	N/A	**69.9%***	**Target met**
	East adult community inpatient wards	≤85%	N/A	**46.4%***	**Target met**
	West adult community inpatient wards	≤85%	N/A	**83.5%***	**Target met**
Managing patient flow- Average length of stay on adult inpatient wards	Adult mental health acute inpatient wards	≤30 days	N/A	**46 days***	**Target not met**
	East adult community inpatient wards	≤24 days	N/A	**10 days***	**Target Met**
	West adult community inpatient wards	≤24 days	N/A	**21 days***	**Target met**
Managing patient flow- adult mental health delayed transfers of care		≤7.5%	6.8%	**3.5%***	**Target Met**
Patient Safety					
Rate of inpatient falls on wards for older people	Older people's mental health wards	≤8 falls per 1000 bed days	10.6	**6.46****	**Target met**
	Community health wards	≤4 falls per 1000 bed days	5.3	**6.41****	**Target not met**
Pressure ulcers (PUs) due to lapse in care by Trust staff	Number of category 2 PUs due to lapse in care by Trust staff	≤19 per year	30	**22****	**Target not met**
	Number of category 3&4 PUs due to lapse in care by Trust staff	≤18 per year	14	**3****	**Target met**
Self-harm incidents by mental health inpatients		≤42 per month	25	**177***	**Target not met**
Clinical Effectiveness					
Compliance with recommendations contained in NICE Clinical Guidelines	COVID-19- Managing symptoms in the community, including end of life	≥80%	N/A	**89%****	**Target Met**
	COVID-19- Community based care of patients with Chronic Obstructive Pulmonary Disease (COPD)	≥80%	N/A	**100%****	**Target Met**
Supporting our Staff					
Staff engagement score (National NHS Staff Survey)		≥8 out of 10	7.4	**7.5****	**Target not met**
Staff sickness level		<3.5%	4.1%	**3.05%**	**Target Met**
Staff report they can influence how we work and make decisions (National NHS Staff Survey)		Increase	65.7%	**67%****	**Target met**
Staff agree or strongly agree they would recommend the Trust as a place to receive treatment (National NHS Staff Survey)		≥85%	74.4%	**80.1%****	**Target not met**
Staff vacancy level		<10%	5.9%	**Data reporting suspended due to COVID-19**	
Staff turnover rate		<16%	14.7%	**12.4%***	**Target met**
Assaults on staff on mental health inpatient wards		≤44 per month	57	**55***	**Target not met**

*** Figure for March 2021** **** Annual Figure**

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

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

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

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

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

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

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

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

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

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

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

Julian Emms CEO

Date to be included after approval at Q4 Trust Board meeting

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

2.1. Achievement of Priorities for Improvement for 2020/21

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

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

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

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

2.1.1. Patient Experience and Involvement

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

Our 2020/21 Patient Experience Priorities:

To provide good outcomes from treatment and care:

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

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

Using patient and carer feedback to drive improvements

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

Patient Friends and Family Test (FFT)

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

Data collection for the Friends and Family Test has been paused nationally during 2020/21 due to the COVID-19 pandemic. This will commence again nationally in 2021/22

Learning from Complaints and Compliments

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

During Quarter 4 2020-21, there were 56 complaints received (including re-opened complaints). This is a decrease compared to 2019-20 where there were 59 complaints for the same period. The total number of complaints received in 2020-21 is 9% lower than the total received in 2019-20.

35 (63%) of the 56 complaints received in Q4 2020/21 related to adult mental health service provision. Of these complaints:

- 12 related to Community Mental Health Teams (CMHT), compared with 7 in Q3
- 11 (19%) related to mental health inpatient wards, an increase compared with the previous three quarters
- 4 (7%) related to Crisis Resolution and Home Treatment Teams (CRHTT)

The remaining mental health complaints were spread across other services.

10 (18%) of the 56 complaints related to adult community health services. Of these complaints:

- 4 related to community hospital inpatients compared with 3 in Q3 and 5 in Q2
- 2 related to district nursing, compared with 5 in Q3.
- 2 related to the Westcall GP Out of Hours Service

The remaining complaints were spread across other services.

6 (11%) of the 56 complaints related to Child and Adolescent Mental Health Services.

4 (7%) of the 56 complaints were about children's physical health services, with 3 of these relating to Health Visiting.

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

100% of complaints were acknowledged within three working days during Q3 and Q4 of 2020/21, with 100% resolved within the timescale agreed with the complainant. Please also note that the number of complaints, together with response and resolution times is included within section 3 of this report as they are indicators of quality.

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

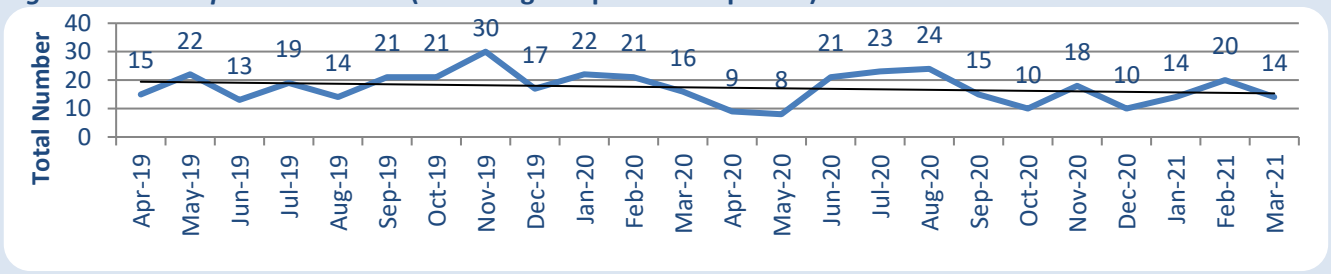
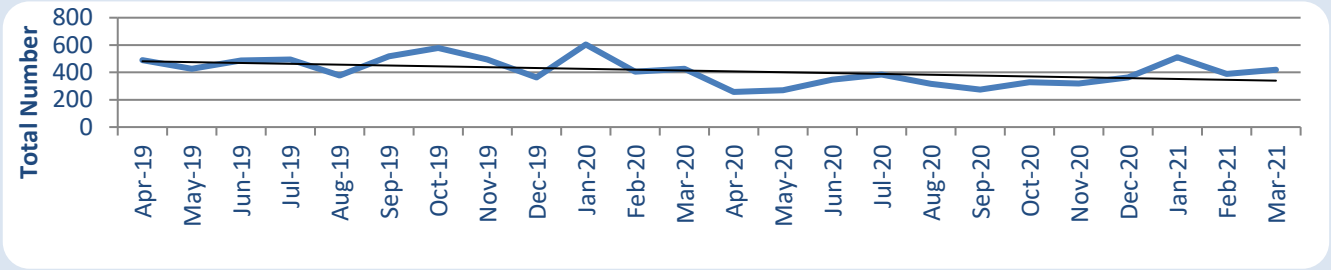


Figure 3- Compliments received



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

National NHS Community Mental Health Survey 2020

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

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

The survey sample. People were eligible to receive the survey if they were aged 18+, were receiving specialist care or treatment for a mental health condition and had been seen by the Trust between 1 Sept and 30 Nov 2019. Responses were received from 334 (27%) respondents, compared to a national response rate of 26%. This is an increase in the Trust's response rate from 24% in 2019 although this is still a decrease from 33% in 2018.

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

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

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

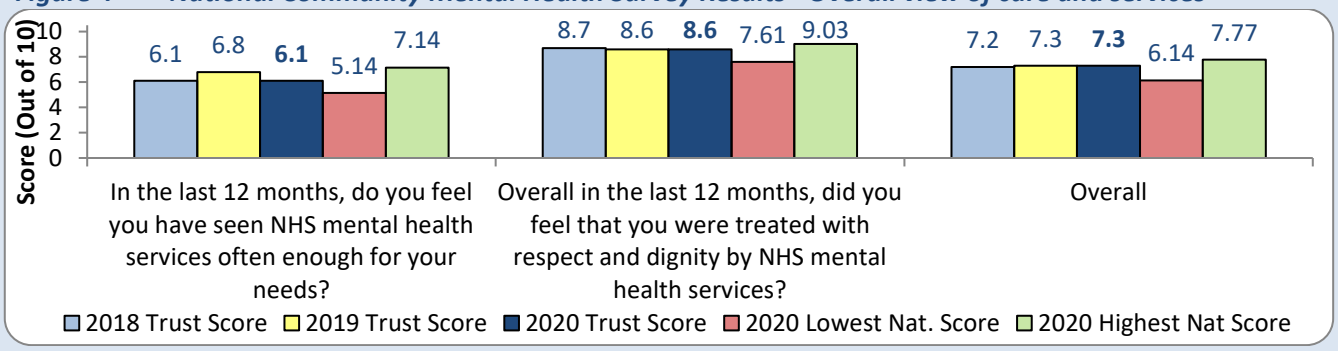
decline was seen for 16 questions and the result was the same for 4 questions.

Respondents' overall view of care and experience

Figure 4 gives an overview of Trust scores for overall experience. The 2020 Trust scores (shown by the dark blue bar in the middle of the chart) are compared with the highest and lowest scores achieved by all Trusts (the red and green bars to the right), and with the Trust scores in 2018 and 2019 (the light blue and yellow bars to the left).

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

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



Managing Patient Flow in Adult Inpatient Services

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

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

In West Community Health Services:

- A system-wide Urgent and Emergency Care Board has been set up to improve the flow of patients and to speed up transfers to our wards.
- As part of the Hospital Discharge Service (HDS) requirements for COVID-19, a team has been placed in the acute hospital to facilitate the timely discharge of patients to the range of community options. These options include discharging a patient home with an intermediate care package in place, discharging to a community bed, or discharging to a care home placement. The Discharge Service Team operate with a live list of patients ready to leave the acute setting and facilitate twice daily sitrep calls with all services involved to ensure plans are in place to transfer patients on the day they become fit for discharge. A collaborative review of the processes put in place during the initial COVID-19 period is now underway with systems partners to ensure opportunities for continuous service improvements are identified.
- Admission and Discharge coordinators on our in–patient units manage the flow of patients into and out of our beds with support from the medical and nursing team. Our wards operate daily board rounds to ensure that we do not miss an opportunity to plan for and progress a discharge. As part of an enhanced service to manage COVID-19 we have been able to offer 7-day coordinators on our in-patient units to support the HDS team in transferring patients to the wards. A 7-day therapy offer is also in place to support this. The community wards are now working to mirror the discharge pathway approach implemented in the acute hospital. Additional dedicated transport arrangements have been put in place for the winter period to support the timely discharge of patients from community wards to their onward destination

In East Community Health Services:

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

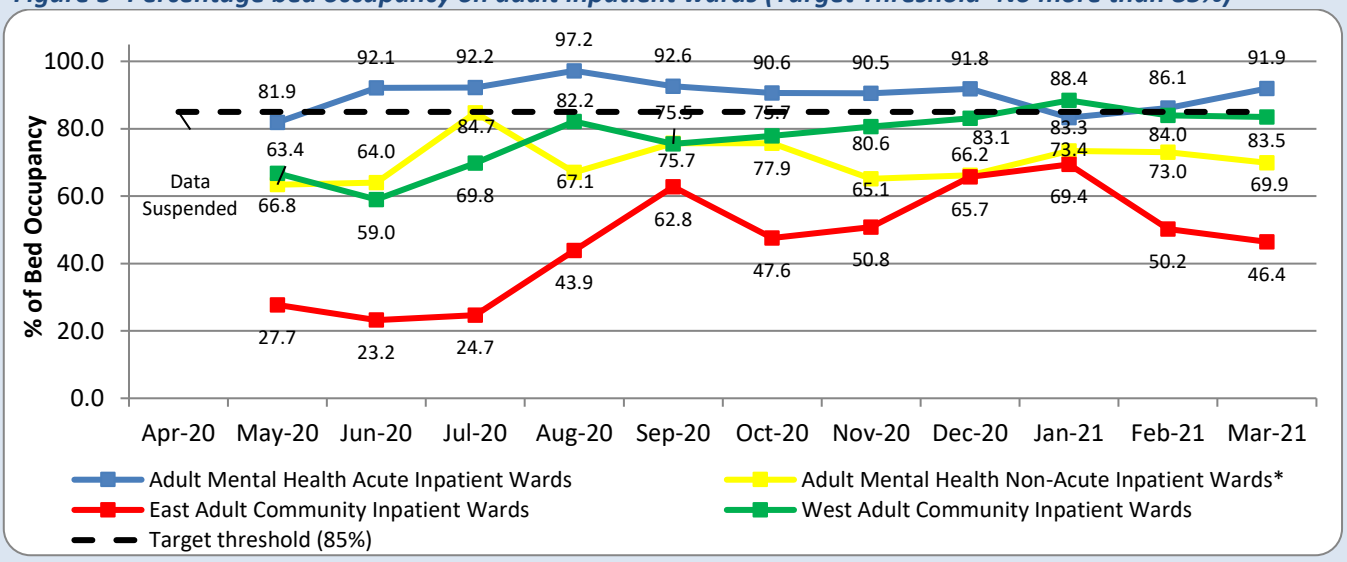
therapists, nursing, management, and social workers with virtual access available
- Clear escalation points to senior leads are in place to support with any potential delays
- Length of stay and delays remains below 10 days for both wards during the pandemic
- Medical input and Advance Nurse Practitioners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

Achievement against this priority is measured with reference to three indicators:
- Adult inpatient bed occupancy. Target- no more than 85% bed occupancy
- Average patient length of stay on adult inpatient wards. Targets: No more than 30 days on Adult Mental Health inpatient wards. No more than 24 days on adult community health inpatient wards. Please also note that West Berkshire Community Hospital has eight neuro-rehabilitation beds with a target length of stay of 42 days, and so this will impact on this figure.
- Delayed transfers of care for mental health inpatient wards- this occurs when a patient is ready for discharge and is still occupying a bed. Target- no more than 7.5%

Figures 5 to 7 below detail achievement against these targets and show that adult Mental Health Inpatient wards have met the Delayed transfers of care targets in 11 of the 12 months in 2020/21. The 30-day average length of stay target was not met by Mental Health Inpatients in any of the months in 2020/21 and this service also breached the occupancy target from June 2020 to March 2021. At this time, Mental Health Inpatients continued to look after several patients that have been on these wards for a long time. The outbreak of COVID-19 has made placements and assessment for placements even more challenging and created more delays. Work to improve length of stay is included on their recovery plan. On adult mental health inpatient unts a Post Admission Liaison Meeting (PALM) has been introduced to highlight those patients where it is thought there is a risk of delay to discharge so that community and inpatient service can plan together to manage this.

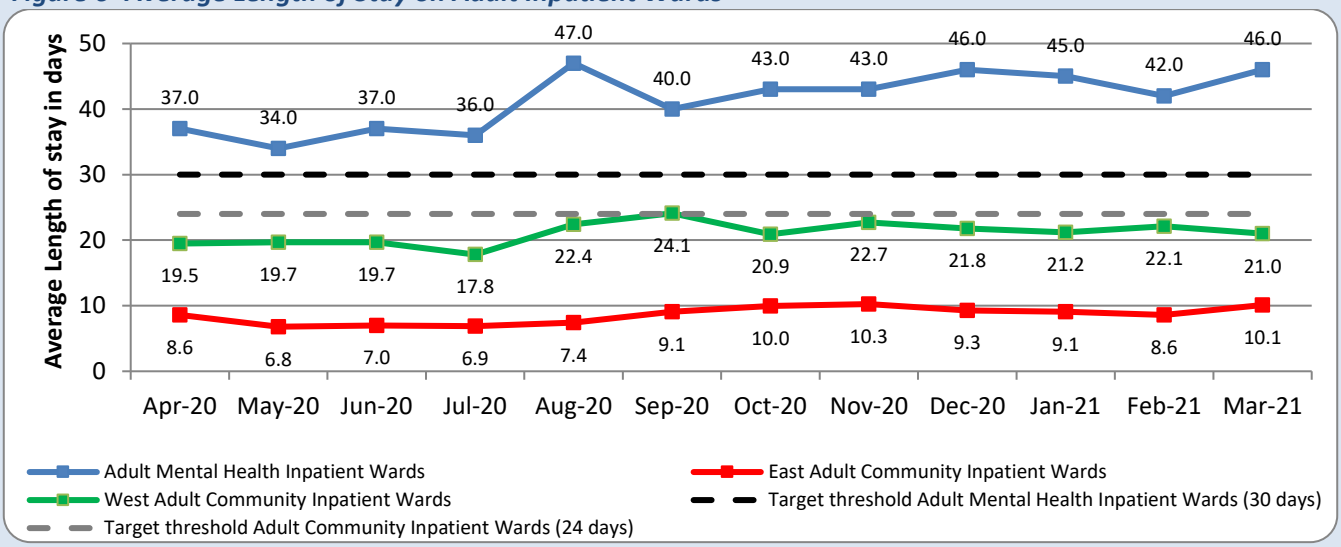
Community Inpatient services in the east of the county met both their bed occupancy and length of stay targets in all months of 2020/21, with west community inpatient services also meeting both of these targets in all but one of these months.

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



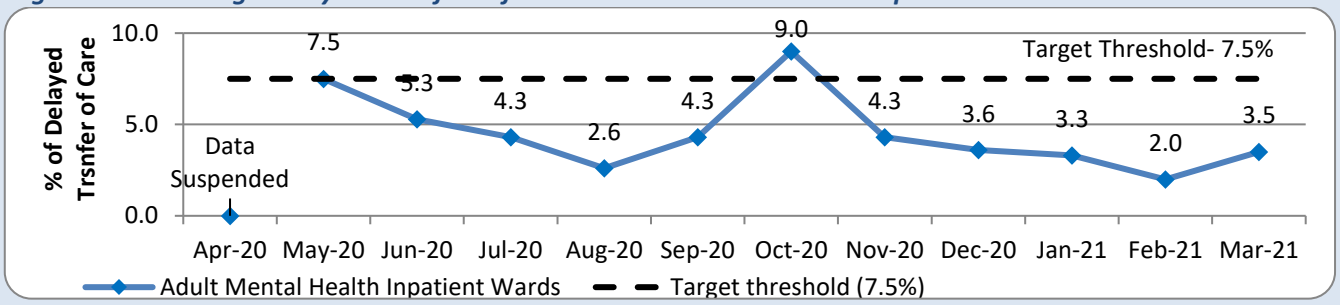
** Non-acute mental health inpatient wards include Older Adult Mental Health Wards*

Figure 6- Average Length of Stay on Adult Inpatient Wards



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

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



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

Sources for Data- Trust performance reports on Tableau

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

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

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

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

PALS have continued to facilitate the Message to Loved One service (collating messages for patients that are then hand delivered on the ward) that was available across all inpatient areas. PALS have held regular meetings with Advocates, with those based at Prospect Park Hospital having returned on a reduced basis.

There were 533 PALS contacts during Quarter four (compared with 462 last quarter). In addition, there were 377 contacts which were related to non-Trust services (an increase from 267 in Quarter three); these take up a considerable amount of time, and as they are coming to the wrong Trust, means that enquiries are not responded to efficiently). There is a Quality Improvement initiative in place to try to reduce these as part of the Patient Experience Team Quality Improvement Management System process.

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

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

The COVID-19 Pandemic has resulted in many services seeing patients through remote appointments by telephone or video call, with face to face appointments only being undertaken where necessary. Face to face appointments are being reintroduced as and when they are deemed appropriate.

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

2.1.2. Harm-Free Care

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

Our 2020/21 Harm-Free Care Priorities:

To provide safe services by eliminating avoidable harm:

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

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

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

Protecting patients and staff from COVID-19

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

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

- A Standard Operating Procedure is in place for placement of COVID-19 Inpatients. This includes advice on management of isolation, cohorting and stepdown of isolation. Guidance on screening in line with national guidance is in place.
- Guidance on community and outpatient settings
- Resources for staff are available on the trust COVID intranet page and are disseminated to clinical teams and via newsletters. Information links are available on
  - Self-isolation
  - Staff testing
  - Staying safe at work
- Review and overview of stock levels and supply of Personal Protective Equipment (PPE) is undertaken by the Deputy Director of Nursing and by the Estates and Facilities Management team.
- Infection Prevention and Control (IPC) Team training videos and resources have been produced for induction and mandatory training. Development of an IPC resource pack has been disseminated to staff and available on the Trust intranet.
- All-staff briefings commenced weekly from 25th March 2020, reducing to occurring on alternate weeks from the end of May 2020. This is a live broadcast which is also published on Teams and includes a live question and answer aspect to support practical application of guidance.
- Service visits are carried out by the IPC team, Director of Nursing, clinical directors, and divisional managers to support implementation of guidance
- PPE videos for donning and doffing have been disseminated to teams and are available on intranet
- Visiting guidelines have been updated
- The Trust webpage contains relevant updated information
- A process is in place for all staff for when they are contacted by test and trace.
- Supporting guidelines are available for managers
- COVID- 19 risk assessments have been undertaken for all staff
- Guidance on the use of face masks are available for all staff in non-clinical areas and face coverings for visitors / outpatients
- Wellbeing programme of support in place
- Messaging around social distancing is reinforced in teams live events, newsletters, and other communication channels.
- Alternative space is provided to non-clinical staff who need to be in work to support social distancing
- A Covid-19 Roadmap to return has been developed. Aligning with the dates set out in the national roadmap, the trusts 'roadmap to return', sets out details of when certain activities, (including things like patient activities, staff meetings, face to face patient contact and visiting.
- A Recovery process is in place for services restarting services
- Lateral flow testing for staff supported by resources and guidance on the trust intranet

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

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

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

- Hand Hygiene
- Environmental Decontamination
- Patient equipment
- Personal Protective Equipment (PPE)

- Care of patients with confirmed or suspected COVID-19

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

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

Hand Hygiene audits are completed by all inpatient services on a monthly basis and all community services on a quarterly basis. This audit is designed to ascertain whether, over a designated period of time, healthcare workers who touch patients have adequately decontaminated their hands in a timely way. The audit is undertaken opportunistically without the staff members knowing that the observation is being undertaken. Specific observations are made; before patient contact, before aseptic task/ clean task, after body fluid exposure risk, after patient contact, after contact with the patient's surroundings and ensuring staff are bare below the elbow. Where scores are below 80% staff are required to ensure action is taken within their areas to improve compliance prior to the next report. Figure 8 below details the findings from this audit during the year.

Figure 8- Hand Hygiene Audit Results

Area	April	May	June	July	August	September	October	November	December	January	February	March
Jubilee		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
ARC Upton		100%	100%	100%	100%	100%	100%	100%	100%			
Henry Tudor			87%	97%	100%	100%	100%	96%	100%			100%
ARC St Marks			100%	100%	100%		100%	100%				100%
Willow House			88%	94%	88%	100%	62%		100%	100%	84%	72%
Manor Green	Closed	Closed	Closed	100%	88%	100%	100%	100%	100%	100%	Closed	Closed
Ascot		100%	100%	100%	100%	95%	100%	100%		100%	100%	100%
Windsor		100%	100%	96%	97%	97%	100%		100%		100%	100%
Donnington	100%	100%	100%	100%	100%	100%	100%	100%	97%	100%	100%	100%
Highclere	100%	100%	100%	94%	100%	100%	100%	100%	100%	100%	100%	100%
Oakwood	100%	100%	100%	100%	100%	100%	83%	96%	100%	100%	100%	100%
Campion	100%	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
ECT	Closed	Closed	100%	100%	100%	100%	100%	100%		100%	100%	100%
Bluebell				89%	100%		93%		100%	100%	100%	100%
Daisy		100%	100%	100%	100%	100%	100%	100%		100%	100%	100%
Orchid			100%	100%	100%		100%	100%				100%
Rose	100%	100%	100%	100%	100%			100%	100%		100%	
Rowan	100%	100%	100%		100%		100%	100%	100%	100%	100%	100%
Sorrel	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Snowdrop	100%			100%	100%	100%	100%	100%	100%	100%	100%	100%

Source- Infection Prevention and Control Monthly Reports

Ensuring safe levels of staffing to meet service demand

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

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

Update for the Period October 2020- March 2021.

The COVID-19 pandemic has impacted on the wards during this reporting period for a variety of reasons, including an increase in sickness levels and the requirement of some staff to shield making staffing challenging at times. Some staff redeployment occurred to support the wards over this period. In addition, increased complexity of patients and actions taken to minimise COVID-19 transmission including cohorting of patients, flexing of bed numbers and some closure to admissions over the reporting period have also had an impact.

In line with national reporting, shifts with less than two registered nurses are monitored each month. 646 (11%) shifts between October 2020-March 2021 were reported with less than two registered nurses, compared with 463 shifts in the previous 6 months.

At Prospect Park Hospital, 18.83% of shifts between October 2020 and March 2021 had less than two registered nurses. This significant number of registered nurse vacancies has remained a risk regarding safe staffing on these mental health wards, although a large proportion of gaps due to vacancy are able to be covered with temporary staffing and a number of these staff are well known to the services or are our own staff undertaking additional hours. Other wards have also been able to support to help address this, and a Duty Senior Nurse (DSN) is available which reduces the risk further. Dedicated recruitment and retention programmes have had a positive effect on vacancies in some areas, particularly with recruiting newly qualified registered nurses into posts and support measures have been introduced alongside to support them recognising that this means that the wards have a high number of junior staff . However, staff shortages especially registered nurses remain a challenge and is reflective of the national picture.

The number of Willow House shifts with only 1 registered nurse slightly increased to 4.4% between October 2020-March 2021, compared to 3.55% in the previous six months. When there is one registered nurse on duty, the nursing team are supported by the ward manager and a senior manager between the hours of 9am and 5pm. Outside of these hours there is access to a manager/senior nurse on call and further support from the Duty Senior Nurse at Prospect Park Hospital. Where necessary, especially out of hours, staff are moved from Prospect Park Hospital to Willow house to support the unit

Campion Unit has remained a very stable team with strong leadership. Throughout the six months there has been high levels of observations for a number of patients on the unit due to safeguarding and patient and staff vulnerability. This reflects the very complex and challenging patients on the unit.

West Community Health wards had 5.8% of their available shifts with less than two registered nurses during this period. West Berkshire Community Hospital and Wokingham Hospital have worked within their teams to create more flexibility in covering their wards.

Staffing levels on both Henry Tudor and Jubilee community wards in east Berkshire have remained stable. Due to low bed occupancy any vacancies have not impacted the wards as much as other areas.

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

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

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

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

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

Adult Community Health services

In line with national directives and guidance published for community health services, some aspects of non-urgent community service provision were ceased during Wave 1 of the pandemic. Services affected included: Continence, Podiatry, Dental, Hearing & Balance, Diabetes, Dietetics Community, Adult Speech and Language Therapy, Mobility Service, Musculoskeletal (MSK), Sexual Health, Community and Specialist Nursing, Assessment and Rehabilitation

Centre (ARC), Tissue Viability Nursing (TVN), Lower Limb, Heart Function, and Adult Integrated Respiratory Team (AIRS). All services moved to remote consultations with face to face appointments only for those that were urgent and where it was appropriate. Referrals were stopped for routine appointments in the majority of the services listed above. Urgent referrals were still accepted and triaged.

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

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

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

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

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

During Wave 2 of the pandemic, Children's respite at Manor Green was stepped down. The vaccination team were redeployed into COVID vaccination until the end of February 2021, with gaps in this team covered with temporary staffing. Otherwise services remained largely unchanged, offering a virtual and face-to-face offer as defined by Wave 1. Most services are prioritised as critical or high priority (tier 1 and 2) and therefore the service on offer was not limited.

Adult Mental Health Services

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

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

As at the end of the year, all services have been able to continue with face-to-face contacts where appropriate and are providing remote consultations in place of face -to-face where clinically appropriate. This 'blended' model of face-to-face and remote working will continue. The Capacity and Demand model created in Wave 1 is being used to understand the impact of Wave 2 and any further surges on waiting list times and the learning from Waves 1 and 2 is being collated to compile a Standard Work for future 'Waves'.

Reducing Falls on Older People's Inpatient Wards

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

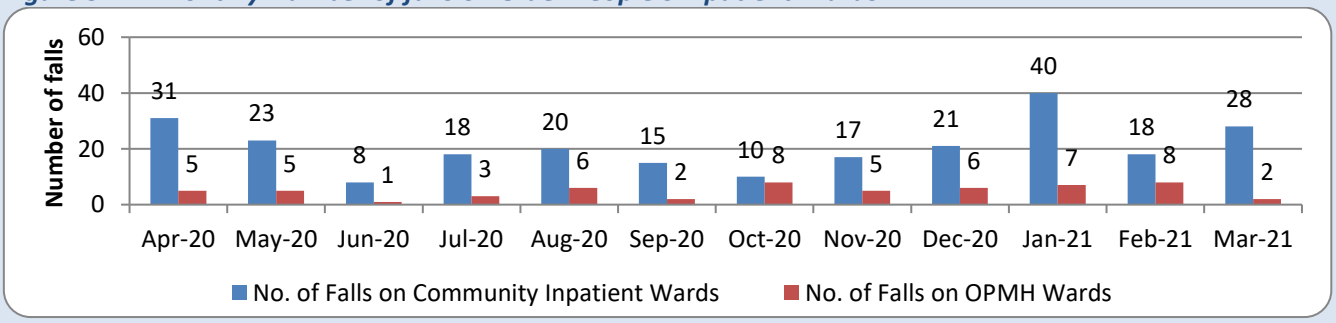
The Trust has set a priority to reduce falls on its older people's inpatient wards to no more than 8 falls per 1000 bed days on older adult mental health wards and no more than 4 falls per 1000 bed days on community health inpatient wards during 2020/21.

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

Figures 9 and 10 below detail the monthly number of falls on older people's inpatient wards and the rate of falls per 1000 bed days against the target rates. The figures show that the target of less than 8 falls per 1000 bed days was met for older adult mental health inpatient wards during 2020/21. The target of no more than 4 falls per 1000 bed days was not met by community health inpatient wards.

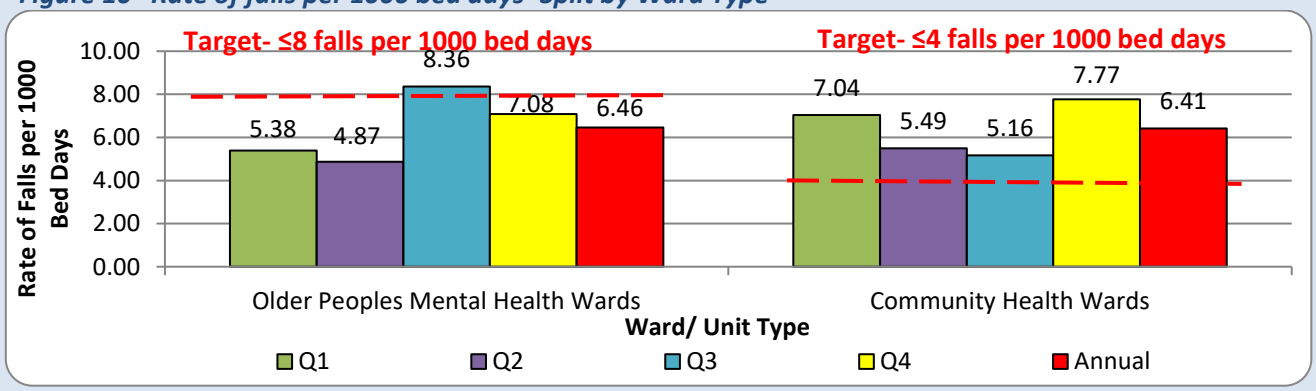
During the first and second peak of the COVID-19 outbreak there were a high number of very complex patients on these community health wards, as well as a number of redeployed staff during the first wave that were new to the falls risk documentation, and this may explain the breach . As a result, all relevant units will review the root causes of falls happening and make sure that their falls reduction measures are still relevant and effective. There will also be a renewed focus on falls prevention with the restarting of the Trust's Falls Prevention Strategy Group.

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



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

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



Source for both figures: Trust Tableau Dashboards

Preventing Pressure Ulcers

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

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

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

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

Figures 11 and 12 below detail progress against these targets and show that the target for category 3 and 4 pressure ulcers has not been breached this year.

The category 2 pressure ulcer threshold has been breached this year, and in order to address this several actions will be implemented including; bespoke training; following through with embedding learning into practice; producing a flow chart to support pressure ulcer awareness; strengthening and empowering link nurses and placing dedicated Tissue Viability Nurses in both Community and Mental Health inpatient services to support teams from the onset of a pressure damage and embed learning.

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

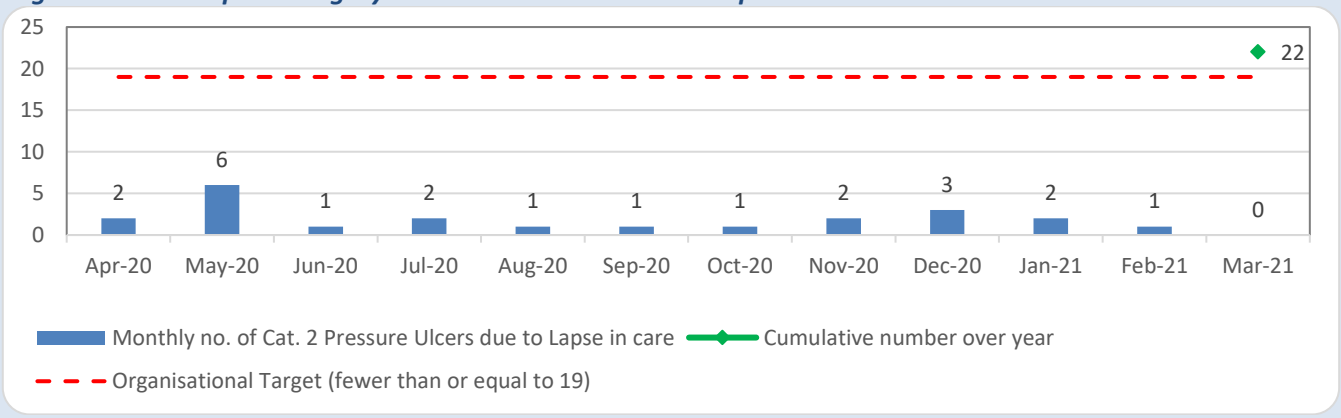
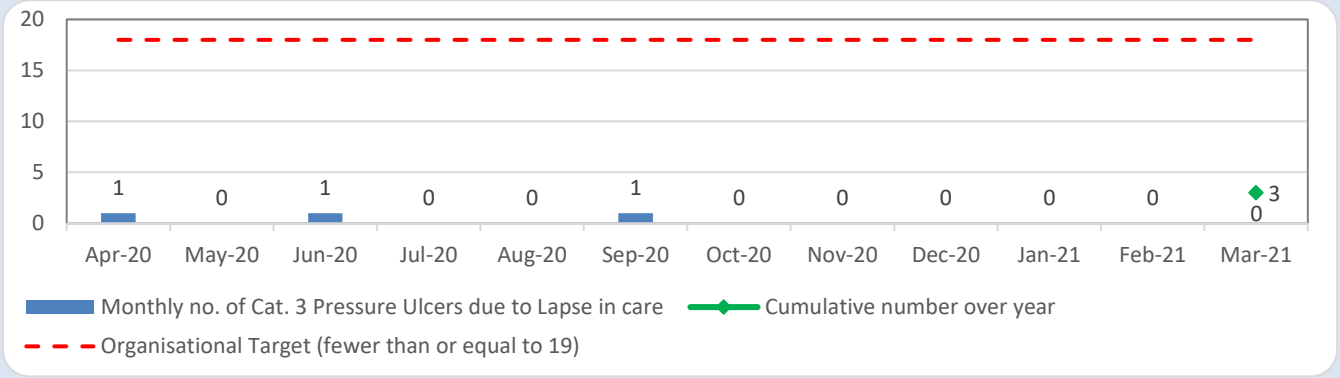


Figure 12- Developed Category 3 and 4 Pressure Ulcers due to a Lapse in Care



Sources: Trust Quarterly Pressure Ulcer Report

Reducing Self-Harm Incidents on Trust Mental Health Inpatient Ward

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

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

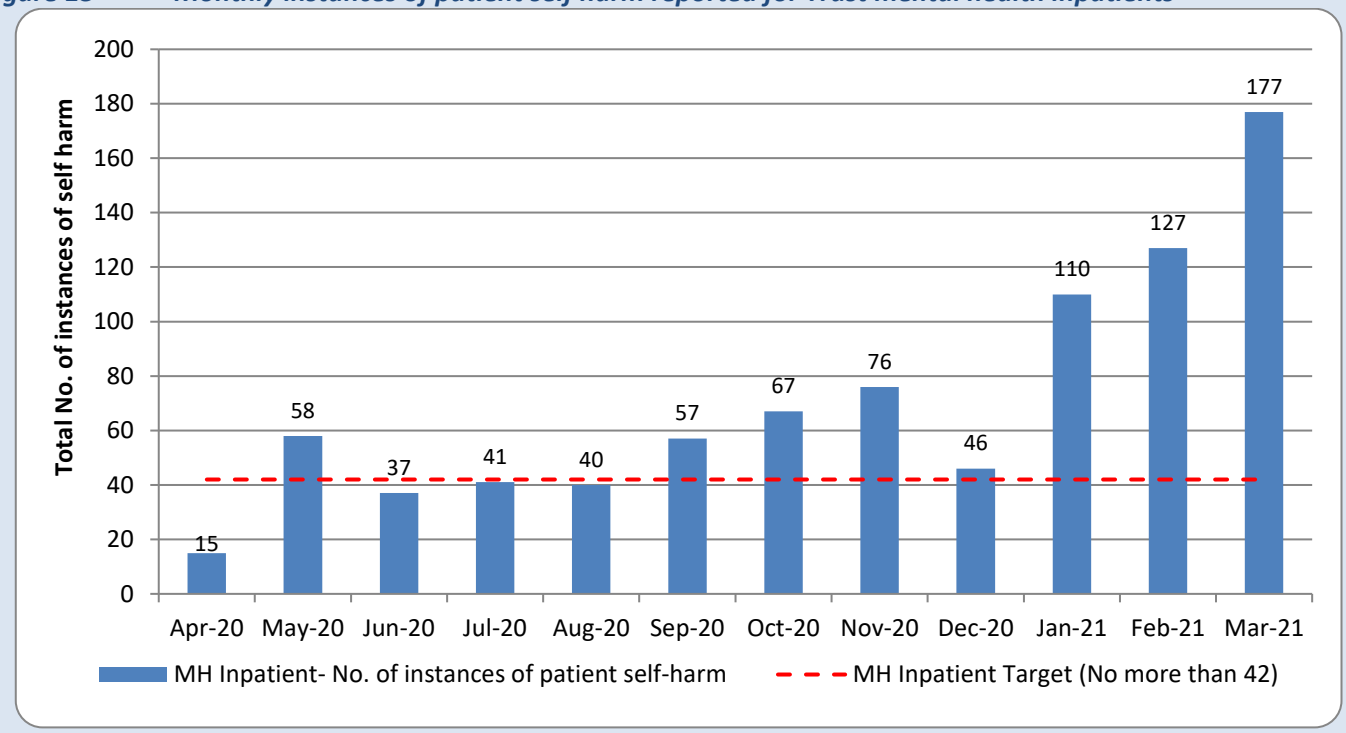
Two of the adult mental health wards are using Quality Improvement methodology to reduce self harm incidents on their wards. One of these wards has been testing the use of activity co-ordinators during the early evening, which is when the data showed a higher incidence as well as having more self-directed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

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

Figure 13 below shows monthly Trust performance during 2020/21 and shows that the target was not met in any of the months from September 2021- March 2021. Many of these incidents can be attributed to a small group of patients that repeatedly self harm and is often linked to a long length of stay in hospital, which we know can cause self harm and severity of self harm to increase. The last quarter of the year has seen self harm numbers continue to be very high. This is largely due to a small number of patients who repeatedly self harm and have been in hospital for longer admissions. Once the severity of self harm increases it becomes more difficult to discharge in a timely way due to concerns in relation to risk. There is ongoing work on the wards that contribute the highest to these numbers, as well as teams working hard to reduce the length of stay for these patients, so that the self-harm has less risk of escalating. Work to address this includes safety huddles, use of a sensory room, use of Tea-R-N (a cup of tea, 1-1 with nurse, distraction techniques) instead of using PRN medication and nurse care planning meetings. They are working to utilise less restrictive methods to address this problem which may cause an increase of incidents in the short term.

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

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



Source- Trust Tableau Dashboard

Suicide Prevention- Zero Suicide

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

The Suicide Prevention Strategy Group continue to monitor and embed findings from local and national initiatives by linking in with Trust and public heath colleagues. Work undertaken this year is detailed below:

The Berkshire Suicide Prevention Strategy 2017-2020 is currently being refreshed and a new lead has been appointed to the programme. This work is being led by public health and is linked with national priorities. It will help inform our Trust focus.

An NHS England quality improvement workshop on ligature harm minimisation took place in March 2021. This recognised the complexity of this problem on inpatient wards and included powerful service user narratives that highlighted the damaging effects of restrictive interventions. We recognise the distress this can create and have highlighted the learning from these events. Staff have also shared their experiences. We are now refreshing our quality improvement work on ligature harm minimisation, commencing on Bluebell ward. Our environmental ligature audit and policy is also being updated.

Significant work has been completed to ensure our staff are supported following a suicide including, a review of our serious incident process, successful accreditation and work focussed on finding new ways to embed learning in a supportive space. A series of workshops that focussed on two of the most significant and repeated themes from local and national Serious Incidents were delivered using forum theatre approaches. Our staff highlighted that at times investigation findings can feel blaming or focused in areas that will not make a difference. These workshops avoid this approach by presenting facts to the staff involved in care delivery with powerful narrations of real issues, interventions, and incidents played out by actors. Staff are invited to reflect on systems, behaviours and approaches that might change the outcomes. Staff reported that these discussions, debates, and challenge provided really helpful and supportive learning.

A deep dive into female suicide, both known and unknown to our services, has continued this year and we will continue to review the data over the coming year with our public health colleagues. Themes from this analysis are highlighted in training and will inform our focus in our refreshed strategy and action plan.

An analysis of suicides of people under the age of 25 has recognised that services need to remain proactive if autism is diagnosed. It is important that staff are confident to support these patients and an alert has sent out to capture the adaptations and adjustments required for safety planning.

We continue to offer extended support to a small number of families who do not feel able to connect with statutory or focused services for bereavement support. This intervention uses a counselling approach to support families up until the inquest or connections with community resources. Feedback has been very positive and will feed into the national review of support models. We have also devised a family leaflet to explain the Serious Incident process and what support is available. This will be published in May 2021.

An expert by experience reference group is being developed to assist us in ensuring our suicide prevention plans and outputs recognise diversity, are authentic and focussed on the important areas.

In collaboration with Bucks and Oxfordshire MIND, we have been successful in our bid to develop two new roles that focus on safety planning following attendance at Accident and Emergency (A&E). The role deliberately steers away from being a psychological or medical intervention and it is wholly focussed on linking individuals into social support networks and encouraging access to, and engagement with relevant services. It is an additional rather than alternative service for support and encourages patients to engage with a safety plan. We have also extended our partnership with the Samaritans, and this provides an outreach contact to individuals who may benefit from a Samaritans contact as part of their safety plan. Work is under way with an Early Intervention in Psychosis (EIP) Art Psychotherapist to explore the possibility of producing a more visual safety plan. We have also commenced a review of our safety plan template to align with the national safety plan.

Finally, a review of our 3-day suicide prevention training is underway to provide a broader offer.

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

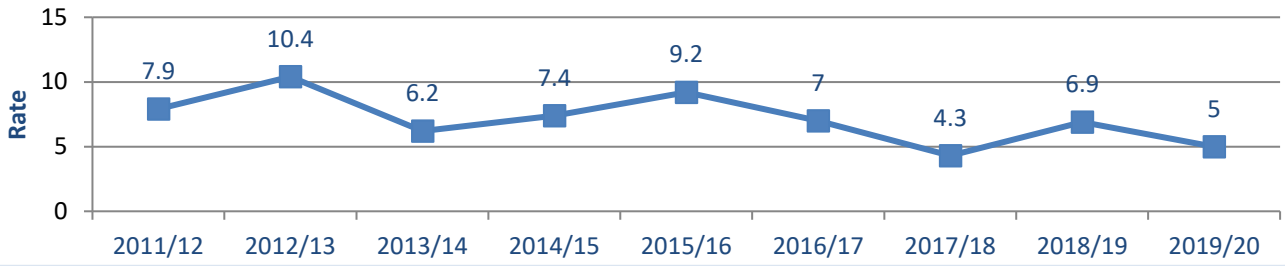
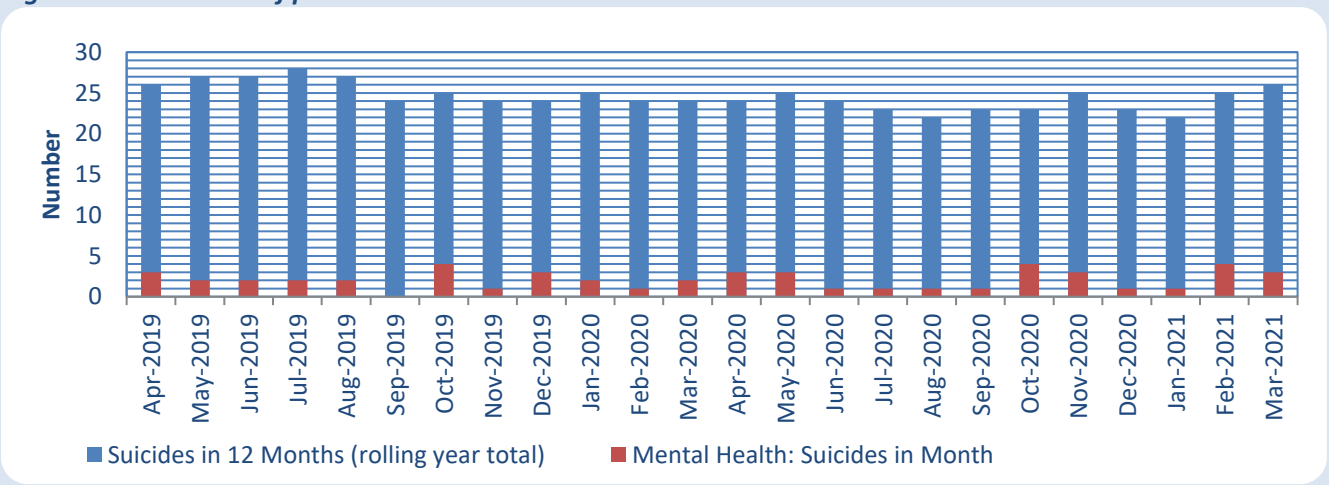


Figure 15- Suicides of patients under Berkshire Healthcare Trust mental healthcare



Source- Trust Tableau Dashboard

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

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

Figure 16 below shows the number of unexpected inpatient deaths and deaths within 7 days of transfer from one of our inpatient wards to an acute hospital. The figure shows that there was one lapse in care agreed during quarter 1 of 2020/21 for a death that occurred in quarter 1 of 2019/20. Learning points identified from a review of this death include:

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

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

Quarter	Q1	Q2	Q3	Q4	Annual Total
Total unexpected inpatient deaths and deaths within 7 days of transfer to an acute hospital reported during quarter	16	10	9	22	57
Total lapses in care agreed (will relate to deaths in previous quarters)	1	0	0	0	1

Source- Trust Learning from Deaths Report

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

Strengthening our Safety Culture

In July 2019 NHS England/ Improvement published the NHS Patient Safety Strategy, safer culture, safer systems, and safer patients. The strategy recognises that to reduce patient harm, national and organisational culture as well as systems need to be improved and it therefore details actions expected regarding both culture and systems.

Within Berkshire Healthcare, whilst we have a good foundation on which to improve, having achieved a Safety Culture score of 7.3 from the 2020 staff survey, we recognise that more is required to improve further and have therefore agreed 4 priorities for further development. Progress against these priorities is overseen by the trust Safety Culture Steering Group which is chaired by the Director of Nursing and Therapies. The 4 priorities are:

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

We have reviewed and amended our HR Process to further reflect a just and learning culture and have established systems for 'Staff Support Post Incident', which includes a structured emotional support for individuals and teams' who have experienced a traumatic incident. Our 'Wellbeing Matters' service offers free, fast, and confidential psychological support to people working in health and social care, as long as they work or live in Berkshire. The support includes:

- Staff Wellbeing Hubs – a safe space for teams to share experiences, reflect on challenges and support each other, so they can successfully move on
- Access to support and assessment – for mental health support when staff need more in-depth help

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

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

The trust held a 'Power of kindness and civility in healthcare' event in March 2021 hosted by external speaker Chris Turner who is one of the co-founders of 'Civility Saves Lives'. The event was attended by circa 800 people and was followed up by the Director of Nursing and Therapies leading a session on 'Promoting a Safety Culture' at an All Staff Briefing. This included the launch of the trusts Safety Culture Charter. Going forward the trust will be reviewing feedback received post workshops and agree a detailed action plan for the next 12 months to continue to drive forward this agenda. The action plan will be overseen by our already established Safety Culture Steering Group.

Never Events

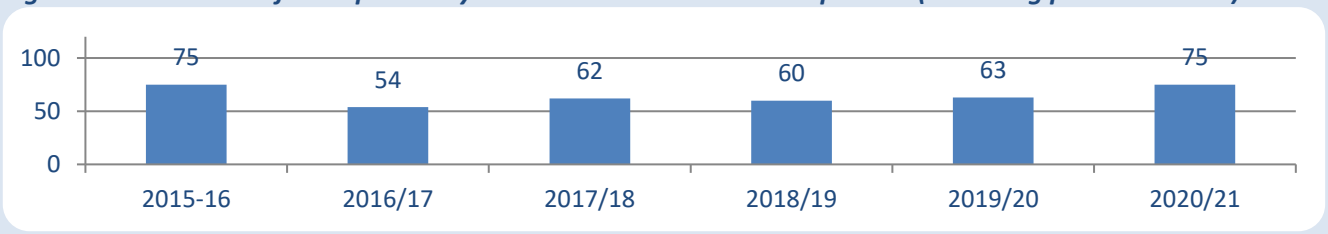
ⓘ Never events are a sub-set of Serious Incidents and are defined as 'serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers.

The Trust has reported 0 never events in 2020/21

Serious Incidents (SIs)

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

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



Source: Trust Serious Incident Report

Summary of findings from Serious Incident (SI) report

A total of 80 incidents were originally reported as serious incidents by the Trust in 2020/21. At the time of writing this report, 5 of these incidents have been subject to a downgrade so the total number of serious incidents for 2020/21 is 75. This compares to 63 in 2019/20 and 60 in 2018-19.

73% of serious incidents reported for the Trust in 2020/21 were from mental health services, compared with 86% 2019/20. Mental Health West reported the highest number of serious incidents in 2020/21 (23), with Mental Health East seeing an increase in serious incidents from 13 in 2019/20 to 18 2020/21. Community Health Services in the west of the county have seen a 140% increase in serious incidents reported in 2020/21 compared with 2019/20. This is due to the COVID- 19 Pandemic and the number of healthcare acquired COVID-19 infections that occurred on the inpatient units in the west of the county.

24 (32%) of all serious incidents reported in 2020/21 were suspected suicides, and 12 (16%) were deaths. Therefore these 2 categories accounted for 48% of all serious incidents reported in 2020/21, a slight increase on 44% in 2019/20. In addition, this year 12 (16%) of all reported serious incidents were related to the COVID-19 Pandemic and 8 (11%) were related to pressure ulcers

In response to thematic analysis, learning and requirements for improvement that have been identified from serious incident investigations, there has been significant patient safety activity across the Trust. During Quarter 4, much of this work has been a continuation of work streams for themes that have been identified over the past 12 months. Across mental health services this has included - identifying improvements for documenting and completing Multidisciplinary Team (MDT) agreed decisions; provision of carers support; transition between Child and Adolescent Mental Health Services (CAMHS) and Community Mental Health Teams (CMHT); consideration of placement of older adults at Prospect Park Hospital (PPH); adherence to the Care Programme Approach (CPA) policy especially in relation to communications and liaison between PPH and CMHT colleagues during discharge planning; safety planning and consideration of safety contacts; challenges presented to mental health staff in relation to patients with autism. One serious incident in Q4 also identified significant learning in relation to provision of support to mental health patients who live out of area. The focus in physical health services has been on implementing the appropriate infection control standards and measures to mitigate the risk of transmission of Covid-19 in the inpatient units. There has also been improvement work in relation to falls.

Quality Concerns

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

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

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

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

Wait times. Wait lists in some services are rising and this has been further impacted by COVID-19. This increases risk to patients and also means that we are not meeting national or local targets. A long wait for an outpatient appointment does not provide a good experience for patients, families, and carers. Some services have had long waits for a number of years and these are due to a number of reasons, including limited funding from commissioners and staff vacancies. Wait lists are monitored monthly at the Quality Performance and Experience meeting. Action plans and programmes of work are being taken forward with system partners to reduce some of these wait times.

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

Duty of Candour (DOC)

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

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

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

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

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

Month (2020/21)	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Incidents with formal DOC	41	37	30	47	31	28	44	32	40	42	32	34

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 2020/21 Clinical Effectiveness Priorities are as follows:

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

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

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

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

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

COVID-19- Managing Symptoms in the Community. An assessment of compliance against NICE COVID-19 Rapid Guideline NG163- Managing symptoms (including at the end of life) in the community- has been completed with input from: Community Nursing, Community Inpatient Wards, Community Mental Health Teams, Older Peoples Mental Health Teams (OPMH), Mental Health Inpatients, Learning Disability Service and Westcall GP Out of Hours Service. The assessment included a review of 28 NICE recommendations that were deemed to be applicable to the Trust. These covered the areas of: Communicating with patients and minimising risk, treatment and care planning, general advice for managing COVID-19 symptoms, managing cough, managing fever, managing breathlessness, managing anxiety, delirium and agitation, managing medicines, prescribing anticipatory medicines and healthcare workers. The assessment found that the Trust was meeting 25 (89%) of the 28 recommendations.

Areas not meeting recommendations include:

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

COVID-19- Community Based Care of Patients with Chronic Obstructive Pulmonary Disease (COPD). An assessment of compliance against NICE COVID-19 rapid

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

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

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

NHS Doctors in Training- Rota Gaps and Plans for Improvement

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

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

Figure 19 below details the Psychiatry rota gaps for NHS Doctors in training in the Trust during 2020/21. While some gaps are a result of the ongoing pandemic, the February 2021 changeover also saw a reduction in the numbers of trainees. We altered the rota pattern to partially compensate, but that still left us with a number of shifts that needed covering. Our system of cover continues to work as normal and gaps are covered quickly.

Figure 19- Rota Gaps for NHS Doctors in Training – Psychiatry – 1st April 2020- 31st March 2021

Rota Gaps	Number of shifts requested	Number of shifts worked	Number of shifts worked by:			Number of hours requested	Number of hours worked	Number of hours worked by:		
			Bank	Trainee	Agency			Bank	Trainee	Agency
	308	307	140	167	0	2917	2904.5	1190	1714.5	0

Source- Trust Medical Staffing Team

The Learning Disability Improvement Standards

ⓘ 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 a number of measurable outcomes which clearly state what is expected from the NHS in this area.

The outcomes have been developed by people with learning disabilities and/or autism and their families. By taking this approach to quality improvement patient and carer experience is embedded as the primary objective; and the importance of how the NHS listens, learns and responds in order to improve care is highlighted.

The four standards concern:

- Respecting and protecting rights
- Inclusion and engagement
- Workforce

- Learning disability services standard (aimed solely at specialist mental health trusts providing care to people with learning disabilities, autism, or both)

Berkshire Healthcare make an annual submission of our performance against these standards, which also include surveys of staff and people using our services. As a result, our areas of focus for 2021/22 include:

- 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)
- Increasing awareness and use of reasonable adjustments (inclusion and engagement)
- Supporting a cohort of staff to undertake the Advanced Practice Credential in Learning Disability and Autism with support from Health Education England to further develop specialist skills (workforce)
- Work with Commissioners to support the development of local Dynamic Support Registers 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

2.1.4. Supporting our Staff

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

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

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

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

Sustaining and improving staff engagement

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

The Trust measures its progress in relation to staff engagement with reference to its staff engagement score in the National NHS Staff Survey. The Trust score for staff engagement in 2020/21 was 7.5/10 and was one of the highest scores in the country.

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

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

The Trust ensures that all of its staff have the appropriate skills, training, and support for their roles through its recruitment and training programmes and has just launched a new online learning platform to support this.

Our appraisal process, which takes place in April and May each year for all staff, is one of the tools used to identify training needs for everyone. We completed all appraisals during wave 1 and wave 2 of COVID to ensure all staff still had an appraisal during this time. Additionally, clinical supervision sessions and probationary reviews for new starters also can identify developmental needs.

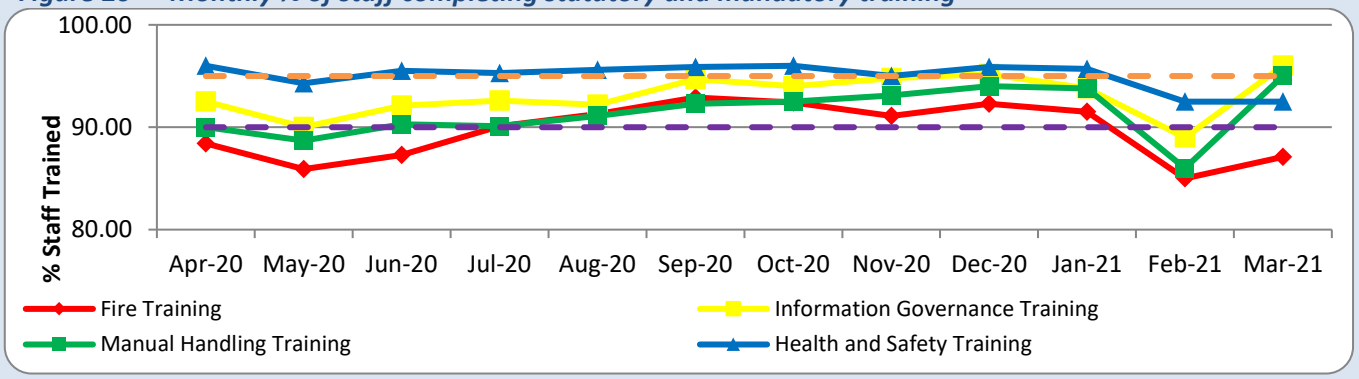
The COVID-19 pandemic has required the Trust to respond quickly to minimise the impact on patients and staff. This has resulted in the redeployment of many staff to meet the emerging needs of the situation. As a result, the Trust has ensured that all redeployed staff had the skills and support required to manage their new roles. In Q3 we have had a programme of redeployment of a small number of our corporate services staff, who have worked alongside teams in our critical clinical areas in a variety of roles. Feedback from both those redeployed and managers in our clinical areas has been very positive, and the redeployment programme has freed up time for clinical staff to care for patients.

All redeployed staff, particularly in clinical areas, were offered training necessary for them to be able to undertake their interim roles effectively and confidently. Some of this training was in situ in the new ward/dept, and other training was undertaken virtually.

Statutory and Mandatory Training

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

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



Source- Trust Tableau Dashboard

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

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

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

- 96% of respondents said they can access all the systems they needed to work from home

- 81% of respondents said that working from home is 'great' or 'good' and can see how it could continue to work in the future
- 76% of clinician respondents are 'satisfied' or 'very satisfied' with using online consultations to see patients

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

In Quarter 4 we launched our home working policy which sets out the way we will implement remote working for a large number of staff, post COVID-19. Engagement with a wide number of staff has assisted with this work, and the policy will now be embedded.

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

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

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

Quarter 3 saw the Staff Support Service fully functional and staffed, whilst also providing additional support for teams and individuals during the second COVID wave. Work with Integrated Care System (ICS) and regional partners has produced bids for national funding to enhance the staff health and wellbeing offers across the systems in Q4. National funding was confirmed to consolidate the offer and develop mental health outreach and assessment for staff in Quarter 4.

Other work during Quarter 4 has focused on delivering actions from the People Plan that was published in July 2020. This encompassed enhancing our Health and Wellbeing induction for new starters, introducing annual health and wellbeing conversations alongside risk assessments for all staff and appointing one of our Non-Executive Directors, as our wellbeing guardian. As part of our new People Strategy we have agreed on the following Key Performance Indicator: Increase the percentage of people reporting that the organisation takes positive action on health and wellbeing in the Staff Survey from 33% in 2019 to at least 55% by 2022 and to be the best in class for the health and wellbeing theme in the Staff Survey within the next 3 years.

Reducing staff sickness

Quarter 1 of 2019/20 saw an increase in our levels of sickness absence due to COVID-19 related illness. The levels of COVID-19 related absence were at their highest during the latter part of March 2020, and throughout April 2020. This was partly because the testing systems were not fully functional at this stage and therefore anyone who was symptomatic was absent for at least 7 days (depending on their symptoms). In addition, if someone in their household was symptomatic, then staff needed to self-isolate for 14 days. Our COVID-19 absence peaked over the 2020 Easter period, when almost 10% of our workforce was absent and 57% of our total absence was COVID-19 related.

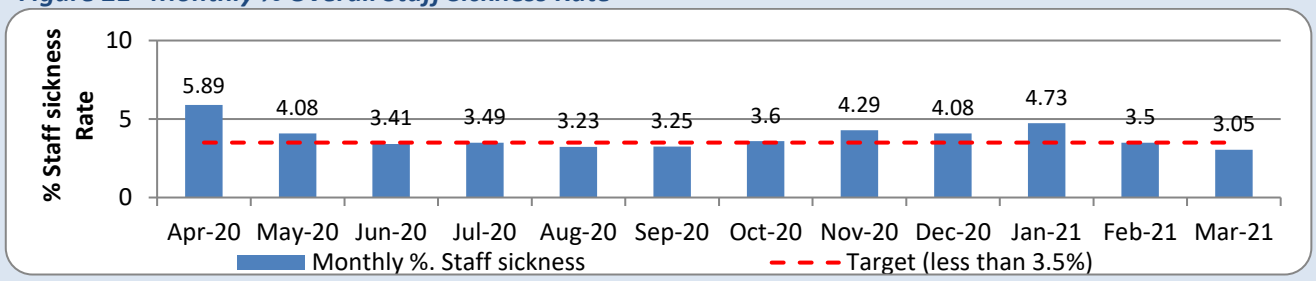
The trust target sickness rate was not breached between June and September 2020. As we moved towards business as usual at this time, we focused on long term sickness cases and staff with high frequent absence across the Trust. This resulted in a reduction in sickness rates, with further evidence that areas with

a high proportion of staff working from home had significantly less absence than inpatient areas.

Sickness rates began to increase again in October 2020, and the target threshold was breached between October 2020 and February 2021 in line with the COVID-19 second wave. The rate has since reduced to below the target threshold at the end of the 2020/21 year. Our highest levels if sickness are related to stress and anxiety and muscoloskeletal (MSK) issues. We have analysed the MSK issues, and this is not linked to home working.

Figure 21 below details the monthly percentage of staff sickness absence and demonstrates that the 3.5% target rate was breached in 6 of the 12 months in 2020/21. These breaches link with the COVID-10 1st and 2nd waves.

Figure 21- Monthly % Overall Staff Sickness Rate



Source- Trust Tableau Dashboard

Staff feeling they can influence how we work and make decisions

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

In 2020/21, 67% of respondents answered yes to this question compared with 65.7% in 2019/20, and therefore an improvement has been seen in this area and has been reported as the best score in comparison to all mental health and learning disability trusts working with Picker, our survey provider this year.

Staff recommending the Trust as a place to receive treatment

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

In the 2020/21 staff survey, 80.1% of Trust respondents answered 'yes' to Question 18d of the survey, 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation'. This compares with 74.4% in 2019/20 and demonstrates an improvement in this area.

Improving staff recruitment, retention, and satisfaction

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

Staff Vacancies

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

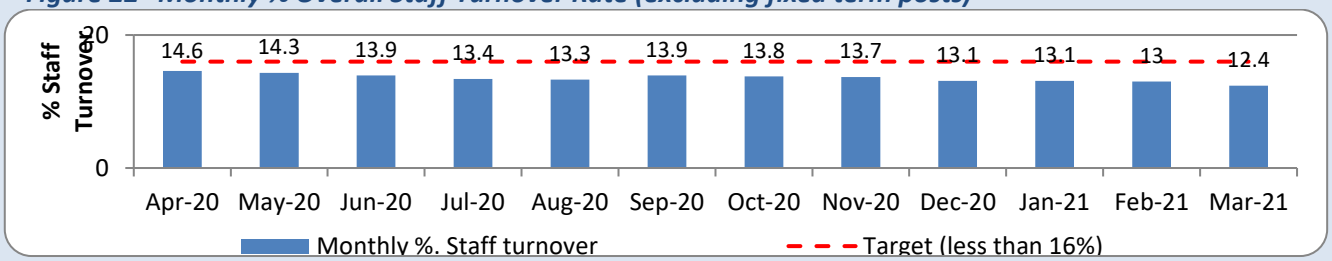
Staff Turnover

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

service, we are working with line managers to improve the onboarding of our new starters, and using the check-ins and reviews as part of the probationary policy as the focus of this. This work forms the core of our new People Strategy. This will continue to be an area of focus next year.

Figure 22 below details the monthly staff turnover rate and shows that this target was achieved in 2020/2

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



Source- Trust Tableau Dashboard

Zero Tolerance of Bullying and Harassment

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

The Trust has a zero-tolerance policy for aggression, bullying and exclusion. Members of staff have the right to be treated with dignity and respect and any member of staff that raises a concern because they are subjected to behaviour or treatment that does not promote dignity and respect will be fully supported.
We will promote an inclusive and compassionate culture with zero tolerance of bullying and harassment and will achieve an increase in informal reporting and resolution of difficulties at the earliest opportunity. The number of formal disciplinary and grievance processes will be reduced, with no difference between the experience of BAME and white staff. We will increase the number of allies of people with protected characteristics, provide training and foster a 'just culture' where everyone is supported.

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

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

In the 2020/21 National NHS Staff Survey, the Trust achieved a score of 8.4/10 in the theme "Safe Environment- Bullying and Harassment", which is an improvement over the 2019/20 score of 8.3/10. However, the level of bullying and harassment that our staff experience is still unacceptable, and we will continue to focus of this area in the coming year. We have also created a role dedicated to preventing violence towards our staff from patients.

Reducing mental health patient assaults on our staff

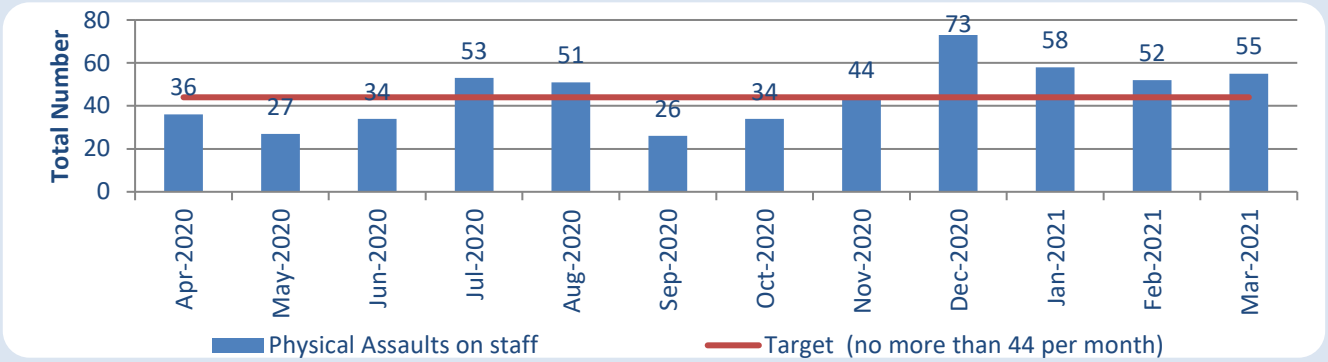
The Trust has set a target of reducing mental health patient assaults on staff to below 44 per month.

Figure 23 below details the number of mental health patient-to-staff assaults. The target has not been met in the last four months of 2020/21 and this is likely to be linked to the high level of acuity of patients. Four adult mental health wards are working on this as a driver for their Quality Improvement work and are testing out countermeasures such as, safety huddles, Safe wards, developing a culture of yes first, post incident reviews and debriefs for patients. Campion ward is the highest contributor to this metric with Sorrel ward second. On Sorrel ward over half of the assaults happen during a restrictive practice and we have a programme of work to reduce such practice. The work to reduce assaults was ongoing during

quarter 4 and is likely to take time to see if the countermeasures implemented work and then become embedded.

As a hospital we are looking at how we can reduce our restrictive practices as we recognise these create flashpoints that can lead to assaults. Each ward is implementing a safe wards intervention, we have also allocated projects to new QI yellow belt trainees to look at areas such as seclusion, searching, patient and family involvement in care, patient care allocation.

Figure 23- Monthly number of patient-to-staff assaults



Source- Trust Tableau Dashboard

Freedom to Speak Up

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

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

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

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

How can staff speak up?

Staff are encouraged to raise concerns in several ways:

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

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

The role of the Freedom to Speak Up Guardian
The Trust Freedom to Speak Up Guardian helps to protect patient safety and the quality of care, improve the experience of workers, and promote learning and improvement. This is achieved by ensuring that: workers are supported in speaking up, barriers to speaking up are addressed, a positive culture of speaking up is fostered and issues raised are used as opportunities for learning and improvement. This role is now fully embedded in the Trust and awareness of this facility is very well publicised Trust-wide. Between 1st April 2020 and 31st March 2021, 50 cases were brought to the Trust's Freedom to Speak up Guardian.

National NHS Staff Survey 2020

ⓘ 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.

The Trust participated in the 2020 NHS National Staff Survey between September and November 2020.

The Survey Sample.
The survey was conducted online, resulting in it being open to over 4000 of the Trust's employees. 2683 staff responded to the 2020 survey and our response rate was 60% this year, compared with 61% in 2019. This is a greater rate than the average response rate for similar Trusts to ours (49%)

Summary of Trust Results.
This year our scores have improved, are above average for similar Trusts in all ten themes and the best in our group of Trusts for two themes out of the ten. Four of our results were reported as the best experience in comparison to all mental health and learning disability trusts working with Picker, our survey provider this year. The figure below details the Trust results by theme.

Figure 24- 2020 Trust NHS Staff Survey Results by theme

	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.5	7.0	7.6	6.9	7.9	8.8	9.8	7.5	7.5	7.4
Your org	9.1	6.5	7.5	6.7	7.6	8.4	9.6	7.3	7.5	7.4
Average	9.1	6.4	7.3	6.4	7.5	8.3	9.5	6.9	7.2	7.0
Worst	8.2	5.9	7.0	6.1	6.8	7.6	9.1	6.1	6.6	6.6
Responses	2,615	2,624	2,631	2,598	2,306	2,522	2,615	2,609	2,651	2,633

Source- 2019 NHS Staff Survey- Trust Benchmark Report

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

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

The table below details the 2020 National Staff Survey scores that relate to the WRES

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

Indicator and Description	Ethnicity	Trust Scores (%) 2017 (%)	2018 (%)	2019 (%)	2020 (%)	2020 Average (median) for combined MH/LD and community Trusts (52 Trusts)
Percentage of staff experiencing harassment bullying or abuse from patients, relatives or the public in the last 12 months	White	22	23	22	20	25
	BAME	27	31	30	31	32
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White	18	20	15	18	20
	BAME	21	26	20	23	25
Percentage of staff believing the Trust provides equal opportunities for career progression or promotion	White	89	89	91	92	89
	BAME	74	68	76	78	73
In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	7	7	6	5	6
	BAME	11	17	13	12	15

Source- 2020 National Staff Survey

The Workforce Disability Equality Standard (WDES) became a requirement as of 1st April 2019 to enable NHS organisations to capture and compare the experiences of disabled staff with those of non-disabled staff. The WDES is part of the NHS standard contract and facilitates a better understanding of the experiences of disabled staff, thus supporting positive change and the creation of a more inclusive working environment for disabled people. It has a similar ethos to the WRES and is underpinned by 10 metrics that cover the workforce profile, recruitment and capability processes, experiences of disabled staff, board make up, and the opportunity that disabled staff have to voice and air their concerns and to be heard. The Table below details the 2020 National Staff Survey results that relate to the WDES.

Figure 26- Staff survey results relating to the Workforce Disability Equality Standard

Indicator and Description	Whether staff have a Long-term condition (LTC) or illness	Trust Scores (%) 2019 (%)	2020 (%)	2020 Average (median) for combined MH/LD and community Trusts (52 Trusts)
Percentage of staff experiencing harassment bullying or abuse from patients, relatives or the public in the last 12 months	No LTC/ Illness	23	20	25
	LTC/ Illness	30	30	32
Percentage of staff experiencing harassment, bullying or abuse from manager in the last 12 months	No LTC/ Illness	9	7	9
	LTC/ Illness	16	15	15
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	No LTC/ Illness	14	13	13
	LTC/ Illness	23	21	21
Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	No LTC/ Illness	60	60	61
	LTC/ Illness	57	54	59
Percentage of staff believing the Trust provides equal opportunities for career progression or promotion	No LTC/ Illness	88	84	82
	LTC/ Illness	86	90	89
	No LTC/ Illness	17	15	17

Indicator and Description	Whether staff have a Long-term condition (LTC) or illness	Trust Scores (%) 2019 (%)	Trust Scores (%) 2020 (%)	2020 Average (median) for combined MH/LD and community Trusts (52 Trusts)
Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	LTC/ Illness	23	24	24
Percentage of staff satisfied with the extent to which their organisation values their work	No LTC/ Illness	61	67	55
	LTC/ Illness	54	55	45
Percentage of Disabled staff saying their employer has made adequate adjustment(s) to enable them to carry out their work	LTC/ Illness	75	77	81
Staff Engagement Score	No LTC/ Illness	7.5	7.6	7.3
	LTC/ Illness	7.0	7.2	6.8

Source- 2020 National Staff Survey

The Trust has made progress on the WRES and WDES and wants to be an outstanding place to work for everyone. Consequently, a new three-year Equality, Diversity and Inclusion Strategy has been launched with a commitment to ensuring that all staff feel welcome, included, and have a sense of belonging.

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

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

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

- Reduce the number of disabled staff who experience harassment bullying or abuse from patients
- Reduce the number of disabled staff harassed, bullied, or abused by colleagues
- Eliminate the differential between disabled and non-disabled staff
- Reduce the number of disabled staff experiencing harassment, bullying or abuse from managers
- Eliminate the differential between disabled and non-disabled staff and achieve consistency for at least three years.
- Promote the reasonable adjustment policy and guide for managers and staff to support conversations for disabled staff who require reasonable adjustments

To achieve the WRES and WDES inspired ambitions above:

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

2.1.5. Other Service Improvement Highlights in 2020/21

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

2.1.6. Improvements in Community Physical Health Services for Adults

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

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

The Diabetes service has adapted its service delivery during the pandemic, with Consultant and Diabetes Specialist Nursing Services delivering virtual outpatient appointments. Carbohydrate (CHO) and Insulin Calculation Education (CHOICE) for people with Type 1 Diabetes has been adapted to be provided virtually with excellent feedback from participants. Structured group patient education for people with Type 2 diabetes has also moved to a virtual offering. The service is still undertaking one-to-one consultations for people who do not have the means to access education virtually. The Service achieved accreditation for their diabetes education provision from the Quality Institute for Self Education and Training (QISMET) in January 2021. In December 2020, one of the services educators was awarded the X-PERT Educator of the Year award. Insulin pump renewals and Flash Glucose monitoring education and training have continued virtually throughout the year. A more efficient Nurse Led Triage clinic was commenced in December 2020 resulting in a reduction in the time that Consultants require to review new referrals. An Integrated Diabetes Specialist Nursing Service commenced in East Berkshire to support upskilling of Primary Care staff, reduce variation, and achieve improved patient outcomes. Finally, the service has moved from a diabetes specific clinical record database to RIO.

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

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

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

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

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

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

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

Berkshire West Community Nursing have continued providing a full range of services during the pandemic, including a two-hour response to those in need. Face-to-face contact with colleagues has reduced and the team have adapted to new ways of communicating by further embracing new technology and supporting one another in different ways. The Intravenous (IV) HiTech service has been redesigned to improve patient access to care and enhance practice development opportunities for community nursing teams. Peripheral Inserted Central Catheter (PICC) clinics were established at three sites in the Berkshire West area and patient support embedded into the existing community nursing service. The transition from clinic-based care to care in the home, when needed for the patients, is now seamless because the service is still being delivered by the community nursing team.
The Reading Community Nursing service have also used Quality Improvement (QI) methodology to review their process for triaging patient referrals into the service. As a result, three clinical nurse advisors have been put in place to support reviewing referrals and completing urgent visits. This allows patients to be seen quicker. A referral processor has also been employed to help manage the high proportion of blood tests.

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

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

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

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

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

Community Health Inpatient Services

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

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

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

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

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

The WestCall GP Out-Of-Hours Service are using Electronic Prescribing (EPS) to reduce the number of unnecessary face-to-face interactions between clinicians and patients. This also allows clinicians to send controlled drugs prescriptions directly to dispensing chemists without need for a wet signature. Wastage of paper is also reduced, as well as the need to safely provide, store and distribute paper prescriptions (FP10s) securely to printers. Remote consultation using trust issued laptops and good IT systems has also created flexibility in allowing clinicians to log in from home at times of increased service demand for triaging patients. This enables safe clinical triage and diagnosis of conditions as patients can be visually seen. It has also improved the resilience of the service in coping with periods of increased activity.

The HealthHub/ WestCall Operations Team have ceased all referrals being sent via Fax, with referrals now received by email and urgent referrals only by phone. A COVID management administration role has also been created to help manage COVID swabbing.

The process for referrals for West Berkshire District Nurses has been streamlined and the team are also engaged in a pathways project to enable a swift interaction with the Royal Berkshire Hospital to support patients' discharge.

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

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

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

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

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

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

The School Nursing Service has had a challenging year as their ability to work with and within schools has been significantly disrupted due to the pandemic. The National Child Measurement Programme was

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

The Health Visiting (HV) Service have responded to the pandemic by reviewing their service provision. This has included the development of an online virtual antenatal presentation which allows parents to view the session at a convenient time. A daily (Monday to Friday) Safeguarding Duty Health Visitor has also been introduced in West Berkshire and Reading to provide social care teams with priority access to, and response from the service. This role also facilitates better allocation of safeguarding cases amongst the team. Management of Domestic abuse incident forms have been recently been trialled in Reading and this has reduced the workload pressure on both the Health Visiting and School Nursing teams. Contact is being made with parents at 4-weeks and 12-14 weeks in response to the number of non-accidental injuries (NAIs), domestic violence incidents and the negative impact of lockdown and other restrictions. Parents have reported that they found these additional contacts very supportive, particularly at that time when the service were offering very limited face to face contact. This initiative has been submitted as a case study to the Institute of Health Visiting (IHV) and has been chosen for national publication. Many HV contacts with parents were offered virtually by video link during the first lockdown and this made asking parents about domestic abuse incidents challenging. It was often difficult for practitioners to know if anyone else was present in the room, but out of site of the camera and/or the conversation were being overheard. As a result, a Reading HV and Safeguarding Lead designed an "Over the Shoulder" poster containing the details of the Domestic Helpline. This poster provided an unobtrusive backdrop during online contacts to offer sign-posting information to parents. The Bracknell Forest HV team have used Quality Improvement methods to help meet their New Birth Visits target. In addition, meetings have been established with social care to highlight issues, with particular emphasis on the under 1 age group given the increased safeguarding concerns highlighted by the pandemic.

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

support pack for schools and families and have ventured into the world of social media to deliver information and support.

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

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

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

The Community Children's Nursing (CCN) Team in West Berkshire have worked on numerous quality and governance challenges. The improvements have included; starting an 8am-8pm service on Tuesdays to Thursdays (which will operate from Monday to Friday by mid-2021), standardising supplies and medical devices provided to families, updating all equipment and completing an equipment audit, developing Standard Operating Procedures and guidelines, developing the new role of the nursery nurse in the team, training and signing off staff competence in end of life provision and streamlining stock and storeroom processes.

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

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

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

The CYPF Dietetics Service have reduced plastic use and costs associated with enteral feeding. They have produced an ancillary guide on setting up Home Enteral Feeding contract deliveries to patients. A revised policy and guidelines have been developed on the use of ancillaries in children under 1 year old for enteral feeding. In addition, provision of replacement gastrostomy buttons has been reviewed, with a revised

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

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

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

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

Child and Adolescent Mental Health (CAMH) Services

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

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

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

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

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

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

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

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

below the national average and the Trust is growing its reputation as a good place to work.

A new Trust Research & Development Lead has been appointed and the service have set up a CAMHS Research Development Group to take a more proactive approach to developing research ideas and opportunities. A number of CAMHS medics are leading on research and other important national projects.
In addition, a number of CAMHS staff, including psychiatrists, psychologists and members of the leadership team are engaged in teaching, including training programmes run by the Charlie Waller institute at the University of Reading.

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

COVID Symptom Checker Tool for people with learning disabilities. Members of the Learning Disability Service, including the Consultant Nurse for People with Learning Disability and a Consultant Psychiatrist, have developed a tool to help the family and carers of people with learning disabilities identify if the symptoms they are experiencing may be due to COVID or something else, and to recommend appropriate action based on these symptoms. This is important for people with learning disabilities as it is easy for carers and health professionals to think that the person's health problem is due to something else- we call this diagnostic overshadowing. Respiratory problems are much more likely for people with learning disabilities and prior to the COVID-19 pandemic over 40% of deaths of people with learning disabilities were reported to be due to respiratory disease. It is important that respiratory symptoms are spotted early for people with learning disabilities, in order to seek medical attention when needed. It is also important that while COVID-19 is a significant risk to people with learning disabilities, it should not be assumed that symptoms are just COVID-19 related and we should therefore also consider potential differential diagnoses to COVID-19 and other common acute respiratory disorders. The COVID-19 Symptom Checker gives some guidance on what the symptoms the person is displaying could be and, while is not an exhaustive list, the tool can help decision making and support people with learning disabilities to get the right care and treatment, in the right place and at the right time. While this guidance aims to support decision making, the service recognise that everyone is unique and different and what is one person's baseline is different to another person. Based on this, the symptom checker is to be used in collaboration with the person, using existing knowledge about the person and in line with their health passport or care/support plans and with people that know the person best. The symptom checker is not a definitive guide for all situations, and it is important to recognise that the virus can mutate and change. Therefore, if you continue to be worried for a person's health and wellbeing you should seek further advice/help from 111 / 999 as appropriate to the urgency. The symptom tracker can be downloaded from the following site:
https://www.berkshirehealthcare.nhs.uk/our-services/mental-health-and-wellbeing/learning-disabilities-ctpld/
The United Kingdom Learning Disability Consultant Nurse Network (UKLDCNN) and the National Mental Health and Learning Disability Nurse Directors Forum (NMHLDNDF) have provided endorsement of the tool.

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

Occupational boredom prevention programme. Analysis of complaints made to the Community Team for People with Learning Disabilities (CTPLD) duty line identified that over 50% of complaints related to boredom due lack of home-based activities for people with a Learning disability during the first COVID 19

national lockdown. A number of potential risks were identified related to this, including behaviour becoming difficult to manage, boredom, mental health issues including depression, a loss of daily living skills and a decrease in mobility. The aim of this CTPLD project was to help prevent boredom and thus reduce the number of complaints received from Bracknell CTPLD clients, family members and support providers by 60% by September 2020. All Berkshire CTPLD Occupational Therapists worked together to put in place a weekly activity email for service-users and their carers. As a result of the countermeasures, the team have seen a decrease of 65.6% of boredom-related complaint calls to Bracknell CTPLD duty line. The project has now been shared across the UK through Occupational Therapy networks and weekly resource emails are sent to over 250 people across the UK.

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

Talking Therapies (TT)

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

The Talking Therapies Extended Trauma Pathway (ETP) has seen significant improvement this year. The Talking Therapies team have worked with the Berkshire Traumatic Stress Service (BTSS) to develop a more coordinated approach to assessment and treatment of clients with Post Traumatic Stress Disorder (PTSD) and have developed the ETP. Over 70 therapists have now been trained to offer trauma-focused treatment to clients with what is termed complicated PTSD, and this compliments the treatment already offered for clients with a single incident/series of single incidents of trauma. This also bridges the gap between the services offered by BTSS who treat complex PTSD. Two group supervision sessions per month have been set up to discuss these cases, as well as a weekly referral meeting to discuss cases and decide on the most appropriate part of the trauma pathway for assessment and for treatment. This meeting also links into the Integrated Referral Meetings which are part of the Gateway (mentioned above). The team are looking to move this model to 'business as usual' in 2021, meaning that clients who have received an ETP assessment will receive a trauma focused therapy from the same clinician where appropriate.

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

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

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

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

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

Adult Mental Health Services

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

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

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

The Intensive Management of Personality -disorder and Clinical Therapies Team (IMPACTT) have continued developing the Mental Health Pathway for

patients with Emotionally Unstable Personality Disorder (EUPD).

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

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

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

Dialectical Behaviour Therapy (DBT) and Mentalization Based Treatment (MBT) teams worked hard during the initial COVID-19 lockdown to deliver their intensive therapy remotely, thus enabling patients to continue accessing their therapy at a time when its more needed than ever. Within approximately three weeks from the start of lockdown, the full therapy programme had moved to an online platform. Although some of the patients and staff found this transition difficult, attendance has slightly improved and this development has encouraged the IMPACTT team to consider whether a remote therapy offer, alongside in-person working, is something that would be beneficial to continue once it is safe to restart face-to-face work.

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

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

The Placement Review Team (PRT) is a project hosted by the Out of Area Placements Team (OAPs). They have carried out successful placement reviews of patients funded by East Berks CCG. This has improved the experience of service users by bringing them closer to home and in more independent accommodation. The CCG have extended the project as a result.

Additionally, The Trust OAPs team continue to make progress in moving patients from long term rehabilitation/ independent hospitals, often far away from home, to closer and less restrictive environments. They have also supported many hospital discharges, appropriately, from our local psychiatric hospital to reduce pressures on in patient wards

Older Peoples Mental Health Services (OPMH)

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

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

Delivering the Berkshire Healthcare Understanding Dementia Course Online. Since 2006, the OPMH Service have delivered an Understanding Dementia Course across all Berkshire localities for family carers of patients that are newly diagnosed with dementia. Face-to-Face delivery of this course had to be stopped in March 2020 due to Coronavirus restrictions and a cross-locality working party was convened to adapt the course for online delivery. PowerPoint sessions were adapted into short 15-20-minute sections interspersed by facilitated questions and discussions. Some simple 'Joining Instructions' were also produced for participants, with some localities offering pre-course slots to practice joining Teams and mastering its functions. 'Key Messages' were also reviewed, as well as the range of options to be offered (including a preference to wait for a Face to face course and an offer of written advice and support in caring for someone with dementia). All localities are now delivering this course online, with a high level of overall satisfaction. In addition, some family carers, who would be unable to access the face-to-face course, have been able to access our online course and when face to face sessions can resume, the option of attending the course Online will remain.

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

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

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

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

Mental Health Inpatients

Reducing the use of prone restraint is a key focus of Mental Health Inpatient Services at Prospect Park Hospital (PPH). Prone is defined as a type of physical restraint, holding a person chest down, whether the patient placed themselves in this position or not, is resistive or not and whether the person is face down or has their face to the side. Physical restraint and seclusion are seen as a last resort and only used when non-physical and de-escalation interventions have failed. There are risks documented with this position of restraint. Data from 2017 placed the Trust as one of the highest users of prone restraint, and this has been reduced by 61% across all wards within 15 months of the start of the project. Benchmarking data published in October 2020 demonstrates that prone restraint has continued to reduce in the Trust.

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

2.2. Setting Priorities for Improvement for 2021/2022

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

2.2.1. Harm-Free Care Priorities

Providing Safe Services

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

2.2.2. Clinical Effectiveness Priorities

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

2.2.3. Patient Experience Priorities

Improving Outcomes

- We will reduce the number of patients waiting for our services
- We will use patient and carer feedback to drive improvements in our services
- We will manage patient flow effectively and ensure that patients stay within our services for no longer than is clinically appropriate
- We will engage and communicate with patients and the public to make sure that they understand how to access the right help at the right time

2.2.4. Supporting our Staff Priorities

A great place to work

- We will improve the mental and physical health and wellbeing of our people, reducing Musculoskeletal disorders and other sickness absences
- We will have a zero tolerance to bullying and harassment, and racism, taking action wherever we see or hear poor experience for our people
- We will support the growth and development of our people through high quality appraisal, supervision, and training

- We will actively support our people to work flexibly, including remote working where appropriate, as part of our new offer
- We will act on feedback from the staff survey in order to further improve satisfaction and address any identified inequalities
- We will provide opportunities for our people to show initiative and make improvements for their colleagues and patients through great team working, Quality Improvement and Bright Ideas

With our health and care partners: We will work in collaboration with our health and social care partners to address health inequalities and create sustainable health and care that builds on our new ways of working.

2.2.5. Monitoring of Priorities for Improvement

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

2.3. Statements of Assurance from the Board

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

Berkshire Healthcare NHS Foundation Trust has reviewed all the data available to them on the quality of care in all these relevant health services.
The income generated by the relevant health services reviewed in 2020/21 represents 100% of the total income generated from the provision of relevant health services by Berkshire Healthcare NHS Foundation Trust for 2020/21.

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

2.3.1. Clinical Audit

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

National Clinical Audits and Confidential Enquiries

During 2020/21, 9 national clinical audits and 5 national confidential enquiries covered relevant healthcare services which Berkshire Healthcare NHS Foundation Trust provides.

During that period Berkshire Healthcare NHS Foundation Trust participated in 100% (n=9/9) of national clinical audits and 100% (n=5/5) of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Berkshire Healthcare NHS Foundation Trust was eligible to participate in during 2020/21 are shown in the first column of Figure 27 below. This column also details the national clinical audits and national confidential enquiries that Berkshire Healthcare NHS Foundation Trust participated in during 2020/21.

Figure 27- National Clinical Audits and Confidential Enquiries

National Clinical Audits and Confidential Enquiries that the Trust was eligible to participate in and did participate in during 2020/21	Data collection status, number of cases submitted as a percentage of the number of cases required by the terms of each audit and other comments
1. National Clinical Audits (N=10)	
National Clinical Audit and Patient Outcomes Programme (NCAPOP)	
National Sentinel Stroke Audit (2020/21)	Data Collection: April 2020 to March 2021. 494 patients submitted, across 3 services, 174 six-month follow-ups (final figure not yet available). Report due: Annually tbc 2021/22
National Diabetes Footcare (Community Podiatry care) 2020/21	Data Collection: April 2020 to March 2021. 234 patients submitted, across 1 service (final figure not yet available). Report due: tbc 2022
National Clinical Audit of Psychosis 2020 – Early Intervention in Psychosis (EIP) Re-Audit	Data collection October 2020 to November 2020. 81 patients submitted, across 1 service. Report due: July 2021
National Asthma and COPD Audit Programme (NACAP): pulmonary rehabilitation	Data Collection: March 2020 to March 21. 29 patients submitted, across 1 service (final figure not yet available). Report due: Annually tbc 2021/22
National Audit of Inpatient Falls	Data Collection: January 2020-March 2021. 1 patient submitted, across 1 service. Report due: tbc 2021/22
National Diabetes Audit - Secondary care 2020/21	Data Collection: April 2020 to March 2021. 590 patients HbAc1, 313 Structured Education and 68 Insulin pump patients submitted, across 1 service (final figure not yet available). Report due: Annually tbc 2022
Non- NCAPOP Audits	
National Audit of Cardiac Rehabilitation (2020/21)	Data Collection: April 2020 to March 2021. 251 patients submitted, across 1 service (final figure not yet available). Report due: tbc 2021/22
Prescribing Observatory for Mental Health (POMH) - Topic 20a: Improving the Quality of Valproate Prescribing in Mental Health Services Sept 20	Data Collection: September 2020 – October 2020. 188 patients submitted, across 7 services. Report released: March 2021
POMH – 18b Prescribing Clozapine	Data Collection: February 2021 – March 2021. 130 patients submitted, across 10 services. Report due: August 2021
2. National Confidential Enquiries (N=5)	
National Confidential Enquiry into Patient Outcome and Death (NCEPOD) - Medical and Surgical Clinical Outcome Review Programme- Physical Health in Mental Health Hospitals	Data Collection: December 2020 – March 2021. 4 patients submitted, across 1 service. Report due: tbc 2021/22
National Confidential Enquiry into Suicide and Homicide (NCISH) - Mental Health Clinical Outcome Review Programme A. Suicide and Homicide 2020/21 B. Suicide by Middle aged Men C. Real-time surveillance of suicide by patients under mental health care	A - Data Collection: April 2020 to May 2021. 27 patients submitted, across 1 service. Report due: May 2021 B - Data Collection: Apr 2020 to Mar 21. No figures available, data collected from Office for National Statistics & coroners. Report due: May 2021 C - Data Collection: April 2020 to March 2021. 45 patients submitted, across 1 service. Report due: tbc 2021/22
Learning Disability Mortality Review Programme (LeDeR)	Data Collection: April 2020 to March 2021 22 patients submitted, across 1 service (final figure not yet available). Report due: tbc 2021/22

The reports of 6 (100%) national clinical audits were reviewed by the Trust in 2020/21. This included national audits for which data was collected in earlier years with the resultant report being published in 2020/21. Berkshire Healthcare NHS Foundation Trust intends to take actions to improve the quality of healthcare provided as detailed in Appendix B.

Local Clinical Audits

The reports of 26 local clinical audits were reviewed by the Trust in 2020/21 and Berkshire Healthcare NHS Foundation Trust intends to take actions to improve the quality of healthcare which are detailed in Appendix C.

2.3.2. Research and Development (R&D)

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

Clinical Involvement in clinical research is one way that we demonstrate our commitment to actively improving the clinical assessments, treatments, care, and outcomes for our patients. Our aim is for all patients to have access to research opportunities which are relevant to them.

This year more people participated in our clinical research projects than in any previous year. We ranked 2nd out of 48 Mental Health and Community Trusts for the number of National Institute for Health Research (NIHR) portfolio studies which people participated in. We ranked 11th out of 48 similar Trusts for the number of participants that we have recruited to our NIHR portfolio studies.

The overall number of research participants that were recruited during 2020/21 to participate in research approved by a Research Ethics Committee was 2,614 from 51 studies (2,549 from 39 NIHR Portfolio studies and 65 from 18 Non-portfolio studies).

The number of participants who were patients receiving relevant health services provided or sub-contracted by Berkshire Healthcare NHS Foundation Trust in 2020/21 that were recruited during that period to participate in research approved by a Research Ethics Committee was 1,166 from 37 studies (1,137 from 32 NIHR Portfolio studies and 29 from 5 Non-portfolio studies).

Many of the research opportunities offered to Berkshire Healthcare patients in 2020/21 were COVID-19 focussed. These included:

- VIRUSWATCH - A Household Cohort study of Acute Respiratory Infections in England and Wales covering the second wave of the COVID-19 Pandemic.
- UK-REACH- Study into ethnicity and COVID-19 outcomes in healthcare workers.
- CO-CAT- Child Anxiety Treatment in the Context of COVID-19. Enabling CAMHS to provide efficient remote treatment for childhood anxiety problems.
- Psychological Impact of COVID-19- pandemic and experience. An International Survey.
- BASIL+- Behavioural Interaction for Social Isolation.

Staff members have contributed to 39 journal publications in 2020/21, discussing topics such as supporting hospital staff during COVID-19, the relationship between social anxiety and social cognition in children and adolescents and reducing time to complete neuropsychological assessments within a memory assessment service and evaluating the wider impact.

2.3.3. CQUIN Framework

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

The CQUIN programme was paused for 2019/20 in response to the COVID-19 pandemic and therefore the following paragraphs will not be updated for this Quality Account report.

[A proportion of Berkshire Healthcare NHS Foundation Trust's income in (Year) 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 (Year) and for the following 12-month period can be found in (N/A).

The income in (Year) conditional upon achieving quality improvement and innovation goals is (N/A). The associated payment received for (Year) was (N/A).]

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 2020/21.
Berkshire Healthcare NHS Foundation Trust is subject to periodic reviews by the Care Quality Commission. Following our CQC inspection of our core services in November 2019, and a "Well Led" inspection in December 2019 the Trust is now rated as Outstanding overall. Both our Community Physical Health services for adults and our End of Life service have been recognised as Outstanding. They join our Learning Disability In-Patients and our Older Peoples Community Mental Health services who also hold an outstanding rating. All our services are now either outstanding or good.

The CQC detailed the following actions that the Trust must take to improve:
Acute wards for adults of working age and psychiatric intensive care wards. The Trust must:

- Ensure that ligature risks are managed appropriately, ensure that patients are kept safe- for example promoting the sexual safety of people using the service, and ensure an alarm system is easily accessible to patients and visitors and that they are made aware of how to use them (Regulation 12)
- Ensure that the ward environment is always adequately furnished and maintained. (Regulation 15)
- Ensure restrictions are necessary and proportionate responses to risks identified for particular individuals (Regulation 13)
  Specialist community mental health services for children and young people. The Trust must:
- Continue to work with commissioners to ensure waiting times are not excessive, thereby putting young people waiting to receive treatment at increased risk. Particular attention needs to be paid to ensuring timely access to services for those referred to the attention deficit hyperactivity disorder pathway and autism assessment pathway.

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

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

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

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

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

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

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

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

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

2.3.5. Data Quality and Information Governance

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

The Secondary Uses Service (SUS)

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

The percentage of records in the published data:

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

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

Information Governance

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

Berkshire Healthcare NHS Foundation Trust Data Security and Protection Toolkit (DSPT) overall score for 2020/21 was 'Standards Exceeded'. The Information Governance Group is responsible for maintaining and improving standards in this area.

Data Quality

Berkshire Healthcare NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2020/21 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 (CDS) version to send data. Data is continuously monitored, and improvements made where required.

The Trust continues to track the improvement of data quality. An overarching Information Assurance Framework (IAF) provides a consolidated summary of every performance information indicator and action plans. The key messages are shared at monthly IM&T meetings and quarterly super user forums.

Data Quality and Data Assurance audits are carried out throughout the year as part of the Information Assurance Framework (IAF), where data issues are identified, and internal action plans are put in place. The data is monitored until assurance is gained so that the Trust can have a high confidence level in the data being reported. The assurance reports and the Performance Scorecard are reviewed in monthly and

quarterly locality meetings. External Data Quality reports published on the NHS Digital website are analysed to ensure consistency in reporting both internally and externally.

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

2.3.6. Learning from Deaths

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

The Trust learning from deaths process includes all patients identified on our electronic patient records who have accessed one of our services in the year before death. In most cases these are expected deaths but where a specific trigger is noted (as identified in our policy) we then review these deaths further.

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

Figure 28 below details the number of deaths of Trust patients in 2020/21. This is presented alongside the number of case record reviews and investigations of these deaths that were undertaken over the same period, as well as an assessment of the number of deaths that were more likely than not to have been due to problems in care provided. Please note that the table contains statements that are mandated by NHS Improvement for inclusion.

Figure 28- Deaths of Trust patients in 2019/20- case reviews and investigations carried out in 2020/21

	1. Total number of Deaths	2. Total number of reviews and investigations carried out			3.Deaths more likely than not due to problems in care
Mandated Statement	During 2020/21 the following number of Berkshire Healthcare NHS Foundation Trust patients died	By 31st March 2021, the following number of case record reviews and investigations have been carried out in relation to 271 of the deaths included above.			The number and percentage of the patient deaths during the reporting period that are judged to be more likely than not to have been due to problems in the care provided to the patient are detailed below. (These numbers have been estimated using either Initial Findings Report or Root Cause Analysis methodology)
		1st Line Case Record Reviews (Datix)	2nd Line Review (IFR/ SJR)	Case Record Review & Investigation (SI)	
Total 20/21	**4664** ↓	**510**	**269** ↓	**47**	**4 representing 0.09%** ↓
Mandated Statement	This comprised of the following number of deaths which occurred in each quarter of that reporting period:	The number of deaths in each quarter for which a case record review or an investigation was carried out was:			In relation to each quarter, this consisted of:
Q1 20/21	**1478**	**170**	**72**	**7**	**1 representing 0.08%**
Q2 20/21	**915**	**101**	**48**	**9**	**0**
Q3 20/21	**1109**	**98**	**47**	**9**	**0**
Q4 20/21	**1162**	**141**	**102**	**22**	**3 representing 0.25%**

Source- Trust Learning from Deaths Reports

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

Figure 29 below details the number of deaths of Trust patients in 2019/20 that had case note reviews and investigations carried out in 2020/21. This is presented alongside an assessment of the number of these deaths that were more likely than not to have been due to problems in care provided and, as a result, a revised estimate of the number of deaths that were more likely than not due to problems in care in 2019/20. Please note that the table contains statements that are mandated by NHS Improvement for inclusion in the Quality Account.

Figure 29- Deaths of Trust patients in 2019/20- case reviews and investigations carried out in 2020/21

	1. Reviews and investigations carried out		2.Deaths more likely than not due to problems in care	3. Revised estimate of deaths in 2019/20 that were more likely than not due to problems in care
Mandated Statement	The number of case record reviews and investigations completed after 31st March 2020 which related to deaths which took place before the start of the reporting period (deaths before 1st April 2020)		The number and percentage of patient deaths before the reporting period that are judged to be more likely than not to have been due to problems in the care provided to the patient. (These numbers have been ascertained using either Initial Findings Report or Root Cause Analysis methodology)	The number and % of the patient deaths during 2019/20 that are judged to be more likely than not to have been due to problems in the care provided to the patient.
	Case Record Reviews	Investigations (SIs)		
Total	**29**	**1**	**1**	**4, representing 0.10%**

2.4. Reporting against core indicators

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

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

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

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

Figure 30	2018/19	2019/20	2020/21	National Average 2020/21	Highest and Lowest
The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period	98.7%	96.5%	**96.2%**	**National data set publication paused due to COVID-19**	
Data relates to all patients discharged from psychiatric inpatient care on Care Programme Approach (CPA)					
Note: The acceptable exclusions for these indicators are as follows: (i) patient dies within 7 days of discharge, (ii) where legal precedence has forced the removal of the patient from the country (iii) patients discharged to another inpatient psychiatric ward (iv) CAMHs patients are not included.					
Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: In line with national policy to reduce risk and social exclusion and improve care pathways we aim to ensure that all patients discharged from mental health inpatient care are followed up (either face to face or by telephone) within 7 days of discharge. This is agreed and arranged with patients before discharge and this facilitates our high compliance level.					
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services: The Trust meets the minimum requirement set by NHS Improvement of 95% follow up through the implementation of its Transfer and Discharge from Mental Health and Learning Disability Inpatient Care Policy.					

Source- Trust Tableau Dashboard

Figure 31	2018/19	2019/20	2020/21	National Average 2020/21	Highest and Lowest
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period	99.1%	99.8%	**99.2%**	**National data set publication paused due to COVID-19**	
Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: Crisis resolution and home treatment (CRHT) teams were introduced in England from 2000/01 with a view to providing intensive home-based care for individuals in crisis as an alternative to hospital treatment, acting as gatekeepers within the mental healthcare pathway, and allowing for a reduction in bed use and inappropriate in-patient admissions. An admission has been gate kept by the crisis resolution team if they have assessed the patient before admission and if the crisis resolution team was involved in the decision- making process					
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services, by: The Trust Admissions policy and procedures provides a clear framework to ensure that no admissions are accepted unless via the urgent care service.					

Source- Trust Tableau Dashboard

Figure 32	2018/19	2019/20	2020/21	National Average 2020/21	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	6.9%	6.1%	**6.3%**	**Not Available** (National Indicator last updated 2013)	
Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: The Trust focusses on managing patients at home wherever possible and has fewer mental health beds for the population than in most areas. Sometimes the judgement to send a patient home may be made prematurely or there may be deterioration in the patient's presentation at home due to unexpected events.					
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services, by: Work being undertaken around gatekeeping for admission to the hospital should start to ensure all admissions are appropriate and/or have greater consideration of their benefits and risks. A Post Admission Review (PAR) is now in place and embedded which takes place within 72 hours (wherever possible) and produces an intended discharge date (IDD). This is monitored at the daily bed management team so that plans are checked, and any concerns escalated.					

Source- Trust Tableau Dashboard

Figure 33	2018/19	2019/20	2020/21	National Average 2020/21 For combined MH/LD and community Trusts	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 % of staff respondents answering 'yes' to Question 18d 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."*	73.1%	74.4%	**80.1%**	**70.4%**	**47.2%-84.2%**
Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: The Trust's score is better than average, and this is maintained.					
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services, by: Implementing a five-year Organisational Development strategy which has at its heart the achievement of high levels of staff engagement and through that high-quality care and service delivery. The specific objectives of the strategy, to be implemented in stages over five years are: To enable every member of staff to see how their job counts, to listen and involve staff in decisions that impact their areas of work, to provide support for their development, and to develop our clinical and managerial leaders. In this, Berkshire Healthcare Trust has signed up to the national Pioneer initiative – Listening into Action – aimed at engaging and empowering staff in achieving better outcomes for patient safety and care. In addition, the Trust runs a Compassionate Leadership course and Excellent Manager Programme which are well attended with positive feedback. Several interventions are also in place to help make it a better place to work despite the challenges around recruiting and retaining staff.					

Source: National Staff Survey

Figure 34	2018/19	2019/20	2020/21	National Figures 2018/19	Highest and Lowest
Patient experience of community mental health services indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period	7.2	7.3	**7.3**	**7.1** (median figure for all participating Trusts)	**6.1-7.8**
Berkshire Healthcare NHS Foundation Trust considers that this score is as described for the following reasons: The Trusts score is in line with other similar Trusts.					
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this score, and so the quality of services, by: Being committed to improving the experience of all users of their services. Data is collected from a number of sources to show how our users feel about the service they have received. Actions are put in place through a number of initiatives to improve both an individual's experience and if required to change the service provision.					

Source: National Community Mental Health Survey

Figure 35 (Data for this table will be updated to include annual figures once this is published by the NRLS)	2018/19	2019/20	2020/21			National Figures 2020/21	Highest and Lowest
			Q1	Q2	Q3		
The number of patient safety incidents reported	**4518** *	**6294** *	**1695** *	**1803** *	**1629** *	**TBC** **	**TBC** **
Rate of patient safety incidents reported within the Trust during the reporting period per 1000 bed days	**46.2** *	**62.9** *	**88.2** *	**85.1** *	**79.3** *	**TBC** ** (Median)	**TBC** **
The number and percentage of such patient safety incidents that resulted in severe harm or death	**40 (0.9%)** *	**58 (0.9%)** *	**11 (0.6%)** *	**11 (0.6%)** *	**6 (0.4%)** *	**TBC** **	**TBC** **
Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: The above data shows the reported incidents per 1,000 bed days based on Trust data reported to the NRLS. In the NRLS/ NHSI most recent organisational report published in X 2021, the median reporting rate for the Trust is given as X incidents per 1000 bed days (but please note this covers the 6-month period X-X). High levels of incident reporting are encouraged as learning from low level incidents is thought to reduce the likelihood of more serious incidents.							
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services, by: Bolstering the internal governance and scrutiny of serious incident reports, their recommendations and action plans. Implementation of strategies to address common findings in serious incident reports, including clinical record keeping and triangulation of patient risk information.							

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

Part 3. Review of Quality Performance in 2020/21

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

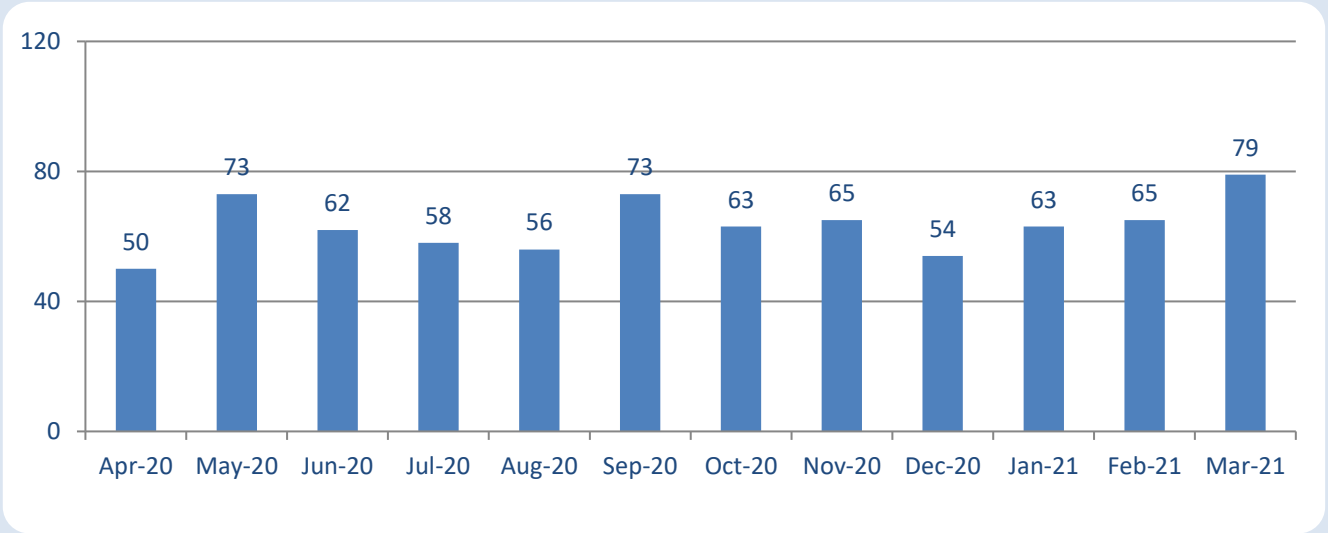
Medication errors

ⓘ 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 36 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 potential medication error leading to harm reported in Q4 2020/21, and this is currently being reviewed using root cause analysis methodology. All medication errors are considered by the Trust's Medication Safety Officer(s) and the Medication Safety Group (MSG) who consider trends and educational interventions appropriate to the errors. This group is a formal sub-group of the Trust Drug and Therapeutics Committee (DTC).

Figure 36: Number of Medication Errors Reported Each Month



Source: Medicines Safety Quarterly Report

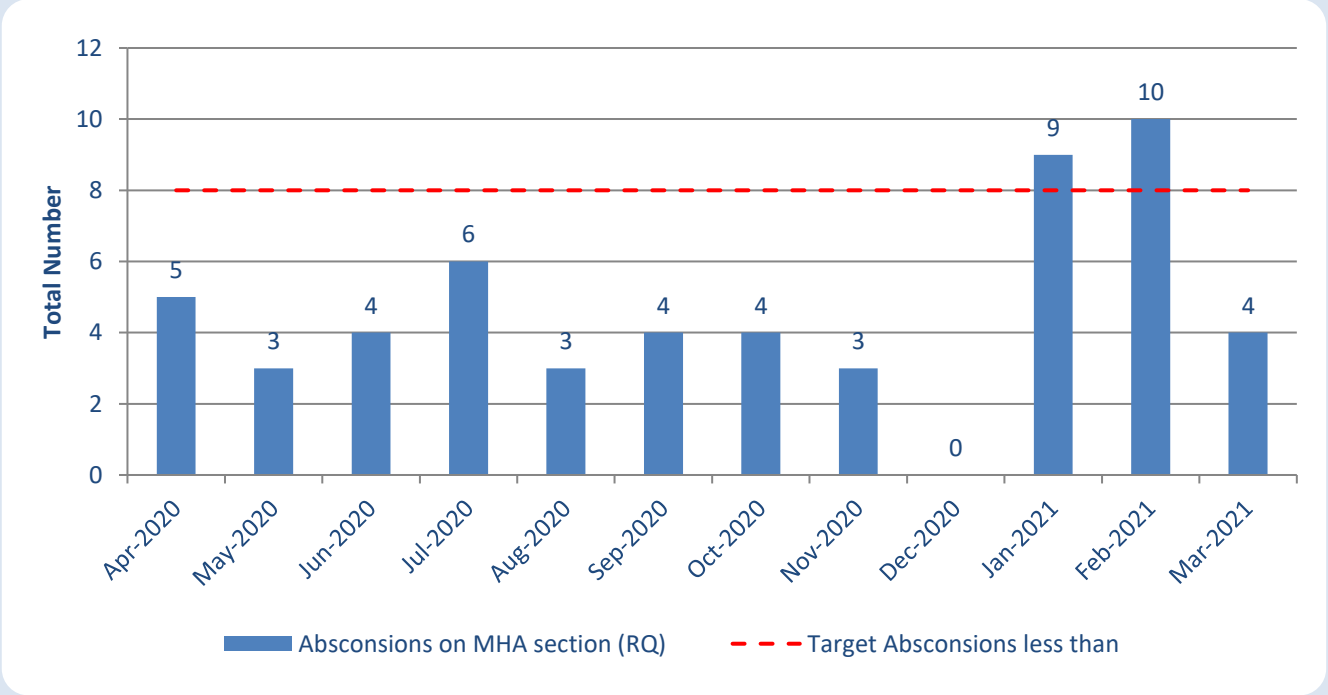
Absent without leave (AWOL) and absconsions

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

Figures 37 and 38 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 37- Absent without leave (AWOL) on a Mental Health Section- (Rolling quarters)

Figure 38- Absconsions on a Mental Health Act (MHA) Section- (Rolling Quarters)



Source- Trust Tableau Dashboard

Other Quality Indicators

Figure 39- Other Quality Indicators	Annual Target	2018/19	2019/20	2020/21	Commentary
Patient Safety					
Never Events	0	0	0	**0**	Total number of never events
Infection Control- MRSA bacteraemia	0	0	0	**0**	Total number of MRSA Cases *Source- Trust Inf. Control. Rept.*
Infection Control- C. difficile due to lapses in care	<6	1	1	**1 (0.012 per 1000 bed days)**	Total number & rate per 1000 occupied bed days of C. Diff due to lapse in care by Trust. *Source- Trust Infection Control Reports*
Medication errors	Increase Reporting	830	910	**761**	Total number of medication errors reported. *Source- Trust Medicines Management Report*
Admissions to adult facilities of patients under 16 yrs. old	0	0	0	**0**	Total number of patients <16 years of age admitted to adult Mental Health Inpatient Facilities
Inappropriate out-of-area placements (OAP) for adult mental health services (Occupied Bed days as OAP)	Reduce as per NHSI Target	185 (Target Met)	86 (Target Met)	**211 (Target not met)**	Average monthly total bed days spent out of area *Target not met due to high rate of acuity in patients and also patients requiring PICU
Mental Health minimising delayed transfers of care (Relates to Mental Health delays only- Health & Social Care).	<7.5%	11.3%	6.8%	**4.5%**	Average monthly %. Calculation = number of days delayed in month divided by Occupied Bed Days in month.
Clinical Effectiveness					
Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	53%	82.6%	91.7%	**93.9%**	Average monthly %
Improving access to psychological therapies (IAPT): proportion of people completing treatment who move to recovery	50%	57.4%	56.7%	**55.5%**	Average Monthly %
Improving access to psychological therapies (IAPT): People with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral	75%	98.3%	95.7%	**96.9%**	Average monthly %

Figure 39- Other Quality Indicators	Annual Target	2018/19	2019/20	2020/21	Commentary
Improving access to psychological therapies (IAPT): People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral	95%	100%	100%	**100%**	Average monthly %
A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge	95%	99.8%	98.1%	**97.7%**	Average monthly %
Data Quality Maturity Index (DQMI) – MHSDS dataset score (Revised Indicator)	95%	97.8%	96.5%	**98.3%**	Average monthly %
Patient Experience					
Community Paediatric Service- Referral to Treatment waiting times (RTT)- Incomplete pathways- How many within 18 weeks (%)	95% <18 weeks	99.4%	99.8%	**99.5%**	Average monthly %
Diabetes Service- Referral to Treatment waiting times (RTT)- Incomplete pathways- How many within 18 weeks (%)	95% <18 weeks	99.5%	100%	**99.7%**	Average monthly %
Complaints received		230	231	**186**	Total number of complaints
1. Complaint acknowledged within 3 working days	100%	100%	100%	**99.6%**	% meeting requirement
2. Complaint resolved within timescale of complainant	90%	100%	99.5%	**99.7%**	% meeting requirement

Source- Trust Tableau Dashboard except where indicated in commentary

Statement of Directors' responsibilities in respect of the Quality Report

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

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

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

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

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

By order of the Board

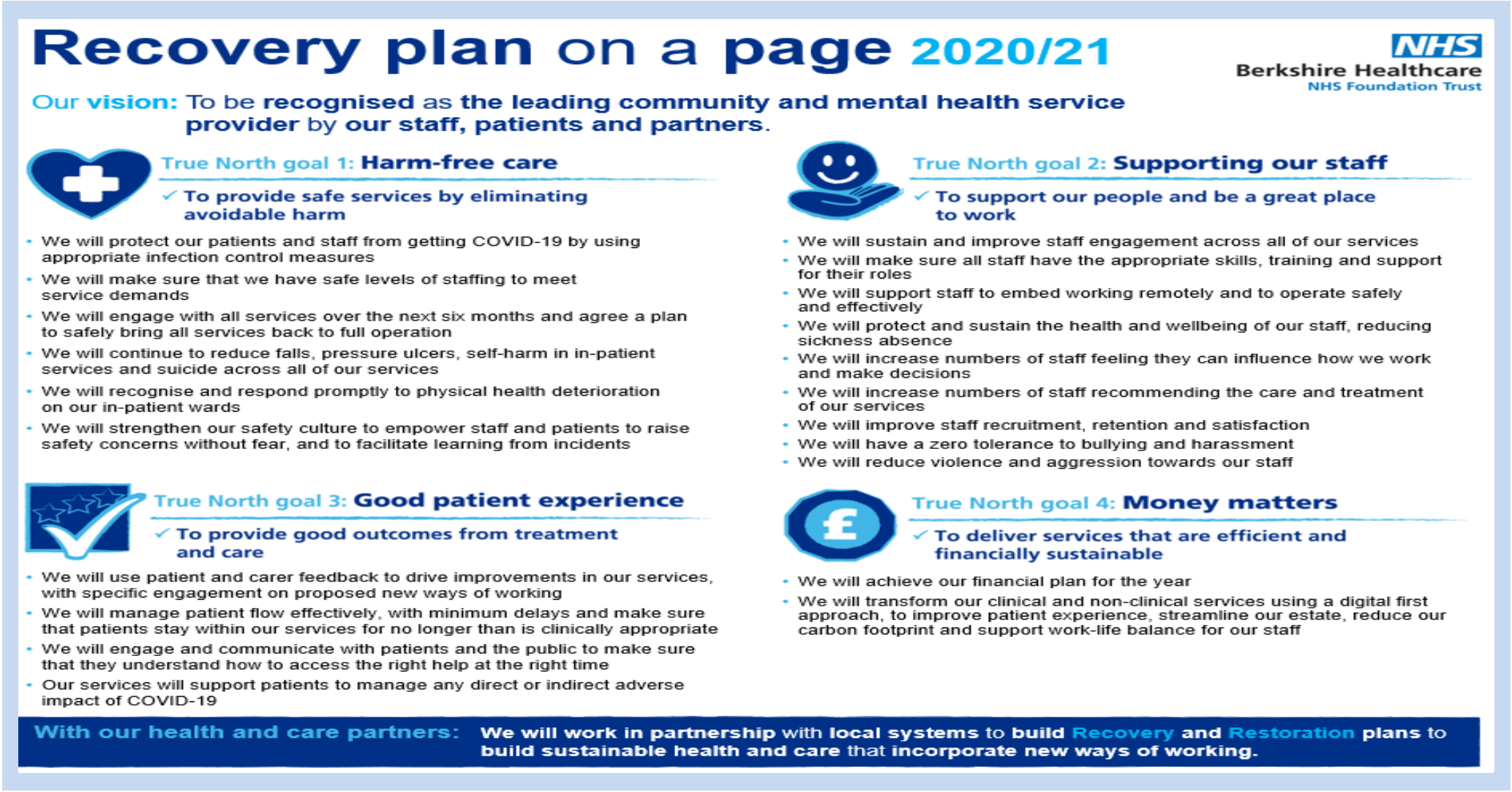
Date and signature following Board in Q4 **Martin Earwicker, Chairman**

Date and signature following Board in Q4 **Julian Emms, Chief Executive**

Appendix A- Annual Plan on a Page

Annual Plan on a Page- 2020-21

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



Annual plan on a page 2021/22

NHS
Berkshire Healthcare
NHS Foundation Trust

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

Harm-free care

Providing safe services

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

Supporting our people

A great place to work

- We will improve the mental and physical health and wellbeing of our people, reducing Musculoskeletal disorders and other sickness absences
- We will have a zero tolerance to bullying and harassment, and racism, taking action wherever we see or hear poor experience for our people
- We will support the growth and development of our people through high quality appraisal, supervision and training
- We will actively support our people to work flexibly, including remote working where appropriate, as part of our new offer
- We will act on feedback from the staff survey in order to further improve satisfaction and address any identified inequalities
- We will provide opportunities for our people to show initiative and make improvements for their colleagues and patients through great team working, Quality Improvement and Bright Ideas

Good patient experience

Improving outcomes

- We will reduce the number of patients waiting for our services
- We will use patient and carer feedback to drive improvements in our services
- We will manage patient flow effectively and ensure that patients stay within our services for no longer than is clinically appropriate
- We will engage and communicate with patients and the public to make sure that they understand how to access the right help at the right time

Money matters

A financially sustainable organisation

- We will work as a team to manage spend within the financial plan for each service
- We will work as a team to identify opportunities for efficiencies
- We will transform our clinical and non-clinical services using a digital first / patient safe approach, to improve patient experience, streamline our estate, reduce our carbon footprint and support work-life balance for our people

With our health and care partners: **We will work in collaboration with our health and social care partners to address health inequalities and create sustainable health and care that builds on our new ways of working.**

Appendix B- National Clinical Audits- Actions to Improve Quality

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

National Audits Reported in 2020/21		Recommendation (taken from national report)	Actions to be Taken
NCAPOP Audits			
1	**National Clinical Audit of Psychosis (NCAP) – Early Intervention in Psychosis (EIP) report 2019/20**	The NCAP audit is a three-year programme which Berkshire Healthcare have submitted data for. The first year of the audit examined care provided to people with psychosis by inpatients and outpatient services. In years 2 (2018/19) and this current re audit (year 3: 2019/20), the audit looked at the care provided by EIP services.	Additional work and analysis were undertaken to allow the service to immediately review the data submission rather than wait for actions from the National Report. An action plan was agreed and implemented, which addressed the standards requiring improvement: - To provide more Friends and Family education courses in different formats to make the courses more accessible and ensure there is weekly attendance. - To Improve interaction between EIP Care Coordinators and Consultants. - To standardise the three physical health forms on the RiO patient record into one single form - To explore how Tableau can be utilised to support recording of and highlighting missing data.
2	**National Clinical Audit of Anxiety and Depression (NCAAD)– 2nd spotlight audit report -May 2020**	National Clinical Audit of Anxiety & Depression: This was an additional NCAAD report published following the main report and detailed the qualitative aspects of the patient survey results. This was presented to the August Quality Executive Group (QEG) and Quality Assurance Committee.	- The Trust has put in place actions to update information leaflets with data management, treatments, and treatment choices to be utilised by all services. Therapists have been reminded of the need for formulation to be documented and clearly linked to treatment and safety management planning. In addition, a Trust-wide piece of work is in progress on service user satisfaction which will also help identify any further issues. - A Supervision Task and Finish Group was set up to review competency assessment requirements to ensure practising clinicians are sufficiently skilled in the therapies they deliver where accreditation is either not available or not an essential requirement for the level of practise. This significant piece of work has been completed and supports the national recommendations - A recommendation from the main clinical audit was to establish a trust-wide Psychological Therapies Committee. This is being established and will meet on quarterly basis will ensure continued oversight of this work

National Audits Reported in 2020/21		Recommendation (taken from national report)	Actions to be Taken
3	**National Diabetes Audit (NDA) into Care Processes and Treatment Targets including Structured Education**	The National Diabetes Audit (NDA) measures the effectiveness of diabetes healthcare against NICE Clinical Guidelines and Quality Standards, in England and Wales. It collects and analyses data for use by a range of stakeholders to drive changes and improvements in the quality of services and health outcomes for people with diabetes.	The service has made significant changes in the past 18-24 months in terms of data collection and recording, which will enable an accurate reflection of the quality of care and outcomes being delivered and should positively influence results of future audits. It will also give the Diabetes service the ability to monitor their own activity more effectively from a service perspective and support effective quality improvement where applicable.
4	**National Asthma & COPD audit programme (NACAP) – Pulmonary Rehab Full report**	This is the first report of the National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP) since it started continuous data collection. This report relates to pulmonary rehabilitation (PR). The report outlines three key National Quality Improvement priorities for providers of Pulmonary Rehabilitation (PR): Priority 1: Services should endeavour to enrol 85% of those referred for PR within 90 days Priority 2: Services should ensure all exercise assessments are performed to accepted technical standards, including ensuring all patients undertake a practice exercise test at their initial PR assessment Priority 3: Ensure 70% of patients enrolled for PR go on to complete the programme and have a discharge assessment.	The main area of improvement for the service is to be able to reduce the current waiting list to ensure patients are seen within 90 days of referral: - Increase the community venue hire per locality by 6 hours per week - Increase class size from 4 to 6 patients after Lockdown period – this will allow the programme size to increase by 6 patients per cohort and further reduce the waiting list. - Have an "Initial Assessment day" in each area which will; increase the total number of Initial Assessments by 9 patients per week across the localities; improve the quality of the Initial Assessment; allow patients to be invited from the waiting list to attend if there is a cancellation at short notice; and allow for an assessment slot to be saved for patients who have had an acute exacerbation of COPD to access Pulmonary Rehab within 30 days - Recruitment of 1WTE Respiratory Physiotherapist and 1WTE Integrated Rehabilitation Assistant - Fast track process for these patients: Immediate contact from Respiratory Physio following triage of referral; 1 initial assessment slot per locality reserved each week for these patients; Update SOP. - Develop the aerobic exercise component of PR: Initiate walking programme for patients to follow independently at home during their time on the programme. - Prioritise the Endurance Shuttle Walk Test (ESWT) during the class time - Create a rota of patients that will need to prioritise the ESWT during the class. - Utilise the exercise bikes present at venues with suitable patients. - Provide a virtual option of PR for those patients that are unable to attend a group session. - All patients that attend an initial assessment complete a practice walk test.

National Audits Reported in 2020/21		Recommendation (taken from national report)	Actions to be Taken
Non-NCAPOP Audits			
5	**Prescribing Observatory for Mental Health (POMH) 9d: Antipsychotic Prescribing in People with a Learning Disability**	This is a re-audit of a 2009, 2011 and 2015 POMH Antipsychotic prescribing audit of people with a learning disability under the care of mental health services. The aim of this national audit is to help mental health services improve prescribing practice in patients with learning disability. Although the use of antipsychotic medication for psychotic and related illnesses in people with a learning disability (LD) is supported by clinical guidelines, the common off-label use of these medicines for the management of behavioural problems unrelated to diagnosed mental illness has always been controversial. The difficulties faced by psychiatrists in balancing the risks and benefits of pharmacological strategies for the management of challenging behaviour in people with LD prompted the development of a good practice guideline by a group of experts in this field.	- A standard letter template has been developed for correspondence with the GP. This will include recording of the presence/absence of side effects, therapeutic effect of medication and compliance with Stopping Over-Medication of People with a Learning Disability (STOMP)- evidence of consideration of reduction in medication/discontinuing medication. - The Head of Learning Disabilities is writing to the learning disability Psychiatrists to outline the mandatory requirement for all clinical assessments and reviews to include assessment/ monitoring/ and recording of the presence/ absence of side effects following clinical assessment/ reviews. - Introduce an evidence-based tool for assessing extrapyramidal side effects. - The Head of Learning Disabilities is writing to the learning disability Psychiatrists to outline the mandatory requirement for all clinical assessments and reviews to ensure that there is a review of cardiometabolic screening and recording in order to inform clinical treatment plans and safe and effective monitoring of cardiometabolic factors. - To support with evidencing compliance the learning disability service will introduce and use the 'Physical Health & Lifestyle Assessment Form' once it is launched on RIO. - Increase the use of connected care to review physical health observations and blood test results and transfer these into the RIO 'Physical Health & Lifestyle Assessment Form.' - Quality Improvement methodology will be applied to further investigate low levels of recording of side effects and cardiometabolic screening. This will inform additional actions to address low levels of recording and to measure and ensure improvement/compliance.
6	**POMH Valproate Prescribing in adult mental health – (Woman of child-bearing age 'PREVENT' preliminary report)**	This is a new clinical audit which reviews both Community Mental Health patients and Mental Health Inpatients who are prescribed this medication. Although the national POMH publication for this audit is not due until March 2021, given the high priority and profile of this topic and the risk associated with prescribing valproate to women of childbearing age, an internal analysis was undertaken Looking at the findings relating to woman of child bearing age and whether the 'PREVENT' process was followed.	- All cases where the Risk Acknowledgment Form had not been completed or was over a year old and required a review were notified to the Medical Director and reviewed by the Medicine Safety Officers. The patient's consultants were written to, informing them of the need to review their patient and complete the Prevent risk assessment process. - Pharmacy now hold a register of all woman of child-bearing age that are currently prescribed valproate within Berkshire Healthcare Adult Mental Health services. This will support the monitoring of Women of child-bearing age prescribed Valproate and ensure we are is fulfilling the requirements and care for these patients in relation to the Pregnancy Prevention Programme. - All Consultant Psychiatrists have been written to by the Medical Director reminding them of their responsibilities to complete PREVENT for Woman of child-bearing age when prescribing valproate, as well as to inform them of the new database and their requirements to notify pharmacy of new initiations of valproate for woman of child bearing age.

Appendix C- Local Clinical Audits- Actions to Improve Quality

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

	Audit Title	Conclusion/Actions
4	(5904) Review of Implementation of Outcomes following Absent Without Leave (AWOL) Re-audit (2020)	The purpose of the 2019 further re-audit is to find out whether staff are continuing to follow Berkshire Healthcare's policy and procedures for patients who are missing/absent from mental health service (CCR144) and maintain the changes originally implemented as well using the new audit to determine whether further changes need to me made to the AWOL policy. - Staff should inform police if patient's return to ward and document on RiO. Staff should record the reporting of the incident to a member of the medical team and local authority, document on RiO and display Datix prompt sheet in staff office. - Discussions with Senior Management Team who are planning to review policy due to local authority procedural changes and clarify any unclear Crisis Resolution and Home Treatment Team (CRHTT) position in AWOL policy.
5	(5388) Comparison of existing Autism assessment service Multi - Agency Assessment Group (MAAG) versus new assessment pathway Report – Final	New autism assessment pathway Combined Assessment (CA) was introduced in view of increasing demand for Autism assessment. Objective was to compare the following: 1. Total waiting time from referral to diagnosis 2. Effective use of professionals' time per patient 3. Age at diagnosis - early diagnosis to ensure early intervention as per NICE guidance. - Both CA and MAAG pathways have their place in Autistic Spectrum Disorder (ASD) assessment - In CA, Paediatrician along with Speech and Language Therapist (SALT) is able to offer objective assessment, diagnosis, and discussion, all within 90 minutes. - Age at referral, clinical presentation, parental view and availability of Speech and Language therapist are some factors that need careful case-based consideration when deciding which pathway would be suitable.
6	(5644) Audit of Safeguarding Advice Lines Report March 2020	The purpose of the audit is to ensure consistency in the recording of safeguarding advice given by the named professionals and evidence of the advice given has been followed. - The two Safeguarding Advice Lines to continue to be promoted to staff via available platforms, including Team Brief, screensavers and the Safeguarding Team Newsletter and face to face training sessions. - The results of this audit to be shared with Named Professionals and Named Professionals to be reminded that the name of the adult/child (where known), or an NHS number is to be recorded on the Excel spreadsheet and the advice sheet. This will assist when reviewing or re auditing cases. - Improved documentation of patient identifiers on advice sheet and on master Excel spreadsheet. If an advice sheet is not being sent document this clearly on the Excel spreadsheet. - A scoping review of calls to the Children's Advice Line for a 3-month period to establish if Common Point of Entry (CPE) are using it. If data suggests that this is not the case, then offer targeted support to that team regarding risks to Children in home where adults have significant mental health concerns.

	Audit Title	Conclusion/Actions
7	(5765) Re-audit of Antimicrobial Prescribing (AMx) on all Berkshire Healthcare NHS Foundation Trust Inpatient Wards Project 2019-20	This audit is a re-audit of Project 4788. The audit aimed to determine how compliant the Trust was with nationally recognised standards of good antimicrobial stewardship (AMS) and practice, and whether local Trust prescribing guidelines for antimicrobial prescribing is followed by prescribers. - Reviewing reasons for omitted doses on wards - Continue staff engagement through continued staff training and awareness of AMS principles, in particular: - Documenting allergy status on all drug charts – applicable to the CHS wards - Documenting the indication of AMx on both the drug chart and in the medical notes. - Continuing to base AMx choice on BHFT guidelines, cultures and sensitivities or microbiology advice. - Documenting the duration of course on every drug chart (particular attention is needed for community wards). - Ensuring cultures that are requested for urine and blood infections are taken, or a reason is documented as to why not, and that results are reviewed and that this review is documented in the medical notes - Audit findings to be shared with the AMS group.
8	(5986) BASHH Gonorrhoea audit report 2019-20	To look at the adherence to national guidelines on our management of gonorrhoea, including time to care, test of cure and using first line antibiotics. - Check all patient contact details on every consult. - Document that information is given to patients. - Get permission to document the details of all contacts in known positive patients to enable partner notification. - Culture all three sites from all positive patients - Continue with other areas of care in which we are achieving the standards.
9	(4528) Audit on screening for dementia using 6CIT_Final Report June 2020	The aim is to ensure all patients who have undergone a 6CIT screening assessment for Dementia are referred for diagnosis if appropriate in line with NICE Clinical Guidelines NG97: Dementia: assessment, management and support for people living with dementia and their carers. - Re-educate team about the dementia assessment the with lectures or workshops. - Encourage staff involved in the assessment of dementia to have E-learning on dementia. - To discuss further about the online form with RIO team. - Process of screening for dementia, in rehab wards (Jubilee ward / Henry Tudor ward) of Berkshire Health care has been reviewed and a new flowchart has been suggested.

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

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

	Audit Title	Conclusion/Actions
15	(5974) Review Audit of Mental Capacity Act (MCA) Integration in Clinical Practice (2019/20)	The Mental Capacity Act (MCA) 2005 promotes and safeguards decision-making within a legal framework by empowering people to make decisions for themselves wherever possible and protect people who lack capacity by providing a flexible framework that places individuals at the heart of the decision-making process. The aims of this re-audit were to establish compliance with MCA 2005 and MCA Deprivation of Liberty Standards (DOLS) national and local policy and process in order to identify gaps with embedding the MCA into everyday clinical practice; establish the impact of specialist support and training on the integration of MCA to clinical practice; identify themes for further development. - Support services to ensure that admission processes include the documented patient consent to admission to improve compliance with the policy CCR045, policy CCR035 and policy CCR096. - Support mental health inpatient service to develop MCA DOLS knowledge and the changes required in process when patients are detained under MCA DOLS. - Support services to develop and improve compliance with record keeping policies and guidelines in line with the Trusts True North Goal 1. Harm free care.
16	(6962) A quality schedule audit of the appropriateness of referrals accepted to the Attention Deficit Hyperactivity Disorder (ADHD) pathway, CAMHS, Reading (Junior Doctor Project).	The aim of the audit is to examine current practice in reviewing and processing referrals to the ADHD pathway from out of area locality and from the private healthcare sector. - Findings of audit to be presented to Specialist CAMHS ADHD pathway to raise awareness regarding standards set by NICE guidelines and GMC Good Practice Guidance and the findings of the audit. - A letter can be written to all the GPs in the area about the importance of the referral letter and all the details which need to be covered - A checklist can be created to ensure that all relevant details are present in the referral note and depending on what the checklist shows, a letter can be sent to the referring service asking for details.
17	(6688) BHFT standards for the recording and maintenance of medical devices Audit Report Final Nov 2020	When the Children's Community Nursing (CCN) team moved over to BHFT from the Royal Berkshire Hospital NHS Foundation Trust, there was no up to date record of which equipment the families had and when it was last serviced. BHFT standard states that all equipment is to be serviced yearly and recorded on the medical devices inventory as well as a local spread sheet. This was placed on the risk register. The service is working to ensure BHFT standards are met. - The CCNs must ensure that any medical devices for a child on their caseload is brought in for servicing when due. - That all devices are recorded on the spread sheet along with servicing date and asset number. - Any device that is brought for repair, servicing or back into store is recorded. - Any new equipment must be given an asset number and recorded before it goes to the child. - Any device that is condemned must be recorded on the local spread sheet and the BHFT inventory.

	Audit Title	Conclusion/Actions
18	(7345) Continuation of Berkshire Eating Disorder Service (BEDS) Day Programme during COVID Pandemic	The aim of the audit is to reduce the incidence of people with Eating Disorder (ED) regressing in their treatment. Objectives: - To reduce the symptoms of ED- To minimise the exacerbation of anxiety and depression - To determine the effectiveness of the virtual clinic - Groups work best where the facilitator sets clear session objectives clear and leads the session - Group facilitators found it helpful to set an activity during the session that can be completed individually and then reflected on as a group. - Meal support via videoconferencing presented the biggest challenge to the continuation of care and remains somewhat challenging to ensure patients complete meals. - Some patients prioritise meals with their family or may need to attend to their children at mealtimes. - There was an increased need of clinicians to evaluate patients' physical health based on contact during videoconferencing, even if this evaluation is of limited accuracy. - At times, verification of a patient's accurate weight was sought through a family member, GP, or in a one-off face to face visit to the clinic. - Some patients nevertheless preferred waiting for face-to-face therapy. - New patients who require a lot of input have underlined how the virtual version is not as intensive as the face-to-face alternative. That is, attending the day programme from home leaves patients alone between meals and therapeutic groups and, as mentioned, meal support has limitations. - A fortnightly 'mentoring session' from a former patient who shares her experience and offers insights to questions posed by the group would be useful. - Services need to adapt to the changing needs of patients and their families.
19	(7372) Re-audit of capacity and competency assessments Dec 20	Assessments of the Competency (in under 16 years old) and Capacity (in over 16-year olds) are an essential part of admissions. The objective was to demonstrate that Willow House is compliant with the Mental Capacity Act code of practice. The expectation was for all admission cases to be compliant with Capacity/Competency assessments for admission and treatment. - Willow House are required to demonstrate 100% compliance. One of the two non-compliant case file was completed by the junior doctor during an on-call shift, whereas the other one was completed by a psychiatric trainee doctor who was working on the ward one day a week for a short period of time. - There appears to be a need to review the capacity and consent assessment and documents by the regular team after each admission, especially if the admission is out of hours and completed by a trainee or a junior on call doctor.

	Audit Title	Conclusion/Actions
20	(4661) Audit on Management of Non-Gonococcal Non-Chlamydial Urethritis (NGU)	The aim of this audit is to determine compliance in the management of non-gonococcal non-chlamydial urethritis against British Association of Sexual Health and HIV (BASHH) national audit results. All patients with NGU are screened for genital infection with C. trachomatis and N. gonorrhoeae. All patients with NGU receive first-line treatment or the reasons for not doing are documented. All patients identified with NGU should have a documented offer of written information about their condition or signposting to suitable online resources. All patients with NGU have partner notification carried out in accordance with the BASHH statement on partner notification. This will be achieved by: - Education & teaching seasons for clinical staff - Leaflets available in clinic or SMS link to Patient Information Leaflet on BASHH website - Template for partner notification on Electronic Patient Record
21	(5321) Digital engagement via mobile devices to reduce harm, suicide and improve safety and clinical outcomes in mental health	This service evaluation focused on the impact of utilizing a 'first of type' solution to deliver mental health safety plans to personal mobile devices through integration with Electronic Patient Records (EPR). Berkshire Healthcare implemented an EPR integrated mobile application to enable digital communication of a patient's mental health safety plan to a personal mobile device called The Mood Diary to provide an innovative new model for supporting patients with mental health concerns, specifically supporting the reduction of suicide and associated behaviours. The aim of this study was to understand the effectiveness and potential to reduce suicide rates and improve outcomes via improving the effectiveness of safety planning. To enable this, a review was carried out of the benefits of patient care from patient recorded moods and interventions being integrated with electronic clinical records to enable increased collaboration in safety planning. - The organisation should carefully expand the innovation to a larger cohort of service users and continue study over a longer period. - Clinical research should be considered with a comparative cohort. - Future study should be expanded to include effect on self-harm and other risk profiles. - Impact on staff and clinical practice from the use of real time analytics on service provision should be assessed.
22	(6964) Consent to Electroconvulsive Therapy (ECT) Re-Audit 2019/20 (Junior Doctor Project).	The aim of this re-audit was 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, to ensure the consent is valid. - All capacity assessments must be recorded on RIO as a lack of record keeping for capacity assessment regarding ECT could pose medico-legal issues in the future and fail to ensure good clinical practice. - All new staff due to be involved in ECT are to be made aware of the protocols, forms, and consent procedures at the time of induction and staff training sessions are to be arranged if necessary.

	Audit Title	Conclusion/Actions
23	(7260) Management of Women with Pelvic Inflammatory Disease	In January 2019, there were changes to the national British Association for Sexual Health & HIV (BASHH) guidance for Pelvic Inflammatory Disease (PID). An audit was undertaken to determine the extent to which current practices adhere to the new guidelines. - Teaching for clinicians to ensure antibiotic treatment is in line with BASHH guidelines, to increase the number of patients tested for M. gen, advise on follow-up, documenting pregnancy test results and partner notification. - Poster reminding clinicians of when to consider M. gen testing.
24	(6542) Examining utility of RCADS-C/P to identify adolescents with specific anxiety/depressive disorders in clinically referred sample	This service evaluation aimed primarily to examine the accuracy of the Revised Children's Anxiety & Depression Scale (RCADS) subscales (major depressive disorder, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, separation anxiety disorder and social phobia) in identifying their target disorder within a clinically referred population of adolescents. The purpose of this was to provide support for the use of the measure in clinical practice; and to validate it as a tool for identifying and diagnosing specific anxiety and depressive disorders. - There is a need to interpret responses with caution and to not automatically assign diagnoses on the basis of the RCADS-C/P report. - The subscales do not correctly classify all cases of a disorder, however in cases where it fails to classify where the disorder is present as a secondary diagnosis, clinicians can use the RCADS-C/P to inform diagnoses and be confident that their patient's primary concern will have met the threshold, then it will likely serve as a useful diagnostic tool. - Services must decide how tolerant they are to the RCADS-C/P's potential lack of accuracy, and how much clinicians can use their own judgement. If use of the RCADS-C/P causes treatment decisions to be made not based on patients' primary disorder, then treatment may be less effective and patients may need to re-present to the service for another intervention, which could undermine any of the time or resources saved through use of the measure to start. - There is some limited support for clinical applications of the RCADS-C/P, but there remains an important need for further investigations directly comparing against structured diagnostic interviews to properly establish the capabilities of the measure.

	Audit Title	Conclusion/Actions
25	(6703) Audit - CAMHS Training Experience in BHFT (Junior Doctor Audit).	The Royal College of Psychiatrists has guidance in place of basic CAMHS (Child and Adolescent Mental Health Services) training that all trainees in Psychiatry should be meeting in their Core Training. This audit wishes to understand how the training in CAMHS is experienced in Berkshire Healthcare Foundation Trust (BHFT) with a view of learning if the educational opportunities are adequate or need to be improved. - Results of this audit should be discussed with the audit supervisor. It would be beneficial to share findings of how useful the CAMHS on call experience is with all CAMHS consultants who support trainees on call and make them aware of how large a proportion of CAMHS training this experience is. - Results of this audit should be discussed with CAMHS Consultants working in BHFT, who oversee training experience in CAMHS of junior doctors by being supervisors on placements, providing on call support and providing CAMHS teaching. - Results of this audit should be discussed with Director of medical education, who oversees overall training experience amongst junior doctors in BHFT. It would be useful to share the experience of CAMHS training with her and discuss how we can move forward with improving experience for future trainees.
26	(7371) Trust Re-audit on Sharing of Safety Care Plans 20/21	In 2018-19, Berkshire Healthcare took part in a National Clinical Audit of Anxiety and Depression (NCAAD) established to improve the quality of mental health care for people who are admitted to hospital for the treatment of anxiety and depression. After actions were taken a re-audit was undertaken to look at the sharing of safety plans prior to discharge. - It is recognised by the service that ongoing work needs to continue to sustain the big improvement shown from this audit and ensure quality of the safety plan is monitored and reviewed. The nurse consultant and matrons carry out an audit of the risk document/safety plan every other month and then feed this back to the practitioners/teams on the alternate month. This is then reported on at the Patient Safety and Quality meeting and Quality and Patient Experience Group quarterly.

Appendix D- CQUIN 2020/21

CQUIN has been paused nationally for 2020/2021

Appendix E- CQUIN 2021/22

To be added when available- this will be after June 2021

Appendix F- Statements from Stakeholders

Berkshire Healthcare NHS Foundation Trust – Quality Account 2020/21 Response from Council of Governors or the Trust

This report provides an excellent account of Berkshire Healthcare Foundation Trust. The information is clearly expressed and with much of interest for all readers. The Governors feel that these figures reflect the actual performance of the Trust.

Governors are interested in trends which show year on year improvement in Trust performance. We recognise however that this year is exceptional because of the Covid pandemic and so we do not necessarily regard all figures reported this year as typical.

We note progress on the project to introduce a new patient satisfaction measure (as an improvement on the NHS 'Friends and Family Test'), and look forward to an initial look at results from this in a year's time, with a full year's report in 2022/23.

Governors are pleased about the improving trends in the performance of the Trust in relation to many of their patients. We recognise however that a good level of care this year does not automatically mean that it will be the same next year and management vigilance and hard work is necessary to maintain a level of excellence.

Last year I mentioned governors wanted further recognition of the important role carers play in a patients' recovery through trust policies and processes. We are still waiting for the fruits of a new initiative which started just over a year ago.

We are interested in the well-being of staff without which Trust services could not operate. The NHS has a mixed reputation in relation to looking after employees, and we are pleased that BHFT scores relatively highly when compared to its peers in the nationally mandated staff survey. This year we are pleased to learn of a new initiative for directing action against issues that the survey reveals.

We are happy that management keeps governors up-to-date on the rare occasions when service quality concerns are raised. Governors are free to question the executive in Governor Council meetings some of which are also open to the public.

These comments are based on the Quality Account for the third quarter of 2020-2021. The draft report was circulated to the 30 members of the Council of Governors for the Trust in March 2021. All governors were given the opportunity to comment. Feedback is passed on to the team responsible for the report.

Paul Myerscough, Lead Governor

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust Response:

The Trust welcomes this response from the Council of Governors to its 2020/21 Quality Account.

We thank Governors for the comments made and are grateful to those that have helped to contribute to the report during the year.

In relation to supporting carers, our plans for our carer strategy were impacted by the COVID-19 pandemic and we were not able to initially implement the recommendations as we would have liked. However, we are now in a position to do so and have appointed to a full time Trust Carer Lead role who will start with us on 3rd May 2021.

We appreciate the comments made in relation to the content of the account and the improvement in performance and acknowledge that vigilance and hard work is necessary to maintain and improve on these trends. We also appreciate the comments relating to the wellbeing of our staff. We have started improving our wellbeing offer to staff this year, and this aspect will remain one our Trust priorities over the coming year.

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

Responses to individual queries have been included in a separate document and sent to the Chair of the Council of Governors.

Commissioners Response – BHFT Quality Account 2020/21

This statement has been prepared on behalf of Frimley CCG and Berkshire West CCG.

The Clinical Commissioning Groups (CCGs) are providing a response to the Quality Account 2020/21 submitted by Berkshire Healthcare Foundation Trust (BHFT).

The Quality Account provides information on the achievements of the priorities for improvement that were set for 2020/21 and gives an overview of the quality of care provided by the Trust during this period. The priorities for 2021/22 are also detailed in the report. The CCGs are committed to working with the Trust to achieve further improvements and successes in the areas identified within this Quality Account.

The Trust's Quality Priorities highlighted in the 2020/21 Quality Account were Patient Experience, Harm-Free Care, Clinical Effectiveness, Supporting Staff and Monitoring of Priorities for Improvement.

The CCGs would like to take this opportunity to commend BHFT for adapting their practices and pathways in order deliver effective services whilst maintaining the safety to staff, patients and partners.

Patient Experience and Involvement

We note that the Friends and Family Test was suspended nationally due to the COVID-19 pandemic.
The work that has been completed to improve flow in adult inpatient services; such as the Hospital Discharge Service, Admission and Discharge Co-ordinators, the GP hotline for GPs and South Central Ambulance Service and the system-wide Urgent and Emergency Care Board, has been important to implement and although this has not reflected in the adult inpatient bed occupancy being below 85%, or the average length of stay being below 30 days. The Commissioners would like to acknowledge that this has been a challenging year with Covid-19 and look forward to seeing what these initiatives will bring in the future.

Harm-Free Care

Despite having a very challenging year, particularly impacting on the numbers of staff that are able to be working, BHFT have achieved the targets that they had outlined for having less than 19 grade 2 pressure ulcers, and having less than 18 grade 3 or 4 pressure ulcers, both due to a lapse in care; Particularly for the grade 3 or 4 pressure ulcers of which there have only been three recorded this year.
Whilst it is disappointing to not see the rate of falls per 1000 bed days below the target in the community health inpatient wards, the work that is been embedded under the Quality Management Improvement System (QMIS) has shown a reduction over each quarter and has had an impact on achieving the rate of falls per 1000 bed days in the older people's inpatient wards.
Although the achievement of reducing self-harm incident on mental health inpatient wards has not been achieved consistently throughout the year, we look forward to seeing better results following the work that is being done on the wards; safety huddles, use of the sensory room, nurse care planning meetings and introducing Sundown meetings on wards where the most incidents are happening later in the day.

Clinical Effectiveness

It is reassuring to see that the Trust has reviewed their compliance with two NICE Covid-19 guidelines; Covid-19 Managing Symptoms in the Community and Covid-19 Community Based Care of Patients with Chronic Obstructive Pulmonary Disease (COPD); the latter of which the Trust has procedures in place to meet all 44 of the recommendations.

Supporting Staff

It is positive to see that 96% of staff are reporting that they are able to access all systems they need to now work from home and that 81% of staff are reporting that working from home is 'great' or 'good' given the short

notice that the Trust had to implement changes which enable staff to be able to work from home during the pandemic. We can see the impact that Covid-19 has had on the staff sickness levels and whilst this has caused BHFT to not achieve the target for this year, we look forward to seeing the improvement, following the focus on long term sickness cases for 2021/22.

The Quality Account does highlight a number of other service improvements that have been undertaken in 2020/21 and that this will be continued in 2021/22.

Priorities for 2021/22

The Trust has set out the priorities for 2021/22 which are as follows:

- Harm-Free Care
- Clinical Effectiveness
- Patient Experience
- Supporting Staff
- Monitoring of Priorities for Improvement

The Commissioners would like to continue to be informed of any new quality achievements or concerns identified during 2021/22 and for the opportunity to support the Trust with these. The Commissioners would like to continue to work with the Trust on service redesign to improve patient outcomes.

Healthcare from the heart of your community

Berkshire Healthcare NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust Response:

The Trust welcomes this response to its 2020/21 Quality Account, prepared on behalf of Frimley CCG and Berkshire West CCG.

The Trust appreciates all of the comments made in this statement and would like to thank the CCGs for their ongoing support, particularly during the COVID-19 pandemic.

We acknowledge the evolving health and social care needs of our shared population and look forward to working with the CCGs to deliver further system-wide improvements for the benefit of our patients.

Berkshire Healthcare NHS Foundation Trust Quality Accounts 2020-21:
Comments by Bracknell Forest Council's Overview & Scrutiny Commission

General Comments

1. We would never underestimate the challenge the Trust has faced supporting patients throughout the Covid-19 pandemic. The Quality Account details where necessity and innovation has meant adaptations to services to maintain provision at such a difficult time.

2. The Trust has performed very well in 2020/21, and we particularly congratulate you on the achievement of overall 'Outstanding' rating from the Care Quality Commission and that all your services were individually rated "Outstanding" or "Good". The Commission noted that NHS Improvement judged the Trust to have the highest level of performance for finance and use of resources.

Specific queries and comments

3. The Commission notes that the continuity of service provision has been maintained using a variety of methods including running appointments remotely – what is the timeline for face to face appointments to be reinstated or are you considering retaining this method for any of your services?

4. Page 8: We note that the Patient Friends and Family Test (FFT) was suspended nationally but support its restart.

5. We congratulate the Trust on the reduction in staff turnover rates – currently at 13.1% as this puts pressure on permanent staff, and it requires more expensive agency/bank staff, who are not able to give as good continuity of patient care. The Commission recognises this has been a particularly difficult year for healthcare staff and the requirement for many to work in different ways. The Commission noted the additional activities to redeploy staff and adapt provision during the pandemic. Ensuring that residents continue to feel safe and able to access services has been critical in maintaining confidence in services when in need.

6. Page 11 and 12: Could the Trust explain what actions are being taken to improve performance relating to Adult mental health acute impatient wards in relation to managing patient flow in terms of bed occupancy rate and average length of stay?

7. Page 19: The Commission congratulates you on the work undertaken to prevent pressure ulcers.

8. Page 20: The Commission was concerned about the level of self-harm incidents which are significantly higher than 2019-2020 and the targets set. What lessons have been learnt from the Quality Improvements methods applied?

9. Page 21: The Commission were reassured that there were no increase in observed suspected suicide deaths people aged 25 or under during lockdown. However, the Commission shares the reports concerns that impacts of the pandemic may be seen in coming years.

10. Page 24: This is recognised as a national issue however the Commission would be interested to understand more detail of the local action plans and programmes of work being implemented to reduce wait lists and times for residents.

11. Page 24: The Commission understand that you have a new workforce strategy to respond to the shortage of permanent nursing and therapy staff but it will take time for the strategy to take effect and filling gaps will be costly in the meantime.

12. Page 29: We recognise the impact of covid 19 on staff absences and wondered how you plan to continue the positive impact of home working on absences going forward?

13. Page 31: Is there a timeframe for testing the success of countermeasures to protect staff from assaults on staff working on mental health inpatient wards?

14. Page 32: In relation to the scheme 'Freedom to Speak Up' – is it possible to know the outcome of 38 cases?

15. Page 41: The Commission commends you for the new SHaRON (Support, Hope and Resources Online Network) as its members are aware and concerned about the rising levels of anxiety amongst young people.

16. Page 43: Is it possible to provide any data on the number of couples referred to Couples Therapy for Depression as it is stated this is increasing but what is the scale of the issue?

In conclusion, the Panel considers that, on all important measures, the Trust is performing exceptionally well. On behalf of the residents of Bracknell Forest who we represent, we are very appreciative of the high-quality patient care and health services provided by the Trust.

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust Response:

The Trust welcomes this response from Bracknell Forest Council's Overview & Scrutiny Commission to its 2020/21 Quality Account.

We thank Commission for the comments made in relation to our CQC rating and achievement against our objectives.

In relation to the questions raised, we have addressed each of them individually below:

- Remote and face-to-face contact with patients
  Where appropriate and necessary face to face appointments have never stopped. There has been a move to providing more care by remote consultation as this can offer many advantages such as more flexible appointment offers for service users, in terms of their location and time. For example, a service user would not need to take so much time off work for a remote consultation or may be able to access therapies whilst out of the country or fit the time in easier around childcare responsibilities. There are advantages for clinicians as well with reduced commuting times and more flexibility over working times.

  We have produced guidance to help clinicians decide whether a remote or face-to-face consultation would be the most appropriate. We are planning for a continued increase in the number of face-to-face consultations as the balance of risk changes as COVID becomes less prevalent. However, we do not expect a return to all consultations being face-to-face. A remote consultation group has been in place since the beginning of the lockdown to ensure staff have the right HR and digital support to make remote consultations as simple as possible.

- Managing patient flow on adult mental health inpatient wards
  The following actions are being undertaken to address patient flow in this area:
  1. The Bed Management Service continues to chair fortnightly "60 day Length of Stay " meetings attended by Community Mental Health Team (CMHT) representatives from each locality to review the reasons why the patients in question remain in hospital for over 60 days and detail the current plans to unlock any delays to discharge or transfer of care.
  2. CMHTs are working hard to support discharges wherever they can.
  3. The bed management team work very hard to help movement, by liaising with wards and CMHTs
  4. There is a threshold number assigned for each locality. If they go over this threshold then the bed management team hold twice weekly escalation meetings with the community team to make plans as to how to address this
  5. Each locality has a link person who links with bed management and ward teams to assist in discharges and improving flow.
  6. The wards hold post admission liaison meetings with community input, where it has been identified that there may be a risk of delayed discharge, to discuss how this can be prevented and any issues unblocked.
  7. A complex case forum is held fortnightly to support teams to take positive risks/ consider discharge plans where risks are high.

- Self- harm incidents
  This is a very complex area, and we have learnt that an increase in restrictive measures does not reduce self-harm and can actually escalate risks. However, it is difficult to reduce these restrictive measures in a hospital environment. We know that a small group of patients contribute to the high number of incidents. An increase in self harm has been noted in other trusts, and we are linking with other organisations to learn from each other. Quality improvement work is focusing on the highest contributors to self-harm, which at the moment are ligatures.

- Waiting lists
  Services have been working on the impact of capacity and demand due to the pandemic. The picture is very different by service and is still dynamic as the lockdown eases – for example with schools reopening.

  Each service has reviewed its position and is managing any challenges to its delivery. Services are also closely monitoring demand patterns and any which have excessive waits from COVID impacts or forecasted increase in waits have addressed this or have plans for this.

  Examples of the different impacts on services are:
  1. Community Nursing – this service continued to operate as normal 24/7. There was an increase in referrals and level of acuity due to impact of pandemic on people and ability to access other services. The Service managed and maintained delivery, worked flexibly, and were supported.
  2. Hearing and Balance – this service was not able to operate normally. There was an increase in numbers waiting due to backlog. For paediatrics, by October 2020 our wait list grew to 887 people waiting an average of 6 weeks. By March 21 this had reduced to 210 people waiting an average of 2 weeks.
  3. Dental Services – this service was closed between March 2020 and July 2020 following national guidance. There was reduced capacity when the service reopened due to infection control measures and national guidance, which reduced capacity by 50%. Access to anaesthetists from Acute Trusts was severely limited. Wait lists have been impacted, but these are different depending on the type of service provided. All types of dental service saw an increase in wait times - some increased fourfold. Two are now lower than pre-COVID levels, one has halved the numbers waiting but is still double pre COVID levels and two continue to increase due to limited access to specialists and are at levels which are double pre COVID levels. Work continues in the service to reduce the impact and measures to increase support needed.

In addition to the work being undertaken in services the Trust continues to monitor the service challenges and the delivery of recovery measures to support our teams and patients.

- The Impact of COVID-19 on staff absences and continuing home working
  We have engaged with our staff to understand their experiences of home working. The majority of people have reported that home working had been a positive experience and given them a better work/life balance so they would like to continue with more home working. Home working has reduced stress for some people and enabled others to manage long-term health conditions better.

  Consequently, we have now launched a new Home Working Policy which will enable people to continue to work mainly or partly at home, where this is appropriate for their role and their service. Home working also enables people to work more flexibly and we will also be encouraging people to work more flexibly in accordance with our flexible working policy, again where this is appropriate to their role and service.

- Adult mental health inpatient assaults on staff
  We are using Quality Improvement methodology to address this area and promote continuous improvement and monitoring. This involves looking at what is being tested, seeing if it is working, making any changes that need to be made, and then looking to see if that change has helped. There is a lot of work being done to address this on the wards. For example, on one ward the countermeasures did make some improvement on staff assaults, however when looking at the data some of the root causes changed so they have had to relook at the root causes and think about some new countermeasures to test. This is an ongoing process and remains a priority for mental health inpatients.

- Freedom to Speak Up (FTSU)
  Of the 38 cases raised during Q1 to Q3 2020/21, none had an element of patient safety and 28 cases (74%) had an element of bullying and harassment. The remainder of cases concerned staff experience. There were no cases where the person reporting the concern experienced any detriment for doing so.

  All concerns raised with the Freedom to Speak Up Guardian are brought to the attention of the Chief Executive Officer, Executive Lead for FTSU and the Head of Human Resources on a monthly basis to ensure that the concerns are being addressed and appropriate feedback is given to the member of staff concerned in a timely fashion. The Freedom to Speak Up Guardian will also present a 6-monthly report to Trust Board highlighting any themes, hot spots, or types of concerns along with any learning outcomes for the Trust Leadership Team to be aware of and address.

  The role of the Freedom to Speak Up Guardian is to ensure that due process is carried out, that there is no detriment suffered towards any member of staff raising a concern and that any learning is shared with the Organisation. The Guardian does not get involved in any investigations around concerns raised.

  There is an internal audit process in place to ensure that all concerns raised are correctly and fully addressed, any learning is shared, and appropriate feedback is given to staff.

- Couples therapy for depression
  Talking Therapies continue to increase their capacity for couples therapy for depression and although numbers remain small referrals are up by 36% this year. The numbers receiving a primary intervention of couples therapy is as follows:
  - 2019/20 – 33 couples
  - 2020/21 – 45 couples

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

No requirement for external audit in 2020/21

Glossary of acronyms used in this report

Acronym	Full Name
ADHD	Attention Deficit/ Hyperactivity Disorder
AIRS	Adult Integrated Respiratory Team
ASLT	Adult Speech and Language Therapy
AMS	Anti-Microbial Stewardship
AQP	Any Qualified Provider
ARC	Assessment and Rehabilitation Centre
ASD	Autistic Spectrum Disorder
ASSIST	Assertive Intervention Stabilisation Team
AWOL	Absent Without Leave
BAF	Board Assurance Framework
BAME	Black Asian and Minority Ethnic
BAPEN	British Association for Parenteral and Enteral Nutrition
BASHH	British Association for Sexual Health and HIV
BSPI	Brief Suicide Specific Psychological Intervention
BTSS	Berkshire Traumatic Stress Service
CAMHS	Child and Adolescent Mental Health Service
CARRS	Cardiac and Respiratory Rehabilitation Service
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
CCN	Community Children's Nursing
CDS	Commissioning Data Set
CDiff	Clostridium Difficile
CHOICE	Carbohydrate (CHO) and Insulin Calculation Education
CMHT	Community Mental Health Team
COPD	Chronic Obstructive Pulmonary Disease
COVID-19	Coronavirus disease 2019
CPA	Care Programme Approach
CPE	Common Point of Entry
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRHTT	Crisis Resolution and Home Treatment Team
CST	Cognitive Stimulation Therapy
CTPLD	Community Team for People with Learning Disabilities
CYPF	Children, Young People and Families
CYPIT	Children and Young People's Integrated Therapy Service

Acronym	Full Name
DBT	Dialectical Behavioural Therapy
DOC	Duty of Candour
DoLS	Deprivation of Liberty Standards
DQMI	Data Quality Maturity Index
DSPT	Data Security and Protection Toolkit
DTC	Drugs and Therapeutics Committee
DVLA	Diver and Vehicle Licensing Authority
ECG	Electrocardiogram
EHCP	Education Health and Care Plan
EIP	Early Intervention in Psychosis
EPMA	Electronic Prescribing and Medicines Administration
EPR	Electronic Patient Record
EPS	Electronic Prescription Service
ETP	Extended Trauma Pathway
EUPD	Emotionally Unstable Personality Disorder
FFT	Friends and Family Test
GASS	Glasgow Antipsychotic Side-effect Scale
GDE	Global Digital Exemplar
GMC	General Medical Council
HDS	Hospital Discharge Service
HTT	Home Treatment Team
HV	Health Visitor, Health Visiting
IAF	Information Assurance Framework
IAPT	Improving Access to Psychological Therapies
ICP	Integrated Care Partnership
ICR	Intensive Community Rehabilitation
ICS	Integrated Care System
IFR	Initial Findings Report
IHV	Institute of Health Visiting
IMPACTT	Intensive Management of Personality Disorders and Clinical Therapies Team
IPC	Infection Prevention and Control
IPS	Individual Placement and support (Employment Service)
IV	Intravenous
LAC	Looked After Children
LAI	Long Acting Injectable
LD	Learning Disability
LeDeR	Learning Disability Mortality Review Programme
LGBT+	Lesbian Gay Bisexual Transgender +
LIC	Lapse in Care
LoS	Length of Stay
MBT	Mentalization-Based Treatment
MCA	Mental Capacity Act

Acronym	Full Name
MDT	Multi-Disciplinary Team
MH	Mental Health
MHA	Mental Health Act
MHICS	Mental Health Integrated Community Health Service
MHSDS	Mental Health Service Data Set
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSK	Musculoskeletal
MSG	Medicines Safety Group
MUST	Malnutrition Universal Screening Tool
NACAP	National Asthma and COPD Audit Programme
NCAAD	National Clinical Audit of Anxiety and Depression
NCAP	National Clinical Audit of Psychosis
NCAPOP	National Clinical Audit and Patient Outcomes Programme
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NCISH	National Confidential Enquiry into Suicide and Homicide
NDA	National Diabetes Audit
NEWS	National Early Warning System
NHS	National Health Service
NHSE	NHS England
NHSI	NHS Improvement
NHSP	NHS Professionals
NICE	The National Institute of Health and Care Excellence
NIHR	National Institute of Health Research
NMHLDNDF	National Mental Health and Learning Disability Nurse Directors Forum
NRLS	National Reporting and Learning System
OAP	Out of Area Placement
OPMH	Older Peoples Mental Health
PALS	Patient Advice and Liaison Service
PCN	Primary Care Network
PFD	Preventing Future Deaths
PHE	Public Health England
PICC	Peripherally Inserted Central Catheter
PICT	Psychologically Informed Consultation and Training
PICU	Psychiatric Intensive Care Unit
PIPHAS	Psychiatric Inpatient Physical Health Assessment Sheet
PMS	Psychological Medicine Service
POCT	Point of Care Testing
POMH	Prescribing Observatory for Mental Health
PPE	Personal Protective Equipment
PPH	Prospect Park Hospital
PRN	Pro re nata (as required)
PRT	Placement Review Team

Acronym	Full Name
PTSD	Post-Traumatic Stress Disorder
PU	Pressure Ulcer
PWP	Psychological Wellbeing Practitioner
QI	Quality Improvement
QISMET	Quality Institute for Self Education and Training
QMIS	Quality Management and Improvement System
R&D	Research and Development
RHA	Review Health Assessment
RiO	Not an acronym- the name of the Trust patient record system
RTT	Referral to Treatment Time
SEND	Special Educational Needs and Disability
SHaRON	Support Hope & Recovery Online Network
SI	Serious Incident
SIRAN	Serious Incident Review Accreditation Network
SJR	Structured Judgement Review
SLT	Speech and Language Therapy
SMI	Severe or Significant Mental Illness
SOP	Standard Operating Procedure
SPIN	Suicide Prevention Intervention Network
SSN	Special Schools Nursing
STOMP	Stopping Over-Medication of People with a Learning Disability
SUN	Service User Network
SUS	Secondary Users Service
TT	Talking Therapies
TVRTS	Thames Valley Real Time Surveillance
UKLDCNN	United Kingdom Learning Disability Consultant Nurse Network
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	11 May 2021
Title	**Executive Report**
Purpose	This Executive Report updates the Board of Directors on significant events since it last met.
Business Area	Corporate
Author	Chief Executive
Relevant Strategic Objectives	N/A
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	None
Equality and Diversity Implications	N/A
SUMMARY	This Executive Report updates the Board of Directors on significant events since it last met.
ACTION REQUIRED	To note the report and seek any clarification.

Berkshire Healthcare
NHS Foundation Trust

Trust Board Meeting 11 May 2021

EXECUTIVE REPORT

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. CAMHS Tier 4 Service Changes Update

The Trust Board was updated on the Commissioner's decision not to support the transfer of Willow House to a new unit at Prospect Park Hospital and our plan to establish a new out of hospital CAMHs tier 4 service to replace the 9-beds provided at Willow House, following its closure on 30 April 2021.

This updates on the progress of this plan and the current position.

Willow House

Willow House was closed as planned on 30 April 2021.

We have a project team working on the transition plan with 5 workstreams:

- New clinical/service model
- Commissioner support
- Willow house safe operation and decommissioning
- Workforce and Communications and
- Engagement

There was phased closure programme so that patients could be safely transitioned or discharged from services. Two patients have moved into our new day care service, staying at home overnight.

We have seen no staff redundancies from the Willow House team and 75% of the staff there have moved into our new out of hospital CAMHs service model, with a majority of others joining Trust services elsewhere.

The Team were able to maintain a full service over the last 4 months.
We have undertaken an extensive stakeholder engagement programme about the changes covering

- Staff - existing CAMHS T4 inpatient service, educational staff & wider Trust staff
- Patients and their families/carers
- External stakeholders including
    - Local authorities (including Directors of Children's Services and Health & Wellbeing Boards and any other groups who held strategic responsibility for health)
    - Ofsted
    - Care Quality Commission
    - MPs
    - Healthwatch
    - Police
    - NHS and Healthcare providers,
    - Buckinghamshire, Oxfordshire and Berkshire West and Frimley Integrated Care Systems and
    - CAMHS Transformation Boards

We also responded to media enquiries and a few letters asking about the closure. Stakeholders have been supportive to our plans and there has been minimal negative response.

New Service Model

The proposal to develop a new Tier 4 out of hospital service has been developed collaboratively by the Trust with Oxford Health NHS Foundation Trust and NHS England, building on evidence from intensive community models that are demonstrating success elsewhere in the country.

The proposal is to deliver Tier 4 in-patient equivalent care to young people through an 'out of hospital' model.

The model has been developed in line with the core principles of the New Care Models programme:

- To transform services across both in-patient and community settings to prevent inpatient admissions and reduce length of stay where possible to do so.
- To provide services closer to home
- To support and incentivise clinicians to prevent avoidable admissions by re-investing in community services.

The new service will provide care in line with the current specification for Children and Adolescent Mental Health Services Tier 4 (CAMHS Tier 4): General Adolescent Services including specialist eating disorders services (Service Specification no: 1723), to meet the needs of young people currently requiring General Adolescent Unit or Eating Disorder Unit admission.

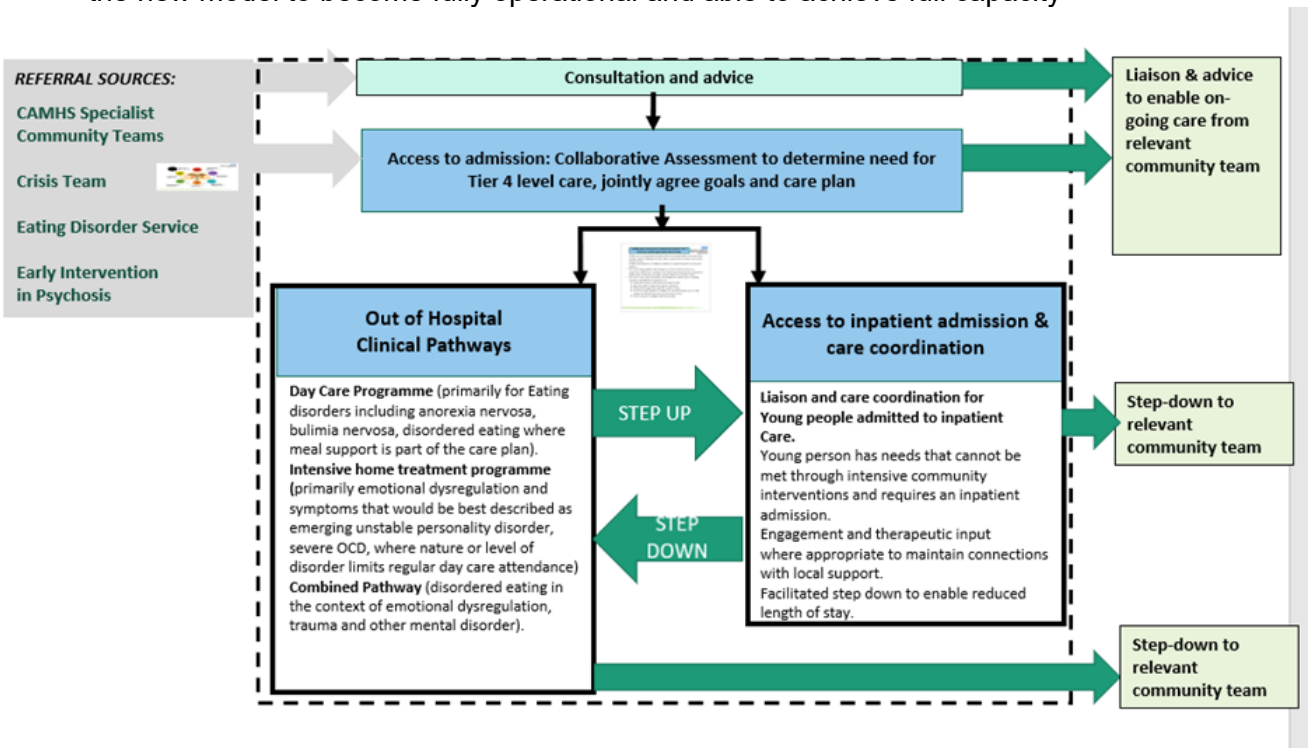
The new model offers treatment through a day hospital and hospital at home service.

This new service will still operate over 7 days per week, 365 days per year, however young people will remain at home with their families or carers and will either attend for day care, be provided with support at home or a combination of the two.

The new service has been designed to also be able to treat young people who require this specialist level of care for an eating disorder, something that we were not commissioned to offer at Willow House. We will be able to treat up to 16 young people at any one time, compared to 9 at Willow House.

The new model is distinct from the development of enhanced 24/7 crisis services for children and young people, however it will work closely with these services and clinical pathways will be developed to ensure a coherent patient journey.

The transition to the new service model started from March 2021 and an intensive day care support service starts from 1st May. It will take approximately 12 months for the new model to become fully operational and able to achieve full capacity



The service will be implemented in Berkshire initially, with learning shared to inform the development and roll-out of the model across all other providers in the network.

Commissioning & Funding

The current financial envelope for Willow House is £2.335m and we have secured continuity of this funding.

The running costs for the new model are £2.04m in year 1, reducing to £1.8m in year We have also secured £2.068m of transition funding which will cover transition costs, estates work and cost of beds required through the transition period. The cost of the predicted additional beds required are £1.271m.

A provider collaborative, led by Oxford Health with us and other local providers, took responsibility for the commissioning of CAMHs Tier 4 services from NHS England on

1st April 2021. We have provider agreements in place with for how this will operate and an agreement between the provider collaborative and NHS England.

The project lead, team and others have delivered a great outcome on this significant change to service in a complex and dynamic situation, which will deliver improved care for Berkshire children.

Executive Lead: David Townsend, Chief Operating Officer

3. Sir Simon Stevens to Set Down in July 2021

The NHS England Chief Executive, Sir Simon Stevens is to stand down at the end of July 2021. He has held the post for seven years, leading the NHS through some of the most difficult periods in its history. The government has announced he will become a member of the House of Lords.

Executive Lead: Julian Emms, Chief Executive

Presented by Julian Emms
Chief Executive
May 2021

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	11th May 2021
Title	Gender Pay Gap Report 2021
Purpose	To provide a summary of Berkshire Healthcare Trust Gender Pay Gap results and request approval for their publication, along with the associated action plan.
Business Area	Corporate
Author	Thanda Mhlanga (Equality, Diversity and Inclusion Manager - Workforce)
Relevant Strategic Objectives	As part of our "Supporting our Staff" objective we have a duty to facilitate gender equality within the Trust and address the difference in average pay between male and female staff.
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	N/A
Legal Implications	The Equality Act 2010. Public Sector Equality Duty
Equality and Diversity Implications	Gender Pay Gap reporting is a requirement for all NHS Trusts – it was mandated in March 2018. The Gender Pay Gap results are an important driver of our equality and inclusion activity in relation to improving gender equality and equalisation of pay within the organisation.
SUMMARY	This paper presents Berkshire Healthcare's 2020 Gender Pay Gap results and associated action plan. The Gender Pay Gap is the difference in average pay between the men and women in organisations. In March 2018, the Government Equalities Office formalised its commitment to tackle the historic pay inequality which exists between men and women and made the reporting of gender pay data a mandatory legal requirement for all organisations employing 250 or more staff. It is hoped that the reporting on pay gaps will facilitate understanding of the size and causes of pay gaps and identification of any issues that need to be addressed. **Key Messages:** • Like other NHS Trusts, the female workforce makes up most of our staffing (82.6%) – the male cohort is 17.4%. • There has been a slight dip in the number of women in the lowest quartile of pay (Q1) and in the highest quartile of pay (Q4). • Whilst the gender pay gap has reduced slightly, the number of females in the senior bands has also reduced. • The number of females in the lowest quartile of pay (Q1) remains higher than the proportion of females employed in the Trust.

	• For different reasons, the majority number of staff employed on a part time basis are female – a factor that contributes to the gender pay gap. • The majority number of staff who use the childcare salary scheme are female – this has a disproportionate impact on the hourly rate of female staff. • The average bonus pay gap relating to Clinical Excellence Awards has been reduced, but the difference remains substantial.
ACTION REQUIRED	To note the Gender Pay Gap results and proposed actions To approve the publication of the Gender Pay Gap results and proposed actions.

Report to Trust Board – May 2021

Gender Pay Gap Report – Data as at 31st March 2021

Background and Introduction

In March 2018, a legal mandatory requirement was introduced: the Government Equalities Office requires all organisations employing 250 or more staff to report their Gender Pay Gap data each March.

Consequently, each Trust has been asked to report and publish the following metrices:

- Mean gender Pay Gap
- Median Gender Pay Gap
- Mean Bonus Gender Pay Gap
- Median Bonus Gender Pay Gap
- Proportion of Males and Females receiving a bonus payment
- Proportion of Males and Females in each quartile.

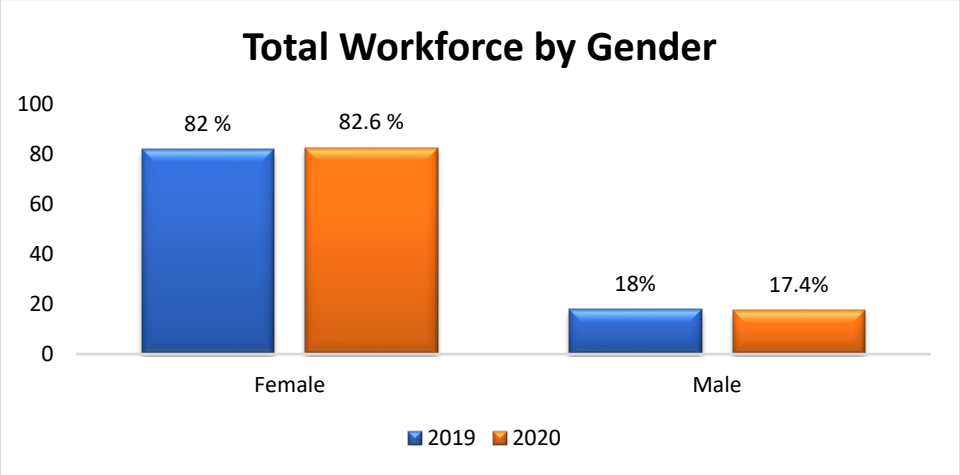
The way the Gender Pay Gap data is reported is standard, organisations must produce their respective figures in tables as set out in Appendices (Table 3 to 6) that capture Berkshire Healthcare's data. For all NHS employers, the NHS Electronic Staff Record system (ESR) has been updated so that they can produce the reports for this annual exercise using default filters.

The definition of Gender Pay Gap is prescribed: it is the difference between the average earnings of men and women, expressed relative to men's earnings. It must be noted here that increasingly there is an awareness that gender is not binary. However, currently the NHS ESR system does not capture gender identity, it only captures sexual orientation.

Our Data

From the data that was uploaded by 31st March 2021, the main points to note with Berkshire Healthcare's data are as presented below:

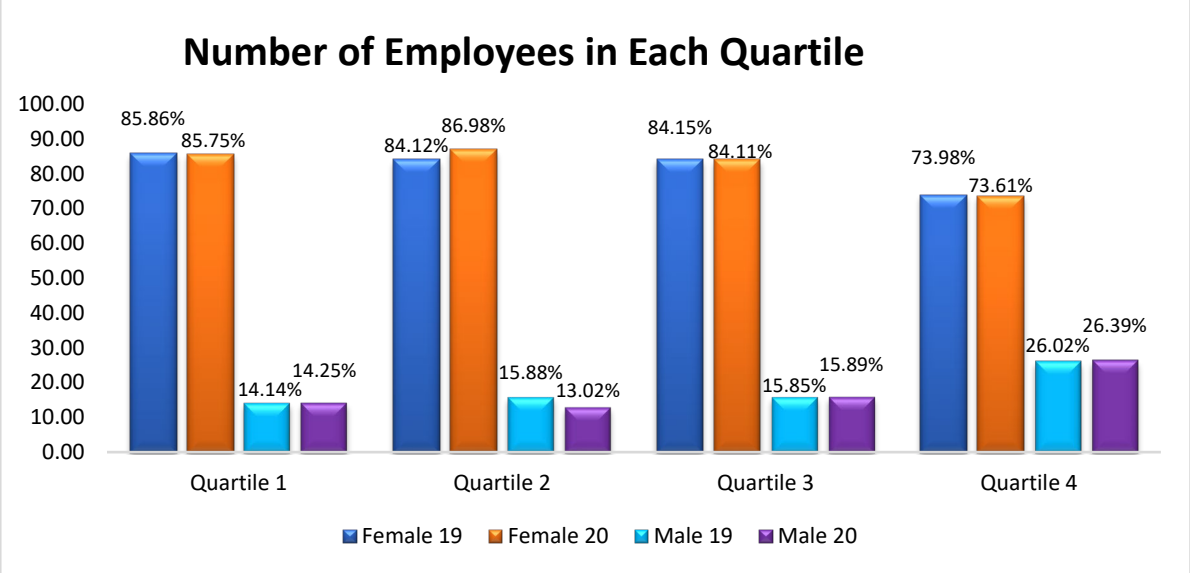
Figure 1: Total Workforce by Gender



1. The Trust has 4545 employees: Like many other NHS Trusts, the female workforce makes up most of our staffing at 3753 (82.6%), with the remaining 792 (17.4%) being male. These figures are almost identical to the position that was reported last year – see Figure 1 above.

2. Since reporting last year, there have been slight changes in the number of females in the lowest quartile of pay (Q1) and in the highest quartile of pay (Q4): the former reduced by 0.11% and the latter dipped by 0.37%. Correspondingly, the number of males we employ in the lowest pay quartile and the highest quartile of pay have both increased by 0.11% and 0.37% - see Figure 2 below for detail.

Figure 2: Number of Employees in Each Quartile



3. The results presented in Table 1 below highlight that the pay gap in the average hourly rate reported last year dropped by 0.93% (from 20.07% to 19.14%). Whilst progress is being made, the results illustrate that females earn 19.14% less than men. Deeper analysis 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 82.6% of our workforce yet only represent 73.61% of the workforce in the upper quartile – see Figure 2 above. This means that the number of females in the senior bands reduced by 0.37% on last year.

Table 1: Gender Pay Gap

Gender	Average Hourly Rate 2019	Average Hourly Rate 2020
Male	21.14	22.29
Female	16.90	18.02
Difference	4.24	4.27
Pay Gap %	20.07	19.14

4. The proportion of females in the lowest quartile of pay (85.75%) is higher than the proportion of females employed in the Trust. This figure was 85.86% last year.
5. We currently employ 1816 staff on a part time basis – in the previous year this figure stood at 1740 people. 92.18% of part time staff were female in the previous year's reporting – this figure has remained relatively consistent at 92.19% this year.
6. It should be noted that the calculation of the hourly rate is based on the gross pay after any deductions for salary sacrifice. As at March 2021, a total of 169 staff used the childcare salary scheme, 152 (89.94%) of them were female. This figure is consistent with last year's figures: 212 people use the childcare salary sacrifice scheme and 90% of the scheme users were female. This has a disproportionate impact on the hourly rate of female staff resulting in a lower average.

7. The bonus data relates only to Clinical Excellence Awards (CEA) paid to Consultant medical staff. The use of the word bonus is inappropriate in an NHS context as this relates to a payment which is built into the nationally agreed consultant contracts. This year, due to Covid, it was agreed that CEAs would be split pro-rata amongst eligible consultants. The pay gap has been reduced by 6.64% (from 43.64% in the previous year to 37%). The trust follows the guidance issued by NHS Employers and agreed with the BMA, for purpose of awarding the CEAs to eligible consultants. We have been aware that this process does create a gender pay gap specifically for the amount paid for CEA awards and have done significant work with our female consultants in recent years to address this within the confines of the nationally agreed process. In 2020, due to Covid-19, it was agreed that CEAs would be split pro-rata amongst eligible consultants. This system will continue until there is a new nationally agreed system in place.

8. However, 37% is still a significant gap – see Table 2 below:

Table 2: Average Bonus Pay

Gender	Average Bonus Pay 2019	Average Bonus Pay 2020
Male	9056.48	8,086.07
Female	5104.27	5,094.43
Difference	3952.21	2,991.63
Pay Gap %	43.64	37.00

Actions for the Trust to take:

The actions proposed to address the Gender Pay Gap will be considered and agreed as part of the Trust's refreshed ED&I Strategy. The following actions are proposed:

- We need to increase the focused work to attract more males to work for the Trust. Adverts and social media include an increased number of photographs of our male workforce, but over the coming 12 months we need to identify more ways of making Berkshire Healthcare an attractive employer for men.
- Continue to support the development of female staff through mentoring, leadership development and talent management. We need to focus on ensuring that our female staff at lower bands have the confidence, skills and are supported to apply for our more senior posts at band 8A and above, including VSM posts.
- Further work needs to be done to understand the gender variances in CEA awards to build on the number of female Consultants who are awarded CEAs. This in turn will reduce the average pay gap in the value of the bonus when compared to male Consultants.

- Share our Gender Pay Gap position (as reported) with all our staff, including the actions we will take to improve our position.

Appendix

Table 3: Average and Median Hourly Rates

Gender	Average Hourly Rate	Median Hourly Rate
Male	22.2886	19.6990
Female	18.0222	16.8422
Difference	4.2664	2.8569
Pay Gap %	19.1417	14.5025

Table 4: Number of employees in each quartile (Q1 low pay to Q4 high pay)

Quartile	Female	Male	Female %	Male %
Quartile 1	927.00	154.00	85.75	14.25
Quartile 2	962.00	144.00	86.98	13.02
Quartile 3	1027.00	194.00	84.11	15.89
Quartile 4	837.00	300.00	73.61	26.39

Table 5: Bonus Payments

Gender	Avg. Bonus Pay	Median Bonus Pay
Male	8,086.07	6,032.04
Female	5,094.43	4,348.07
Difference	2,991.63	1,683.98
Pay Gap %	37.00	27.92

Table 6: Payment of Bonuses by Gender

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	14.00	3948	0.35
Male	17.00	860	1.98

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	11 May 2021
Title	Financial Summary Report – Year End 2020/21
Purpose	To provide the Trust Board, financial position for the year ending 31 March 2021
Business Area	Finance
Author	**Chief Financial Officer**
Relevant Strategic Objectives	3. - Strategic Goal: To deliver financially sustainable services through efficient provision of clinical & non-clinical services
CQC Registration Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Meeting regulatory requirements
Equalities / Diversity Implications	N/A
SUMMARY	To provide the Trust Board, financial position for the year ending 31 March 2021
ACTION REQUIRED	The Board is invited to note the following: The Trust closed 20/21 with a reportable surplus of £0.1m. This was £3.3m better than was original forecast. After accounting for allowable impairment costs, the Trust closed the year with a £1.3m in surplus, better than the system expectation of breakeven. The better than planned surplus has given rise to a materially higher cash balance that planned of £39.1m. Overall capital expenditure was £7.8m vs a plan of £8.2m, with a further £0.6m of spend funded centrally in year by DHSC.

Berkshire Healthcare NHS
NHS Foundation Trust

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Finance Report

Financial Year Ending 2020/21

March 2021

Purpose

To provide the Board & Executive with a summary of the Trusts financial performance for the period ending 31st March 2021.

Version	*Date*	*Author*	*Comments*
1.0	21/04/2021	Paul Gray	Final

Distribution

All Directors

All staff needing to see this report.

Contents

1.0 Income & Expenditure

M12 Mar 2020	In Month			M7 - M12 YTD			20/21 YE		
	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m
Operating Income	25.1	21.3	3.8	133.8	127.8	6.0	260.1	252.3	7.8
Other Income	0.5	1.4	(0.8)	8.5	8.3	0.2	15.0	16.7	(1.7)
Annual Leave Funding	1.7	0.0	1.7	1.7	0.0	1.7	1.7	0.0	1.7
ERs Pension Funding	8.5	0.0	8.5	8.5	0.0	8.5	8.5	0.0	8.5
Donated Income	2.2	0.0	2.2	2.3	0.0	2.3	2.3	0.0	2.3
Total Income	***38.1***	***22.7***	***15.4***	***154.7***	***136.1***	***18.6***	***287.6***	***269.0***	***18.6***
Staff In Post	15.7	17.0	(1.3)	92.5	94.7	(2.2)	181.2	184.8	(3.6)
Bank Spend	1.6	1.2	0.5	8.6	7.4	1.2	15.8	12.9	2.9
Agency Spend	0.4	0.3	0.2	2.2	1.7	0.5	3.7	3.5	0.2
ERs Pension Increase	8.5	0.0	8.5	8.5	0.0	8.5	8.5	0.0	8.5
Annual Leave Provision	1.7	0.0	0.0	1.7	0.0	0.0	1.7	0.0	1.7
Total Pay	***28.0***	***18.4***	***7.8***	***113.5***	***103.8***	***8.0***	***211.0***	***201.2***	***9.8***
Purchase of Healthcare	1.4	1.2	0.3	8.0	7.1	0.9	14.9	14.3	0.6
Drugs	0.4	0.5	(0.1)	2.6	2.9	(0.3)	5.1	5.4	(0.3)
Premises	1.6	1.4	0.2	8.3	8.7	(0.3)	16.3	17.2	(0.9)
Other Non Pay	2.8	1.6	1.1	10.8	9.5	1.3	19.3	17.2	2.0
Central PPE Supplies	2.2	0.0	2.2	2.2	0.0	2.2	2.2	0.0	2.2
PFI Lease	0.5	0.6	(0.1)	3.0	3.4	(0.4)	6.4	6.7	(0.4)
Total Non Pay	***9.0***	***5.3***	***3.7***	***34.9***	***31.6***	***3.4***	***64.1***	***60.8***	***3.3***
Total Operating Costs	***36.9***	***23.7***	***13.2***	***148.5***	***135.4***	***13.1***	***275.1***	***262.0***	***13.1***
EBITDA	***1.1***	***(1.0)***	***2.1***	***6.2***	***0.7***	***5.6***	***12.5***	***7.0***	***5.5***
Interest (Net)	0.4	0.3	0.1	2.1	1.9	0.1	4.0	3.9	0.1
Depreciation	0.7	0.7	0.0	4.1	4.1	(0.1)	8.0	8.1	(0.1)
Disposals	(0.0)	0.0	(0.0)	(0.0)	0.0	(0.0)	(0.0)	0.0	(0.0)
Impairments	2.0	0.0	2.0	2.3	0.0	2.3	2.3	0.0	2.3
PDC	0.1	0.1	(0.0)	(0.0)	0.7	(0.7)	0.9	1.6	(0.7)
Total Finanacing	***3.3***	***1.1***	***2.2***	***8.4***	***6.7***	***1.7***	***15.2***	***13.5***	***1.7***
(Deficit) Pre COVID & Support	***(2.2)***	***(2.1)***	***(0.0)***	***(2.2)***	***(6.1)***	***3.9***	***(2.7)***	***(6.5)***	***3.9***
COVID Income	0.1	0.0	0.1	0.4	0.0	0.4	0.4	0.0	0.4
COVID Pay Costs	0.7	0.4	0.3	3.1	2.2	0.9	6.5	5.6	0.9
COVID Non Pay Costs	0.5	0.1	0.5	2.6	0.5	2.0	4.3	2.3	2.0
Total COVID Costs	***1.0***	***0.5***	***0.6***	***5.3***	***2.7***	***2.6***	***10.5***	***7.9***	***2.6***
System COVID Funding	2.5	0.5	2.0	4.8	2.8	2.0	9.4	7.4	2.0
System Top Up Funding	0.5	0.5	0.0	2.8	2.8	0.0	3.8	3.8	0.0
Total Revenue Support	***3.0***	***1.0***	***2.0***	***7.6***	***5.6***	***2.0***	***13.2***	***11.2***	***2.0***
Reported Surplus/ (Deficit)	***(0.2)***	***(1.6)***	***1.4***	***0.1***	***(3.2)***	***3.3***	***0.1***	***(3.2)***	***3.3***

Key Messages

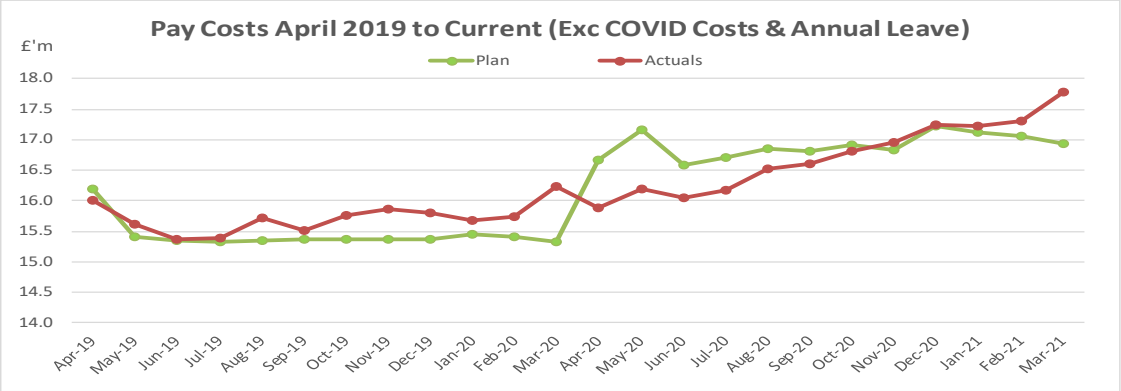
The table above illustrates financial performance against the forecast submitted to NHSI for Q3 and Q4, as well as the consolidated 20/21 YE results.

The Trust closed 20/21 with a reportable surplus of £0.1m. This was £3.3m better than was original forecast.

After accounting for allowable impairment costs, the Trust closed the year £1.3m in surplus, and better than the system expectation of breakeven.

During the year, the Trust incurred marginal cost increases responding to the COVID pandemic of £10.5m. These costs were offset with £9.4m of central COVID funding, which included an additional £2.0m secured from BOB ICS in March.

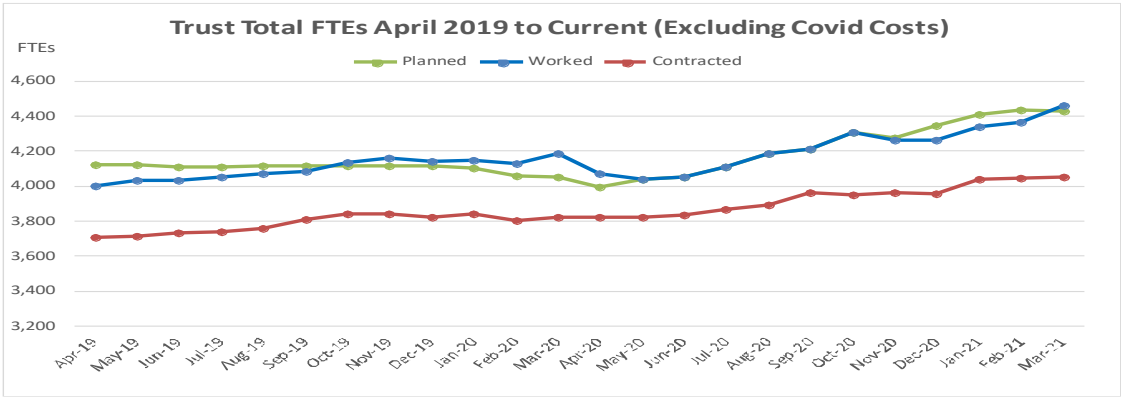
Workforce



Staff Costs

YTD	£'m
2020/21	200.8
2019/20	188.7
▲	6%

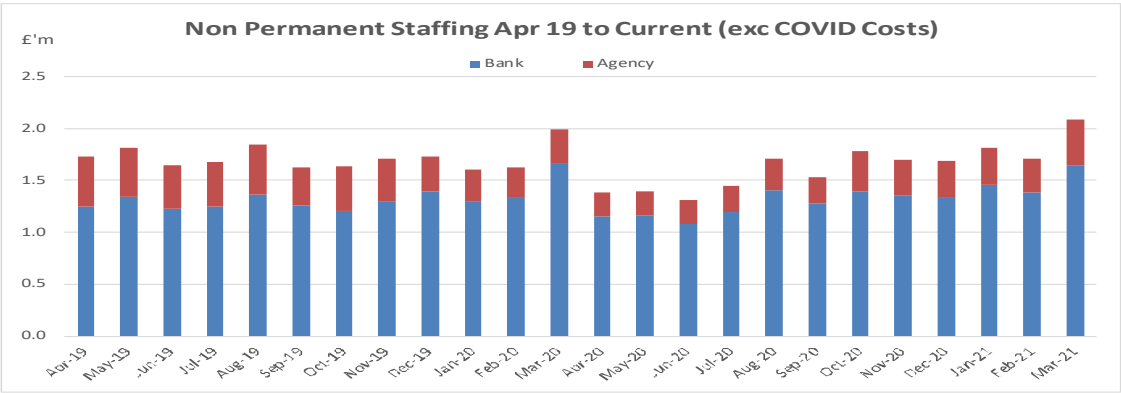
Prior Yr	£'m
Mar-21	17.8
Mar-20	16.2
▲	9%



FTEs

Prior Mth	CFTE	WFTE
Mar-21	4,052	4,458
Feb-21	4,043	4,362
	0% ▲	2% ▼

Prior Yr	CFTE	WFTE
Mar-21	4,052	4,458
Mar-20	3,818	4,185
	6% ▲	7% ▲



Staff Costs

YTD	Bank £'m	Agency £'m
2020/21	15.8	3.7
2019/20	15.9	4.7
	0% ▼	-22% ▼

Prior Yr	Bank £'m	Agency £'m
Mar-21	1.6	0.4
Mar-20	1.7	0.3
	-1% ▼	37% ▲

Key Messages

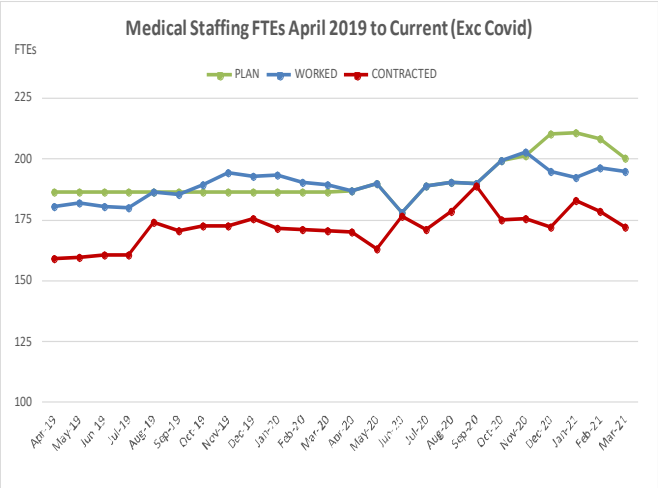
Overall Pay costs were £17.8m, representing an increase of £0.5m after accounting for back-dated GP pay award on February. Substantive costs increased by £0.1m and bank and agency costs increased £0.4m.

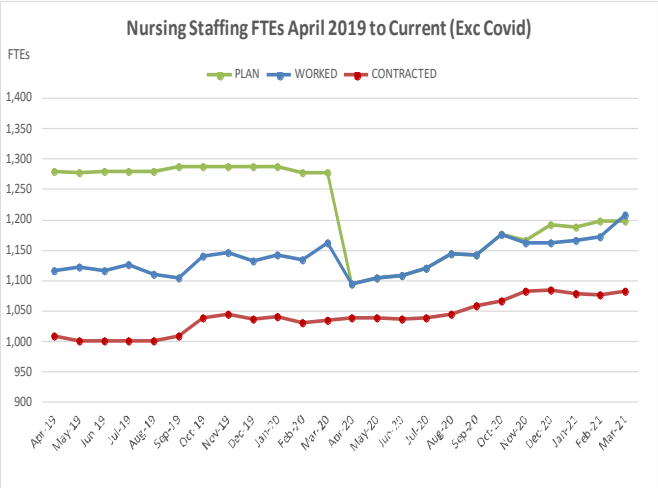
Overall the Trust closed the year £0.5m below plan, excluding pension and annual leave impacts.

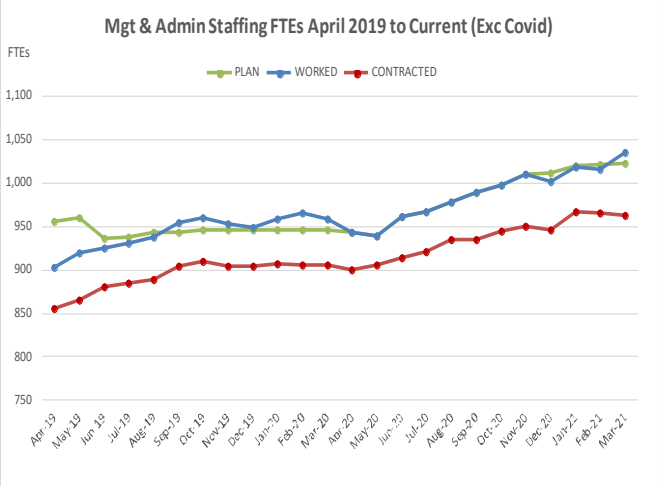
These figures exclude the increase to the Annual Leave provision of £1.7m. This was originally forecast at £2.7m, however the level of leave taken in March significantly increased compared to previously notified levels. This further contributed to increases in non permanent staffing costs with bank spend increasing £0.3m and agency spend £0.1m, and this is reflected in the increase in worked FTE. Over the year, banks costs recovered with spend increasing and costs overall inline with the prior year. Agency costs finished the year at £3.7m, £1.0m less that 19/20.

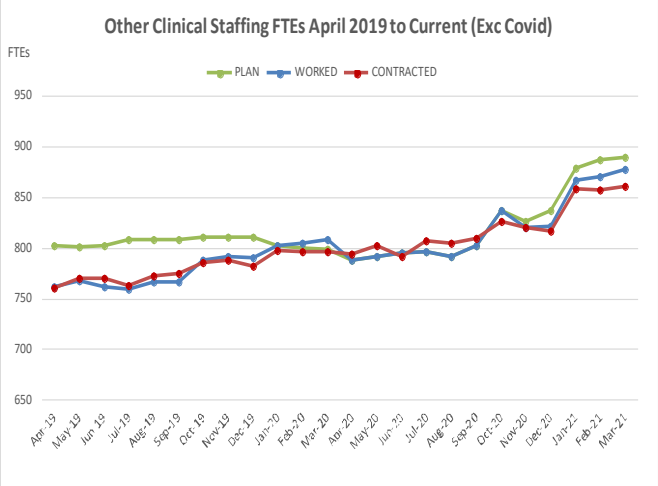
Marginal COVID costs were £0.7m, a decrease of £0.1m. Sickness and shielding costs continue to fall and are less that £0.1m. The remaining COVID costs are being spent on enhanced cleaning, 7 Day working across community wards in the East, and increased Phlebotomy service and NHS111 support in the West.

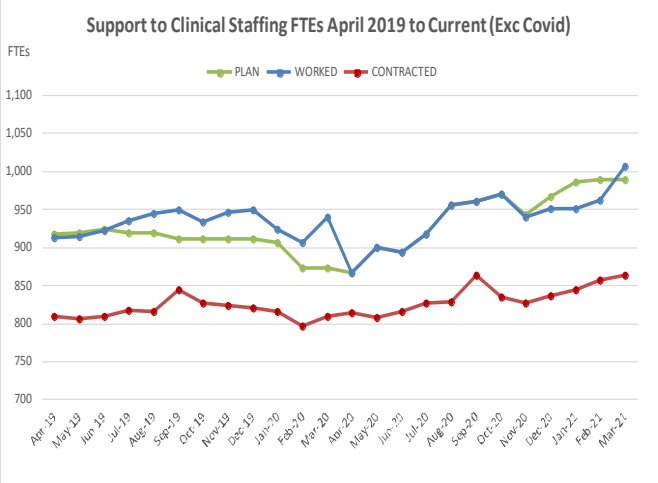
Staffing Detailed

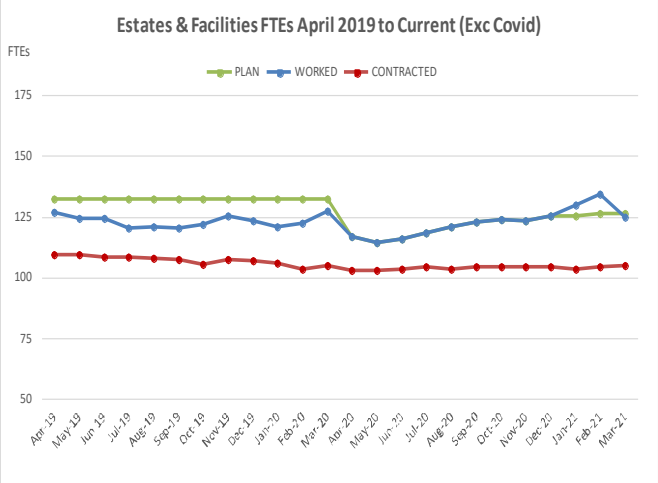










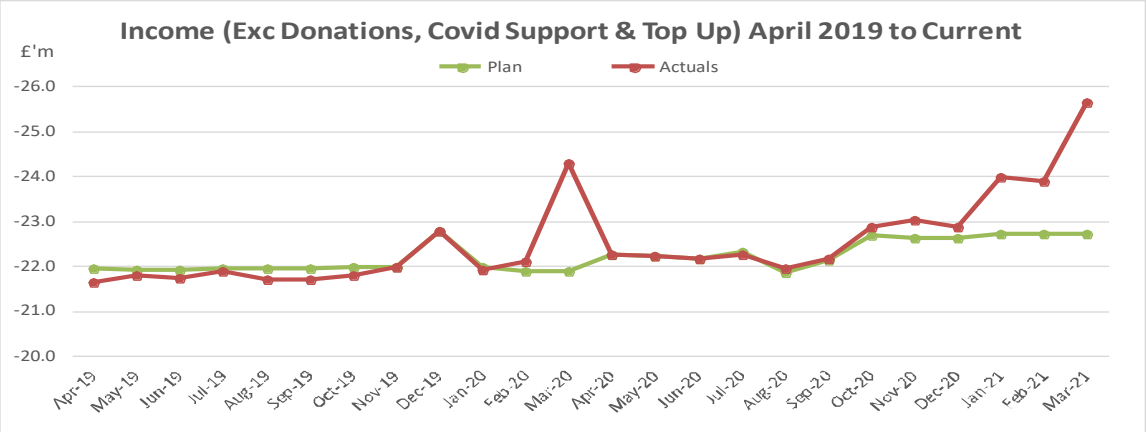


Key Messages

The tables below provide a current staffing number broken down by major staffing groups. The planned levels reflects the revised planning assumptions for this year emphasises plans based on forecast actuals.

Overall there was a small increase of 9 contract FTE in the month, the majority in HCA positions. The larger increase, seen across a number of staffing groups, was in worked hours, driven by increased bank and agency usage, covering higher levels of annual leave in March, and pressures across Mental Health services.

Income & Non Pay



Income

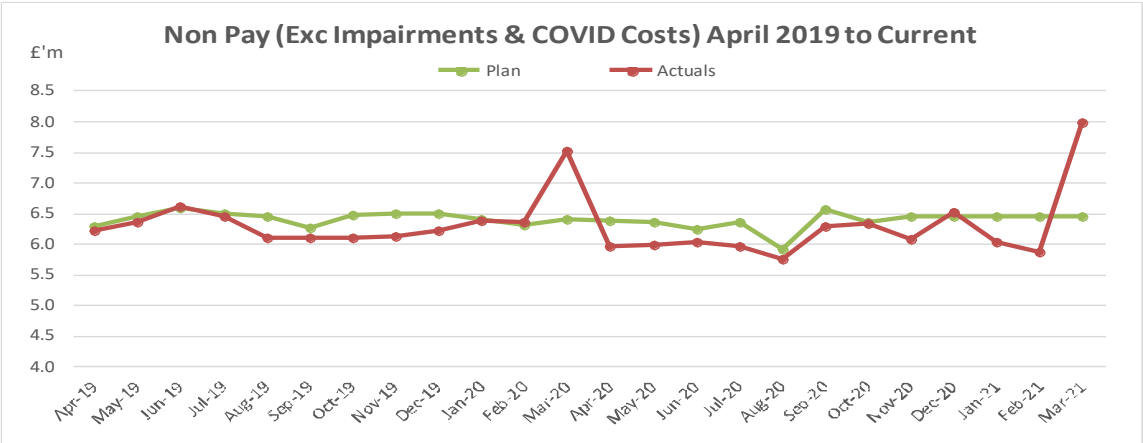
YTD	£'m
2020/21	275.1
2019/20	265.3
▲	4%
Prior Yr	**£'m**
Mar-21	25.6
Mar-20	24.3
▲	6%

Key Messages

Income in March increased by £1.7m and was reflects £1.0m of block contract alignment payment as well as £0.75m from NHSE for transitional support costs for our new Community Tier 4 CAHMS service.

Excluded from the chart and table above are a number of additional allocation received in March, some relating to YE accounting adjustments, these include, Annual Leave provision, backed with income and cash for the first time, £1.7m and £2.0m additional system COVID support via BOB ICS.

Further there is recognition in the accounts of £8.4m relating to the 6.3% increase in employers pension contributions, paid for by DHSC as in 19/20, with Trusts ask to provide for the cost and funding. Similarly, the cost of PPE supplied centrally during the pandemic has been reflected, with the £2.2m cost, being offset by Donated Income.



Non Pay

YTD	£'m
2020/21	74.7
2019/20	76.5
▼	-2%
Prior Yr	**£'m**
Mar-21	8.0
Mar-20	7.5
▲	6%

Key Messages

Excluding centrally procured PPE costs of £2.2m and Impairment charges resulting from decreased asset valuations of £2.0m, Non Pay spend increased by £2.0m in March.

The majority of this increase was due to one-off items and movement in YE provisions. These included increased in provisions for pension costs, tribunal costs, debt write off, and dilapidations. After adjusting for these and other items, underlying Non Pay costs rose by £0.4m, with placement spend, clinical supplies and training costs rising.

Following final review of asset revaluations, financing costs, including with depreciation, interest charges and PDC increased collectively £0.2m.

In addition to the costs highlighted above, the Trust incurred £0.5m of COVID costs, a reduction of £0.1m, with OAPs above our threshold account for £0.3m, with Estate & Facility costs, including additional cleaning £0.15m.

2.0 Balance Sheet & Cash

Balance Sheet	19/20 Actual £'m	Current Month Act £'m	Current Month Plan £'m	Current Month Var £'m	YTD Act £'m	YTD Plan £'m	YTD Var £'m	20/21 Plan £'m
Intangibles	7.0	5.4	5.7	(0.4)	5.4	5.7	(0.4)	5.7
Property, Plant & Equipment (non PFI)	37.5	38.4	38.2	0.2	38.4	38.2	0.2	38.2
Property, Plant & Equipment (PFI)	57.3	55.5	57.7	(2.2)	55.5	57.7	(2.2)	57.7
Total Non Current Assets	**102.7**	**99.3**	**101.7**	**(2.4)**	**99.3**	**101.7**	**(2.4)**	**101.7**
Trade Receivables & Accruals	11.3	13.9	13.4	0.5	13.9	13.4	0.5	13.4
Other Receivables	0.1	0.2	0.2	(0.0)	0.2	0.2	(0.0)	0.2
Cash	26.4	39.1	22.7	16.4	39.1	22.7	16.4	22.7
Trade Payables & Accruals	(24.8)	(34.5)	(27.6)	(6.9)	(34.5)	(27.6)	(6.9)	(27.6)
Current PFI Finance Lease	(1.5)	(1.6)	(1.6)	0.0	(1.6)	(1.6)	0.0	(1.6)
Other Current Payables	(2.5)	(6.1)	(2.8)	(3.4)	(6.1)	(2.8)	(3.4)	(2.8)
Total Net Current Assets / (Liabilities)	**9.6**	**10.9**	**4.3**	**6.6**	**10.9**	**4.3**	**6.6**	**4.3**
Non Current PFI Finance Lease	(27.0)	(25.5)	(25.5)	0.0	(25.5)	(25.5)	0.0	(25.5)
Other Non Current Payables	(1.9)	(2.8)	(1.9)	(0.8)	(2.8)	(1.9)	(0.8)	(1.9)
Total Net Assets	***82.4***	***82.0***	***78.5***	***3.4***	***82.0***	***78.5***	***3.4***	***78.5***
Income & Expenditure Reserve	29.1	30.6	25.8	4.7	30.6	25.8	4.7	25.8
Public Dividend Capital Reserve	19.2	20.0	19.3	0.7	20.0	19.3	0.7	19.3
Revaluation Reserve	33.4	31.4	33.4	(2.0)	31.4	33.4	(2.0)	33.4
Total Taxpayers Equity	***82.4***	***82.0***	***78.5***	***3.4***	***82.0***	***78.5***	***3.4***	***78.5***

Cashflow		19/20 Actual £'m	Current Month Act £'m	Current Month Plan £'m	Current Month Var £'m	YTD Act £'m	YTD Plan £'m	YTD Var £'m	20/21 Plan £'m
Operating Surplus/(Deficit)	+/-	6.4	0.3	(1.2)	1.5	4.9	2.2	2.7	2.2
Depreciation and Impairments	+	8.5	2.8	0.7	2.1	10.3	8.1	2.2	8.1
Operating Cashflow		***14.9***	***3.1***	***(0.5)***	***3.6***	***15.2***	***10.3***	***5.0***	***10.3***
Net Working Capital Movements	+/-	***1.4***	***(18.2)***	***(21.8)***	***3.6***	***11.0***	***0.4***	***10.6***	***0.4***
Proceeds from Disposals	+	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Donations to fund Capital Assets	+	0.0	0.0	0.0	0.0	(0.0)	0.0	(0.0)	0.0
Donated Capital Assets	-	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Capital Expenditure (Net of Accruals)	-	(9.8)	(1.0)	(0.8)	(0.2)	(7.9)	(8.5)	0.7	(8.5)
Investments		***(9.8)***	***(1.0)***	***(0.8)***	***(0.2)***	***(7.9)***	***(8.5)***	***0.7***	***(8.5)***
PFI Finance Lease Repayment	-	(1.2)	(0.1)	(0.1)	(0.0)	(1.5)	(1.5)	(0.0)	(1.5)
Net Interest	+/-	(3.6)	(0.4)	(0.3)	(0.1)	(4.0)	(3.9)	(0.1)	(3.9)
PDC Received	+	1.2	0.8	0.0	0.8	0.8	0.1	0.7	0.1
PDC Dividends Paid	-	(2.1)	(0.7)	(0.4)	(0.2)	(1.0)	(0.6)	(0.5)	(0.6)
Financing Costs		***(5.7)***	***(0.4)***	***(0.9)***	***0.4***	***(5.7)***	***(5.8)***	***0.1***	***(5.8)***
Other Movements	+/-	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Net Cash In/(Out)Flow		***0.8***	***(16.6)***	***(24.0)***	***7.4***	***12.7***	***(3.7)***	***16.3***	***(3.7)***
Opening Cash		25.6	55.8	46.6	9.1	26.4	26.4	0.0	26.4
Closing Cash		***26.4***	***39.1***	***22.7***	***16.4***	***39.1***	***22.7***	***16.4***	***22.7***

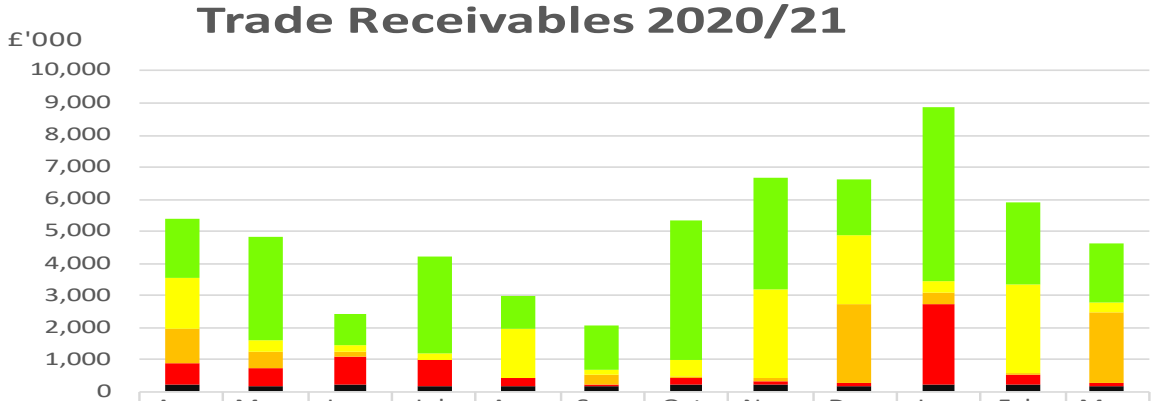
Key Messages

The closing YE cash balance for March was £39.1m. This is significantly higher that originally envisioned at the beginning of the year and reflects the financial backing received during the year through the financial regime.

As forecast, cash reduced in March with the alignment of CCG payments adjusting for the double payment in April.

However this reduction was offset by a number of one-off allocations. These included additional funding from NHSE in support of our YE Annual Leave provisions, £2.1m, (repayment of £0.4m expected in 21/22 to align to the actual value at YE), additional COVID support funding from BOB ICS for costs incurred, £2.0m, Transitional funding support from NHSE to support infrastructure costs associated with the implementation of our Community CAHMS Tier 4 model £0.75m, and £0.6m of PDC funding in support of central IT investment.

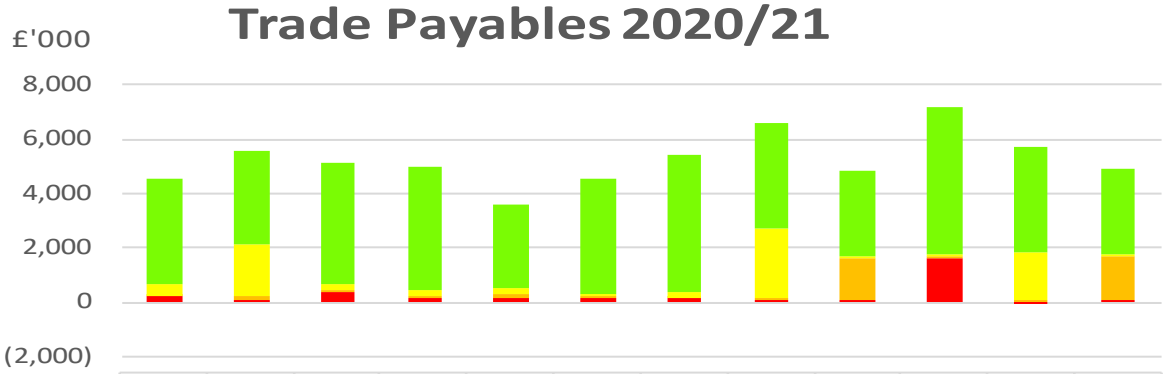
Cash Management



	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
<30 Days	1,870	3,230	973	3,032	1,000	1,377	4,337	3,482	1,701	5,432	2,597	1,845
>30 <60 Days	1,573	388	225	180	1,535	136	518	2,789	2,143	315	2,752	327
>60 <90 Days	1,063	500	154	34	0	327	59	70	2,489	378	29	2,159
>90 < 180 Days	673	538	864	802	251	25	204	132	80	2,492	333	112
>180 Days	241	197	220	182	186	200	219	217	191	247	218	184

Key Messages

Debtors balances decreased by £1.3m during the month with current debt falling £0.8m. Our oldest debt >90days also reduced, with balances falling to £0.3m. The largest remaining debt is owed by NHSPS, £2.1m reflected in the 60 to 90 days balance. This delay in payment has arisen due to a review of VAT treatment by NHSPS, and we anticipate the majority of this balance to be cleared in April.



	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
<30 Days	3,924	3,486	4,438	4,531	3,117	4,245	5,030	3,907	3,106	5,450	3,902	3,133
>30 <60 Days	391	1,858	207	227	159	99	236	2,576	64	95	1,710	29
>60 <90 Days	51	182	63	27	205	74	42	77	1,563	61	97	1,632
>90 days	196	77	403	194	126	153	124	51	95	1,622	(13)	90

Key Messages

Overall Creditors decreased by £0.8m. The delay in settling NHSPS balances means we have not released their final payment of £1.6m and this is reflected in our 60 to 90 days balances. As detailed above we anticipate this balance will be cleared in April.

3.0 Capital Expenditure

Schemes	Current Month			Year to Date			FY
	Actual £'000	Plan £'000	Variance £'000	Actual £'000	Plan £'000	Variance £'000	Plan £'000
Estates Maintenance & Replacement Expenditure							
STC Phase 3/Erlegh House	142	28	114	1,242	1,021	220	1,021
Erleigh Road (LD etc works)	0	33	(33)	0	153	(153)	153
Wokingham Willow House Projects	4	0	4	138	197	(59)	197
Trust Owned Properties Other	174	0	174	272	111	161	111
Leased Non Commercial (NHSPS)	330	33	297	585	335	250	335
Leased Commercial	0	7	(7)	0	50	(50)	50
Various All Sites	0	70	(70)	0	410	(410)	410
Medical Devices	7	8	(1)	79	100	(21)	100
Statutory Compliance	114	24	90	188	347	(159)	347
Subtotal Estates Maintenance & Replacement	**772**	**204**	**568**	**2,503**	**2,724**	**(221)**	**2,724**
IM&T Expenditure							
IM&T Business Intelligence and Reporting	192	61	131	223	368	(145)	368
IM&T System & Network Developments	611	112	499	1,347	1,541	(194)	1,541
IM&T Other	167	0	167	538	445	93	445
GDE & Community Trust Funded	202	94	109	358	958	(600)	958
IM&T HSLI	0	0	0	19	0	19	0
Subtotal IM&T Expenditure	**1,172**	**267**	**905**	**2,484**	**3,312**	**(828)**	**3,312**
Subtotal CapEx Within Control Total	**1,944**	**471**	**1,473**	**4,988**	**6,036**	**(1,048)**	**6,036**
CapEx Expenditure Outside of Control Total							
PPH - LD to Jasmine	199	311	(112)	2,162	1,647	515	1,647
Other PFI Projects	0	10	(10)	137	295	(158)	295
HSLI Projects	0	17	(17)	174	174	(0)	174
Subtotal Capex Outside of Control Totals	**253**	**338**	**(84)**	**2,850**	**2,116**	**733**	**2,116**
Total Capital Expenditure	**2,197**	**809**	**1,389**	**7,837**	**8,152**	**(315)**	**8,153**

New COVID Pressures	Current Month			Year to Date			FY
	Actual £'000	Plan £'000	Variance £'000	Actual £'000	Plan £'000	Variance £'000	Plan £'000
Centrally Funded							
Pandemic Storage Facility	0	0	0	44	0	44	0
Point of Care Testing Bids (NHSPS sites)	44	0	44	90	0	90	0
Laptops COVID-19	0	0	0	84	0	84	0
Point of Care Testing Bids (PFI - £57K)	33	0	33	57	0	57	0
National Attend Anywhere Product	43	0	43	56	0	56	0
Mental Health Remote Working	0	0	0	286	0	286	0
Total CapEx excluded from Annual Plan	**120**	**0**	**120**	**618**	**0**	**618**	**0**

Key Messages

Capital spend in March was £2.2m, £1.4m more than planned, with the phasing of spend being later than expected overall. Overall the Trust spend £8.2m of capital assets, £0.3m less than it originally planned. In addition, the Trust has benefited from £0.6m of additional funding throughout the year related to COVID specific projects supporting both estate and IM&T investments.

Of our total spend, £5.0m counted against our system control total of £6.0m, meaning we underspend our allocation by £1.0m. Estates were able to adapt their plans and finished the year, only £0.2m below their target allocation. IM&T finished £0.8m below allocation, with the pandemic impacting resources as well as national funding absorbing some planned spend.

The Trusts capital allocation for 21/22 is still to be agreed with BOB system partners.

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper - Public

Board Meeting Date	11th May 2021
Title	**True North Performance Scorecard** **Month 12 (March 2021) 2020/21**
Purpose	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 QI break through objectives for 2020/21.
Business Area	Trust-wide Performance
Author	Deputy Chief Executive and Chief Financial Officer
Relevant Strategic Objectives	2 - 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 CQC and other stakeholders.
CQC Registration/Patient Care Impacts	All relevant essential standards of care.
Resource Impacts	None.
Legal Implications	None.
Equality and Diversity Implications	None.
Summary	The True North Performance Scorecard for Month 12, 2020/21 (March 2021) is included. Individual metric review is subject to a set of clearly defined “business rules” covering how metrics should be considered dependent on their classification for driver improvement focus, and how performance will therefore be managed.

	The business rules apply to three different categories of metric: • **Driver metric**: the few key improvement drivers with target performance and will be the focus of meeting attention. • **Tracker Level 1 metric**: no attention required if within set threshold for the period. Threshold performance usually defined by regulator / external body and relates to "must do" national standards or areas of focus. Update required if threshold performance is missed in one month. • **Tracker metric**: no attention required unless performance is deteriorating from threshold for a defined period (over four months). Threshold set internally, where sustained underperformance will trigger a review of threshold level or need to switch to a driver metric dependent on capacity. **Note** - several indicators have been temporarily suspended either nationally of locally due to the COVID-19 pandemic. These are highlighted in grey to indicate this status. **Month 12** **Performance business rule exceptions, red rated with the True North domain in brackets:** **Driver Metrics** Context and update to driver performance to be provided in discussion of counter measure action and development: • Falls incidents in Community & Older Adult Mental Health Inpatient Wards **(Harm Free Care) –** red at 34 against a target of 20. Red for 5 months. Some wards have increased patients with cognitive impairment, increased acuity, and fatigue. 88% of falls were unwitnessed. 44% of falls occurred on wards with bed occupancy lower than 80%. Existing countermeasures are in place, but additional measures are being implemented: o Guardian Sentry falls system has been launched on Wokingham wards. o Oakwood - joint working with therapy staff. o Community East – unit meetings to review current measures.

	○ Rowan – support from QI team on driver metric refresh and nurse dedicated to walking the ward to give timely support • Self-harm Incidents on Mental Health Inpatients Wards (excluding LD) **(Harm Free Care)** – red at 177 incidents against a target of 42. Bluebell and Rose, Snowdrop and Willow House were the highest contributors. 3 patients contributed to 69 incidents. Individual safety planning measures are in place. Ligatures remain the highest form of incident. The teams are focusing on managing the distress of the patient, not the self-harm, as these are the consequence. There is a review of the root cause analysis and patient feedback for this metric underway. • Mental Health Prone (Face Down) Restraint **(Patient Experience)** - at 5 against a target of 2. Additional countermeasures include new bean bags that can be used for de-escalation as well as restraint and seclusion exit. Benchmarking for 2019/20 places the Trust in the lowest quartile nationally due to the improvement activities completed to date. This metric is to be retired from driver to tracker for the new financial year. • Mental Health Clustering **(Patient Experience)** - at 74.9% against an 80% target. Services are operating in a challenging environment during this phase of the pandemic, which is impacting their ability to keep this above target. Priorities within Divisions reviewed, and clustering remains one of them. • Physical assaults on staff **(Supporting our Staff)** – at 54 incidents against a target of 44. Campion, Rose, Sorrel and Bluebell were the highest contributor this month with 41 incidents. Sorrel have introduced a second safety huddle at midday for planning and communications. Staff are exploring an improvement ticket to reduce patient restrictions and increase flexibility. Snowdrop are implementing safe wards intervention regarding bad news mitigation and restarted a debrief for patients. PMVA team are training Sorrel staff in the use of the new pods for restraint and de-escalation, which will then rollout across the hospital. • Mental Health: Acute Average Length of Stay (bed days) **(Money Matters) –** at 46 days against a target of 30 days. Pressures continue, and length of stay remains a focus for teams. The Trust is participating in a project across the

	South with the Benchmarking network about Length of Stay in Mental Health acute wards of patients with a stay of 90 days plus. This should be available in June. • Inappropriate Out of Area Placements **(Money Matters)** – at 1,219 days for the quarter against a 0 bed day target. Pressures within our inpatient units have resulted in more out of area placements. **Tracker Level 1 Metrics** • Sickness **(Regulatory Compliance)** is at 3.5% (for February 2021) against a target of less than 3.5%. **Tracker Metrics (where red for 4 months or more)** • Statutory Training: Fire **(Supporting our Staff)** Dropped to 83.7% – focusing assurance on ward environments. The mental health wards at Prospect Park are at 90.5%. Community East is 91.7% and West 89.8%. Campion Unit are above target at 97.4%. The introduction of a new eLearning solution is expected to improve compliance.
Action	The Board is asked to note the new True North Scorecard.

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**)

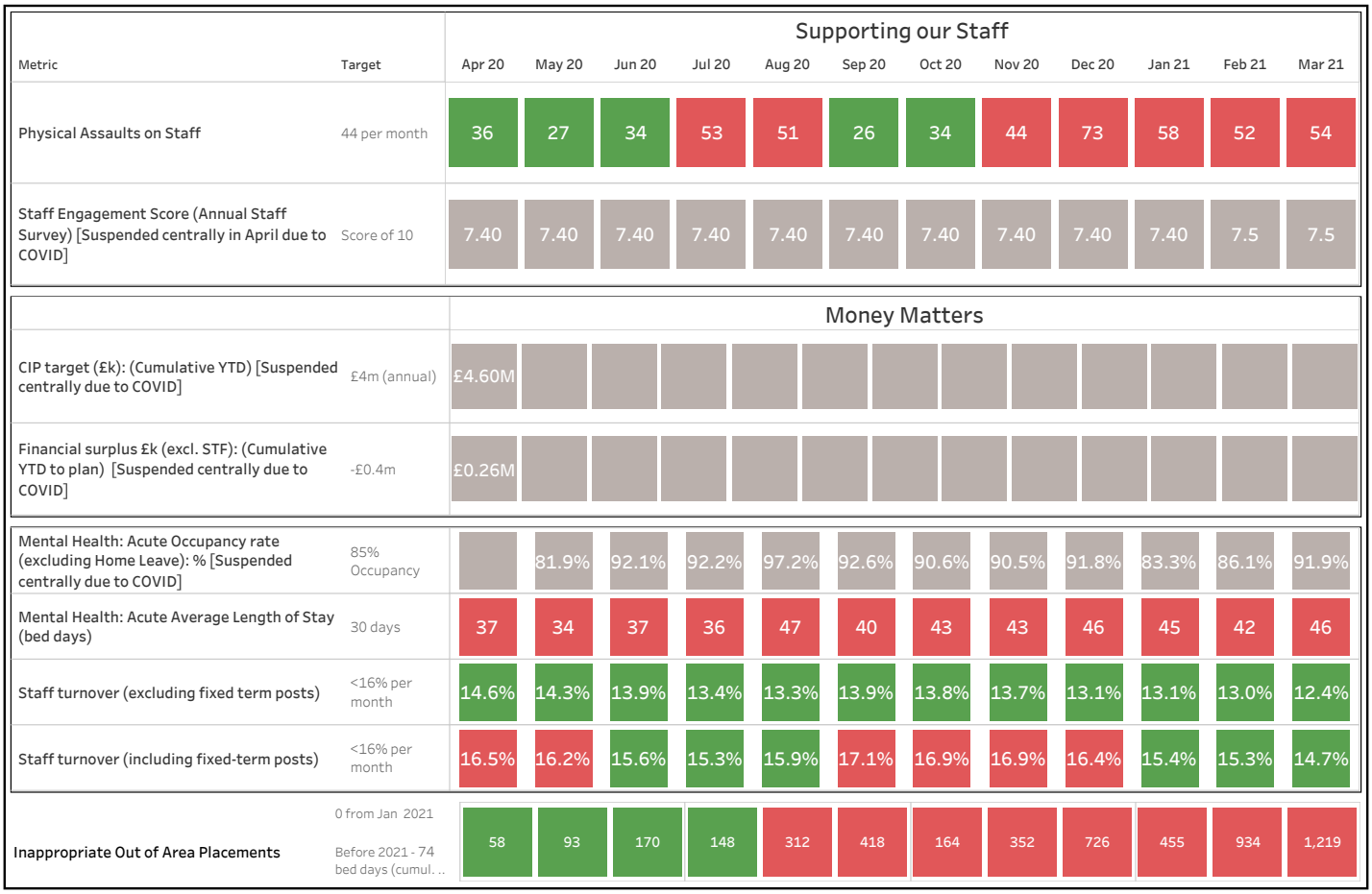
Harm Free Care

Metric	Target	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Falls incidents in Community & Older Adult Mental Health Inpatient Wards	20 per month	27	20	8	16	25	17	17	22	24	46	26	34
Self-Harm Incidents on Mental Health Inpatient Wards (excluding LD)	42 per month	15	58	37	41	40	57	67	76	46	110	127	177
Pressure ulcers acquired at BHFT due to lapse in care - Grade 3 & 4 (Cumulative YTD)	<18 per year	1	0	1	0	0	1	0	0	0	0	0	0
Number of suicides (per month)	Equal to or less than 3 per month	3	3	1	1	1	1	4	3	1	1	4	3
Gram Negative Bacteraemia	1 per ward per year	3	0	0	0	0	0	0	0	0	0	0	0

Patient Experience

Mental Health: Prone (Face Down) Restraint	2 per month	3	8	3	6	2	3	1	5	1	6	7	5
Patient FFT Recommend Rate: % [Suspended centrally due to COVID]	95% compliance								87%	78%	85%	88%	93%
Patient FTT response rate: % [Suspended centrally due to COVID]	15% compliance								87%	4%	3%	6%	5%
Mental Health Clustering within target: %	80% compliance	81.2%	78.7%	83.8%	83.7%	82.7%	81.5%	81.7%	80.9%	78.5%	75.7%	76.2%	74.9%

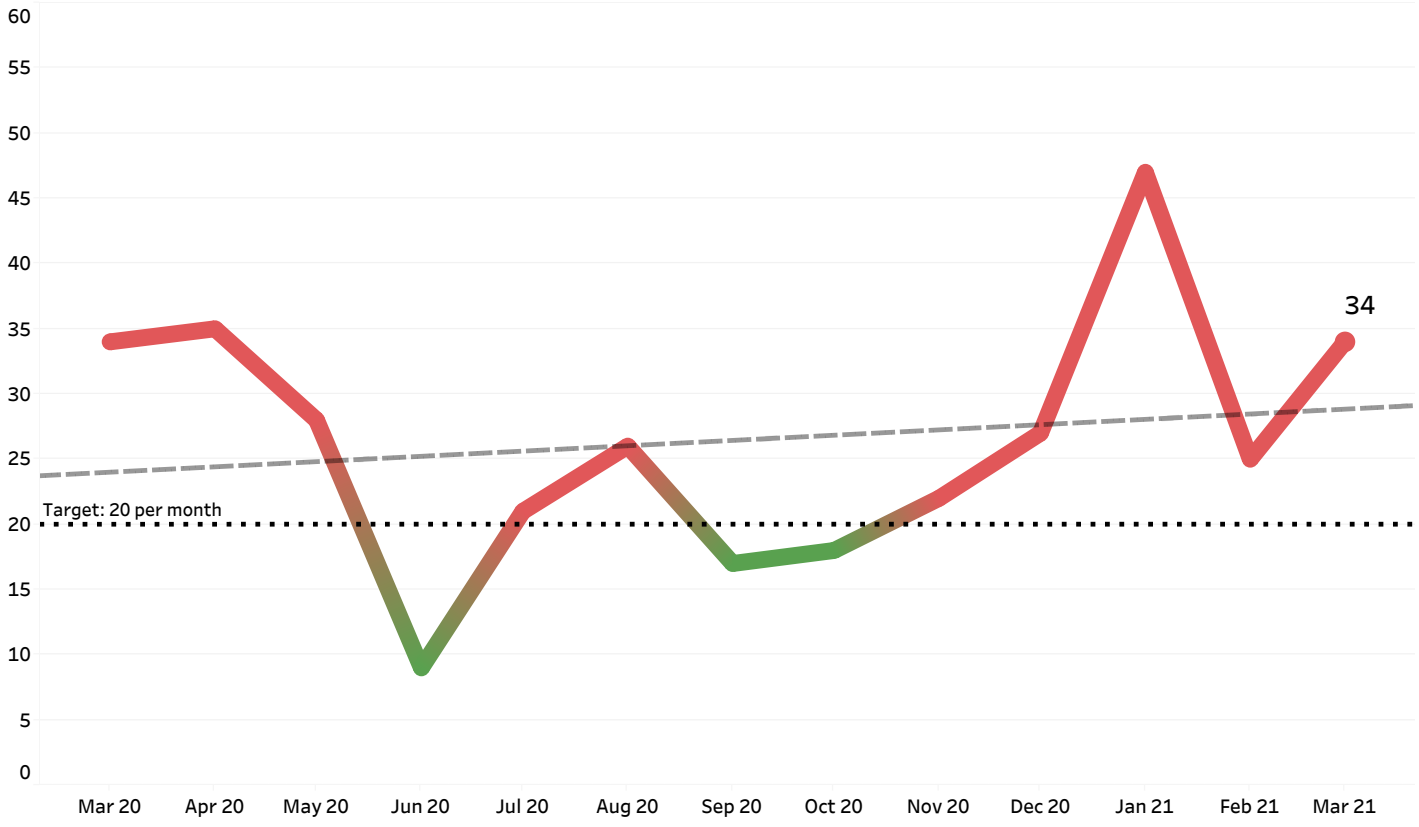
Performance Scorecard - True North Drivers (March 2021)



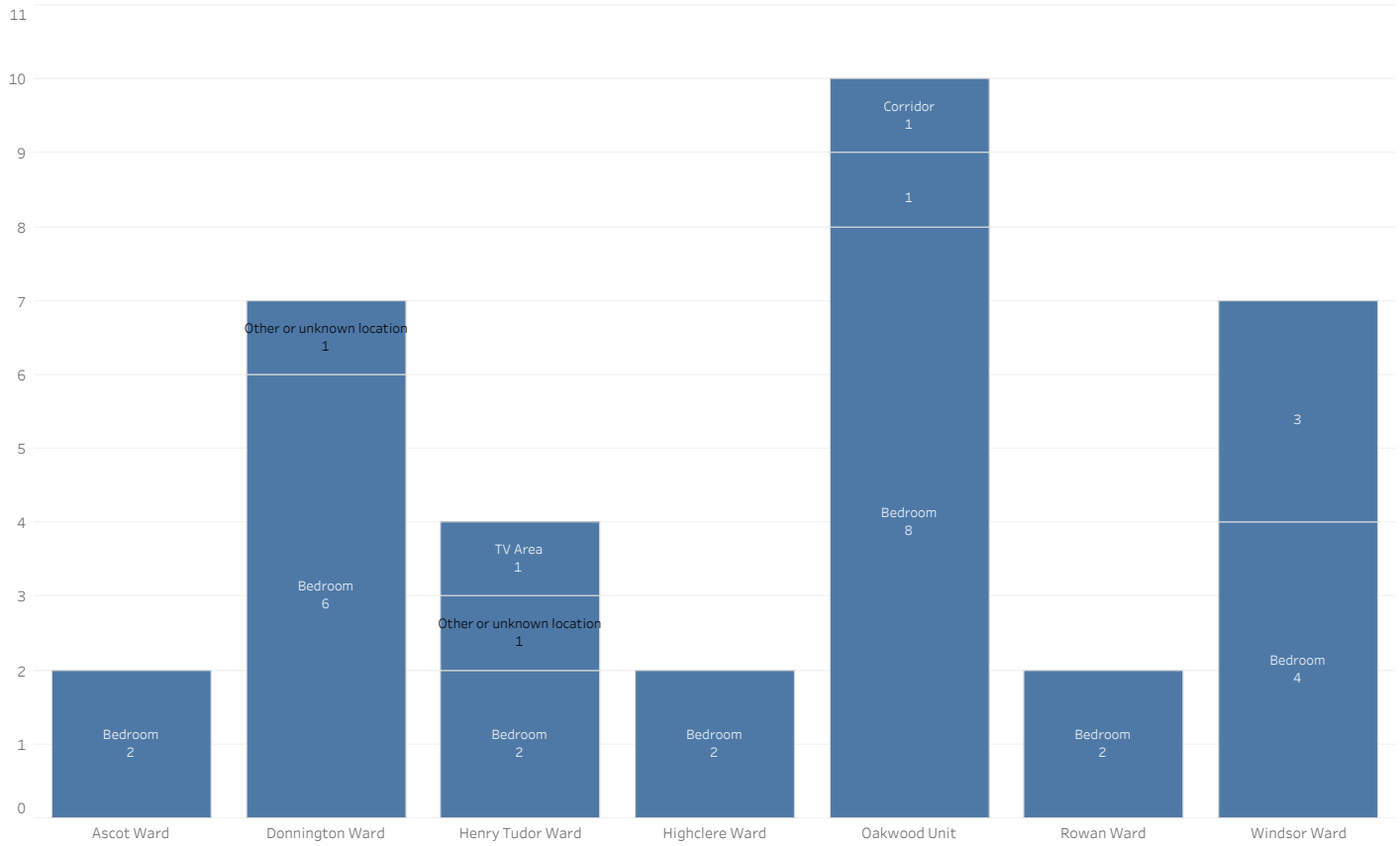
Metric	Target	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Supporting our Staff													
Physical Assaults on Staff	44 per month	36	27	34	53	51	26	34	44	73	58	52	54
Staff Engagement Score (Annual Staff Survey) [Suspended centrally in April due to COVID]	Score of 10	7.40	7.40	7.40	7.40	7.40	7.40	7.40	7.40	7.40	7.40	7.5	7.5
Money Matters													
CIP target (£k): (Cumulative YTD) [Suspended centrally due to COVID]	£4m (annual)	£4.60M											
Financial surplus £k (excl. STF): (Cumulative YTD to plan) [Suspended centrally due to COVID]	-£0.4m	£0.26M											
Mental Health: Acute Occupancy rate (excluding Home Leave): % [Suspended centrally due to COVID]	85% Occupancy		81.9%	92.1%	92.2%	97.2%	92.6%	90.6%	90.5%	91.8%	83.3%	86.1%	91.9%
Mental Health: Acute Average Length of Stay (bed days)	30 days	37	34	37	36	47	40	43	43	46	45	42	46
Staff turnover (excluding fixed term posts)	<16% per month	14.6%	14.3%	13.9%	13.4%	13.3%	13.9%	13.8%	13.7%	13.1%	13.1%	13.0%	12.4%
Staff turnover (including fixed-term posts)	<16% per month	16.5%	16.2%	15.6%	15.3%	15.9%	17.1%	16.9%	16.9%	16.4%	15.4%	15.3%	14.7%
Inappropriate Out of Area Placements	0 from Jan 2021 Before 2021 - 74 bed days (cumul. ..	58	93	170	148	312	418	164	352	726	455	934	1,219

Harm Free Care Driver: Fall incidents in Community & Older Adult Mental Health Inpatient Wards (Mar 20 to Mar 21)

Any incident (all approval statuses) where sub-category excluding Sat or lowered to floor & near miss, Location exact excluding Patient/staff home and incident type = patient

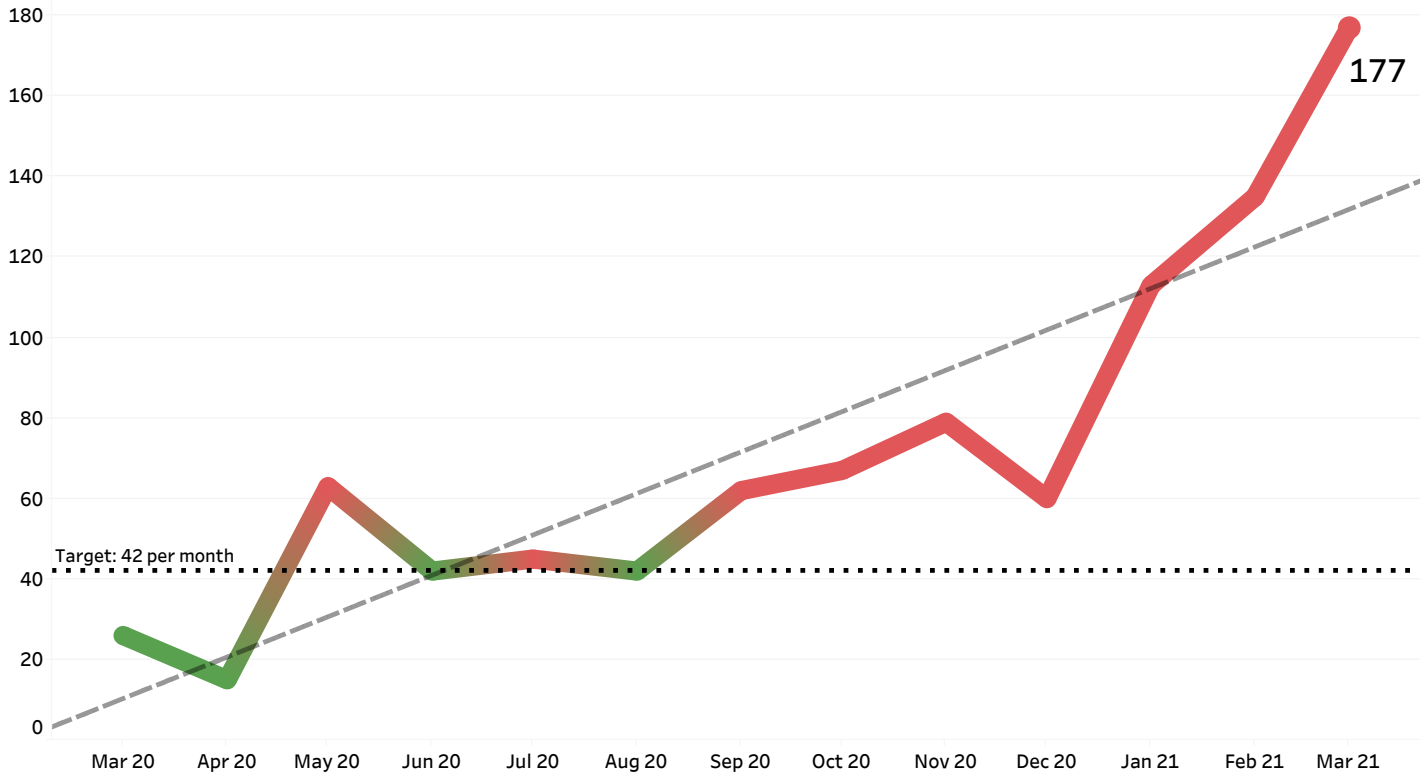


Harm Free Care Driver: Fall incidents in Community and Older Adult Mental Health Inpatient Wards (March)

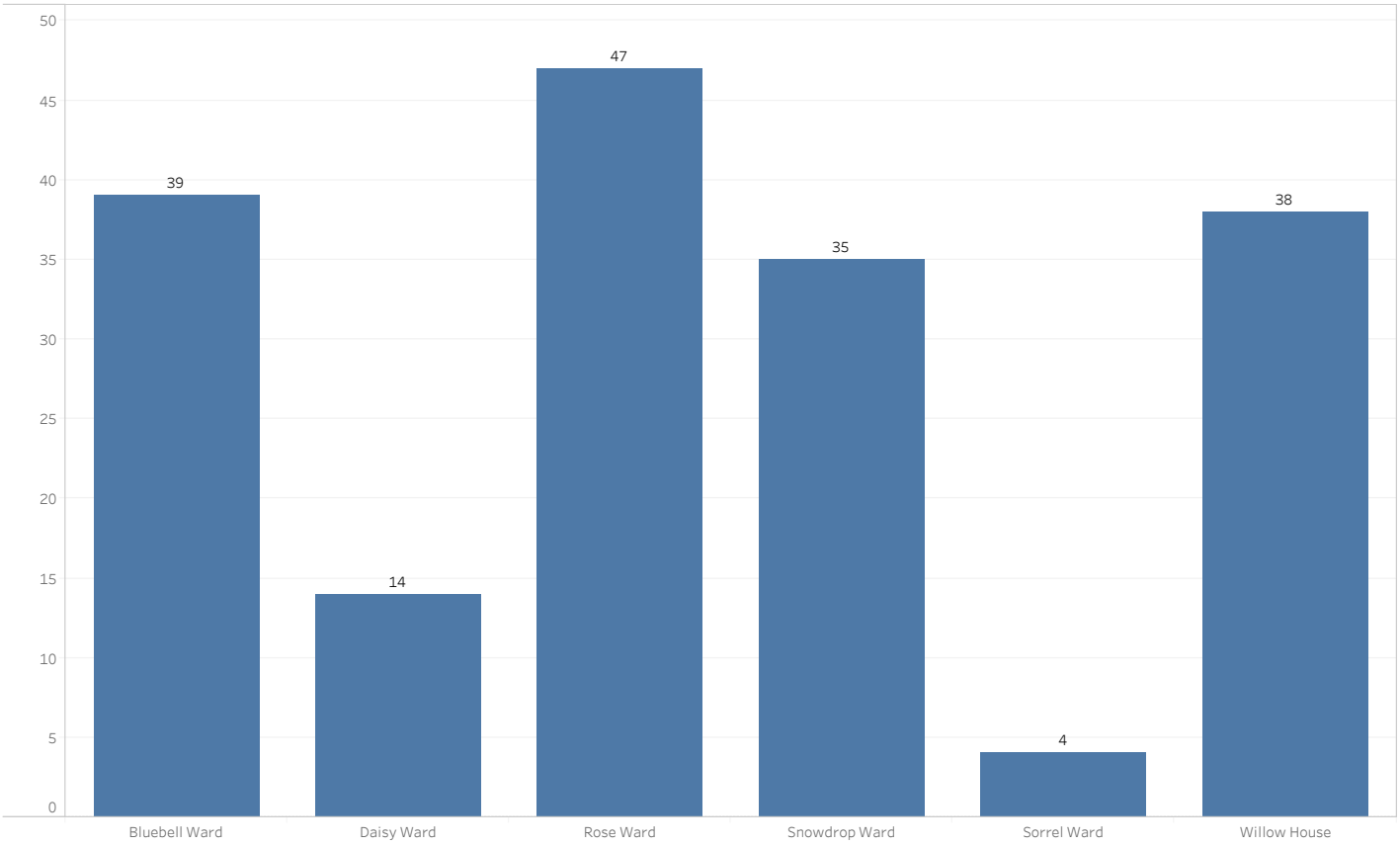


Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards Inc Willow House (excluding LD) (Mar 20 to Mar 21)

Any incident (all approval statuses) where category = self harm

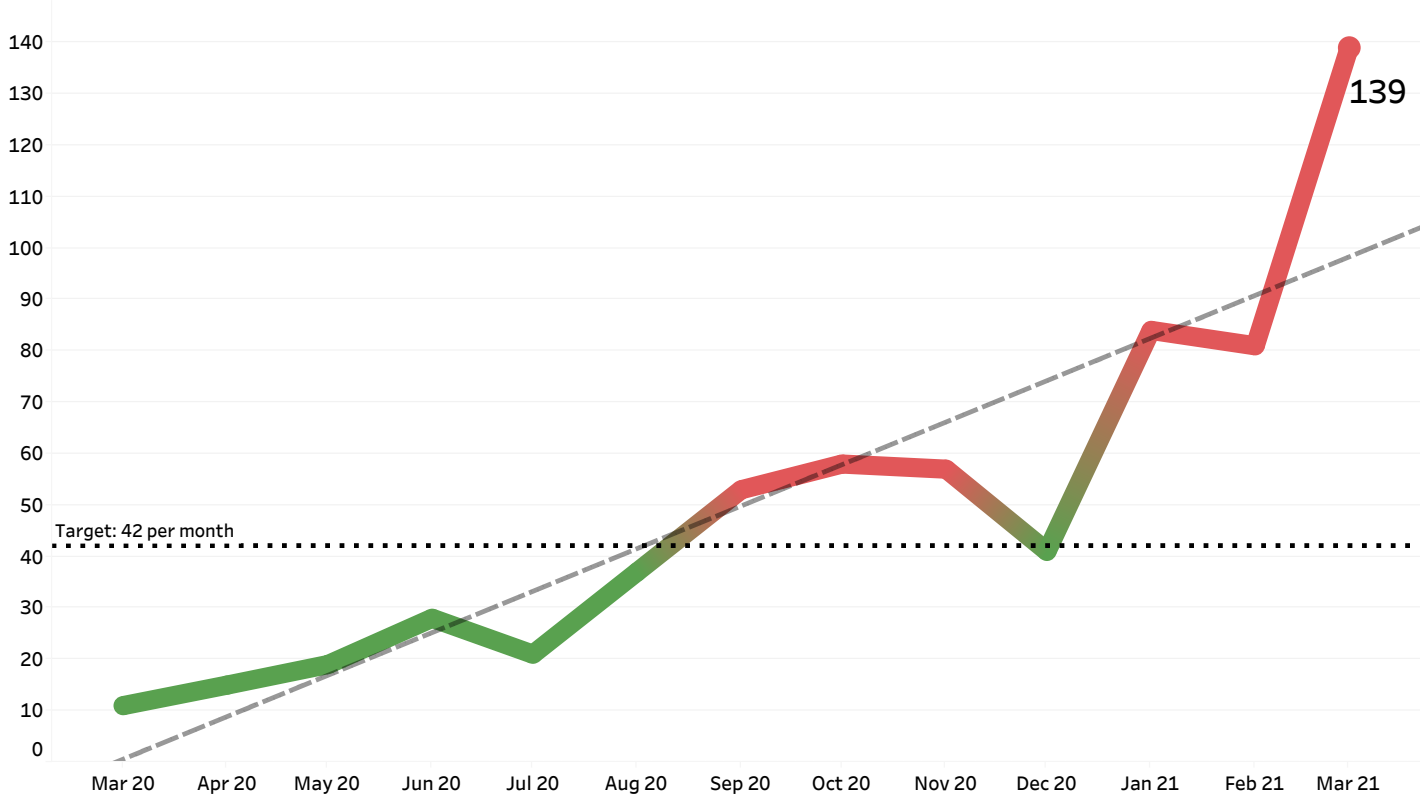


Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards (excluding LD) by location (March)

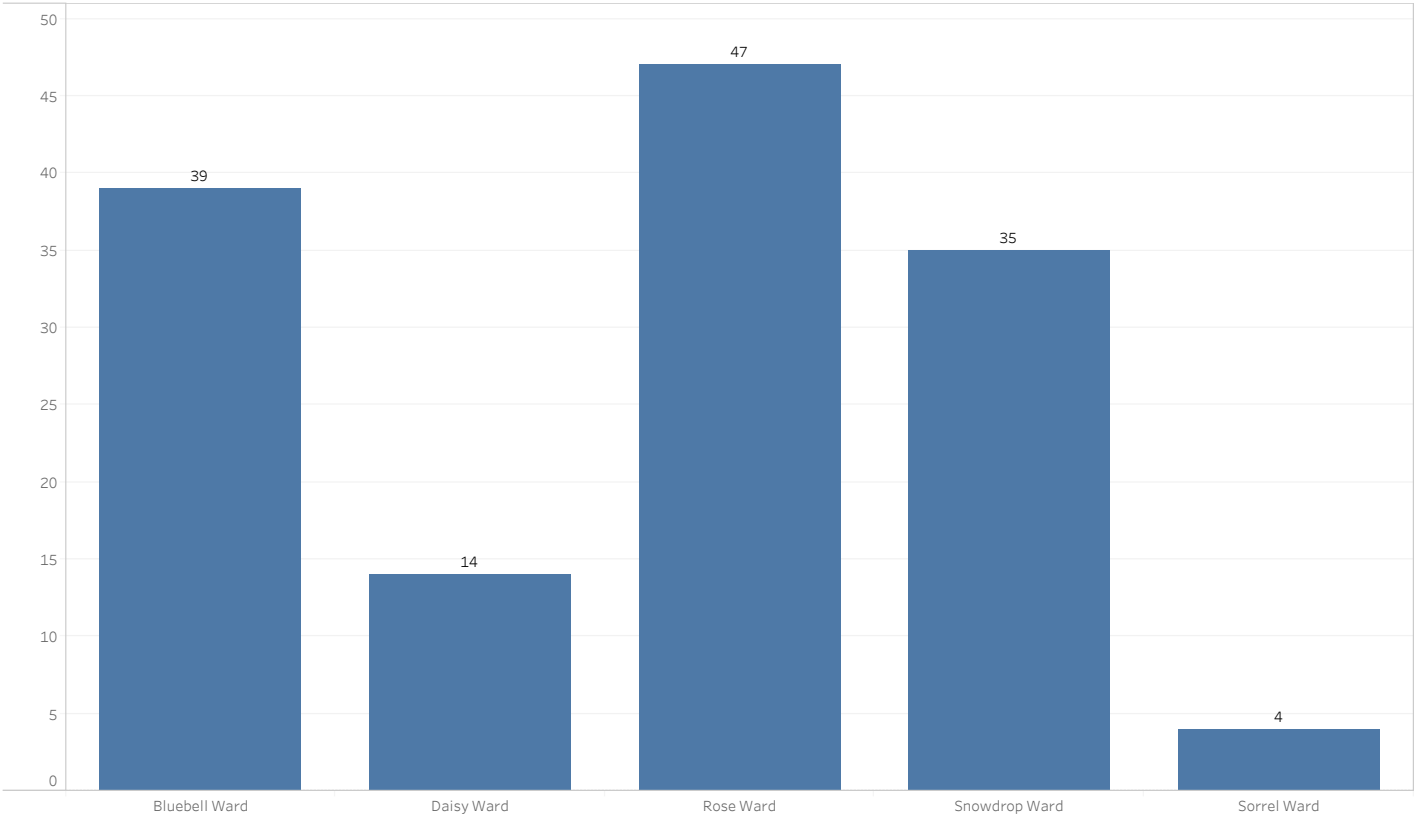


Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards (excluding LD & Willow House) (Mar 20 to Mar 21)

Any incident (all approval statuses) where category = self harm

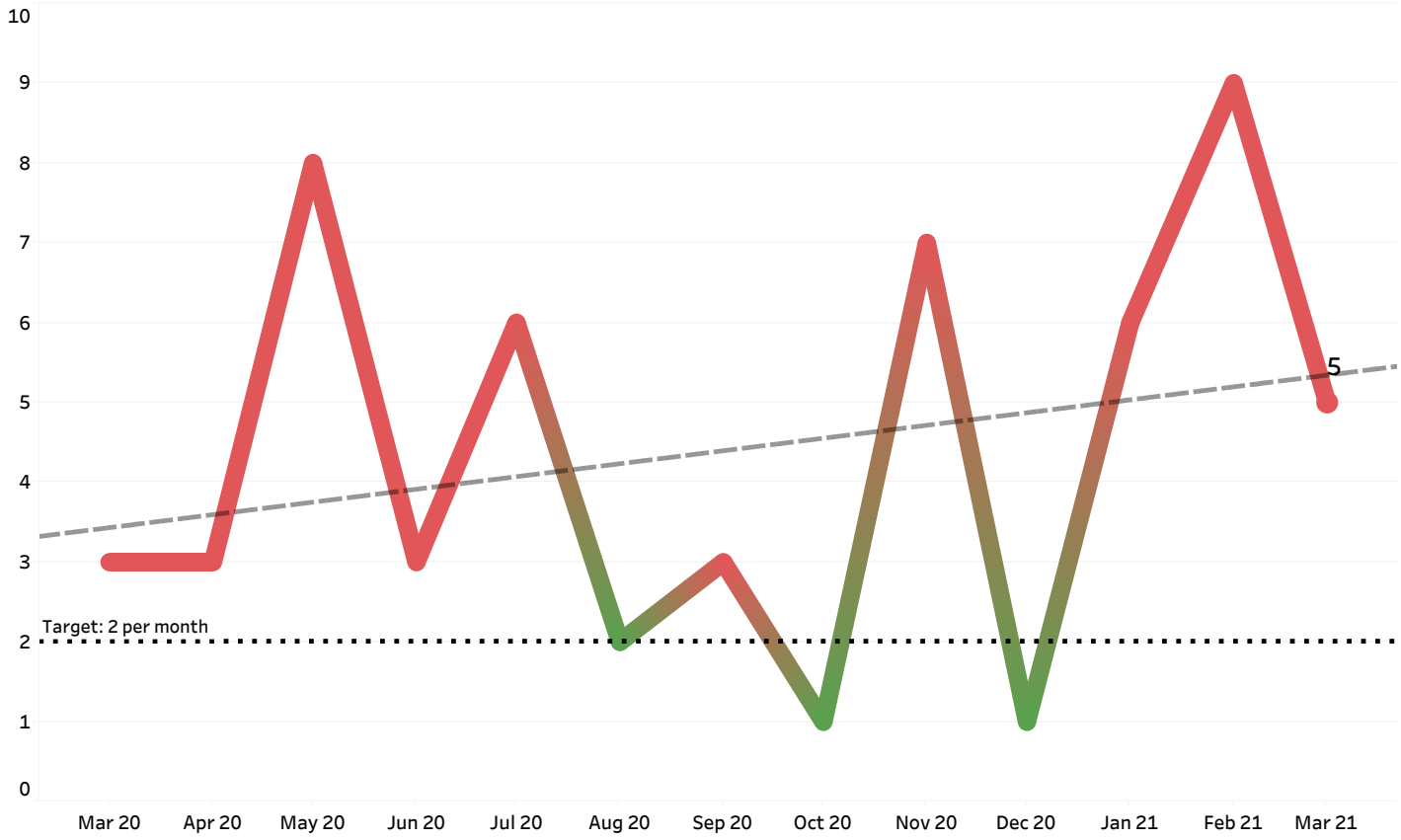


Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards (excluding LD & Willow House) by location (March)

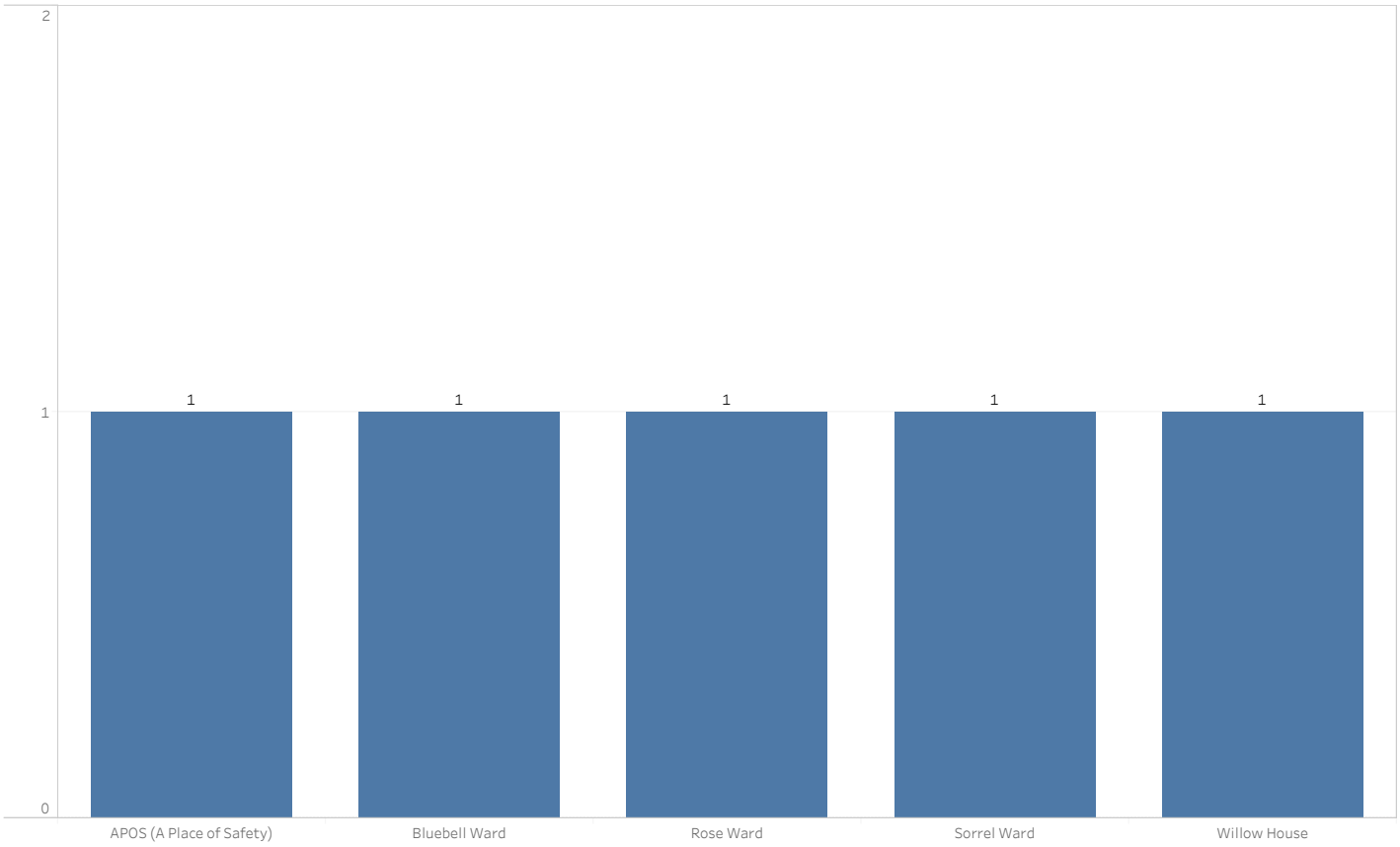


Patient Experience Driver: Mental Health: Prone (Face Down) Restraint incidents (Mar 20 to Mar 21)

(All approval statuses)

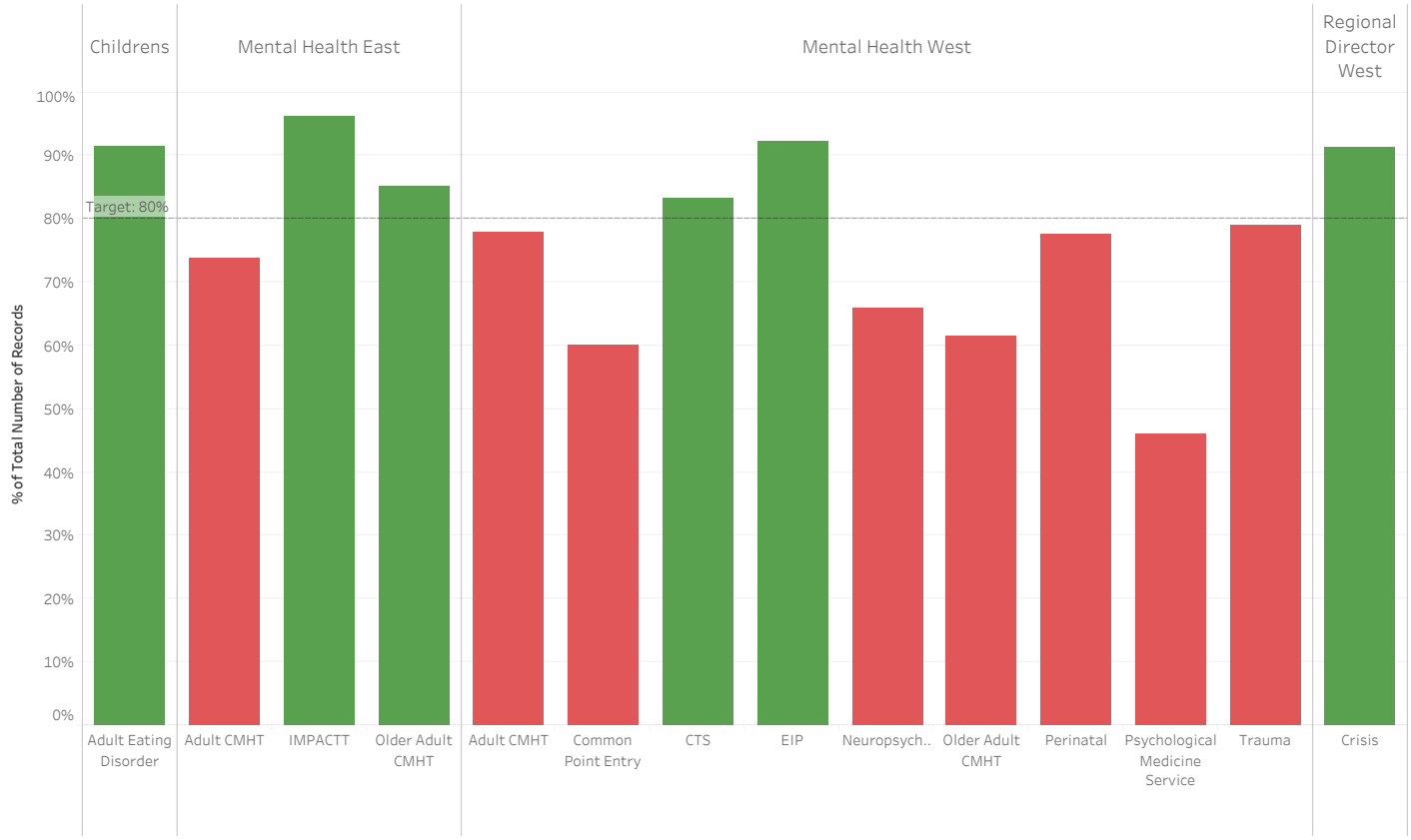


Patient Experience Driver: Mental Health: Prone (Face Down) Restraint incidents by location (March)



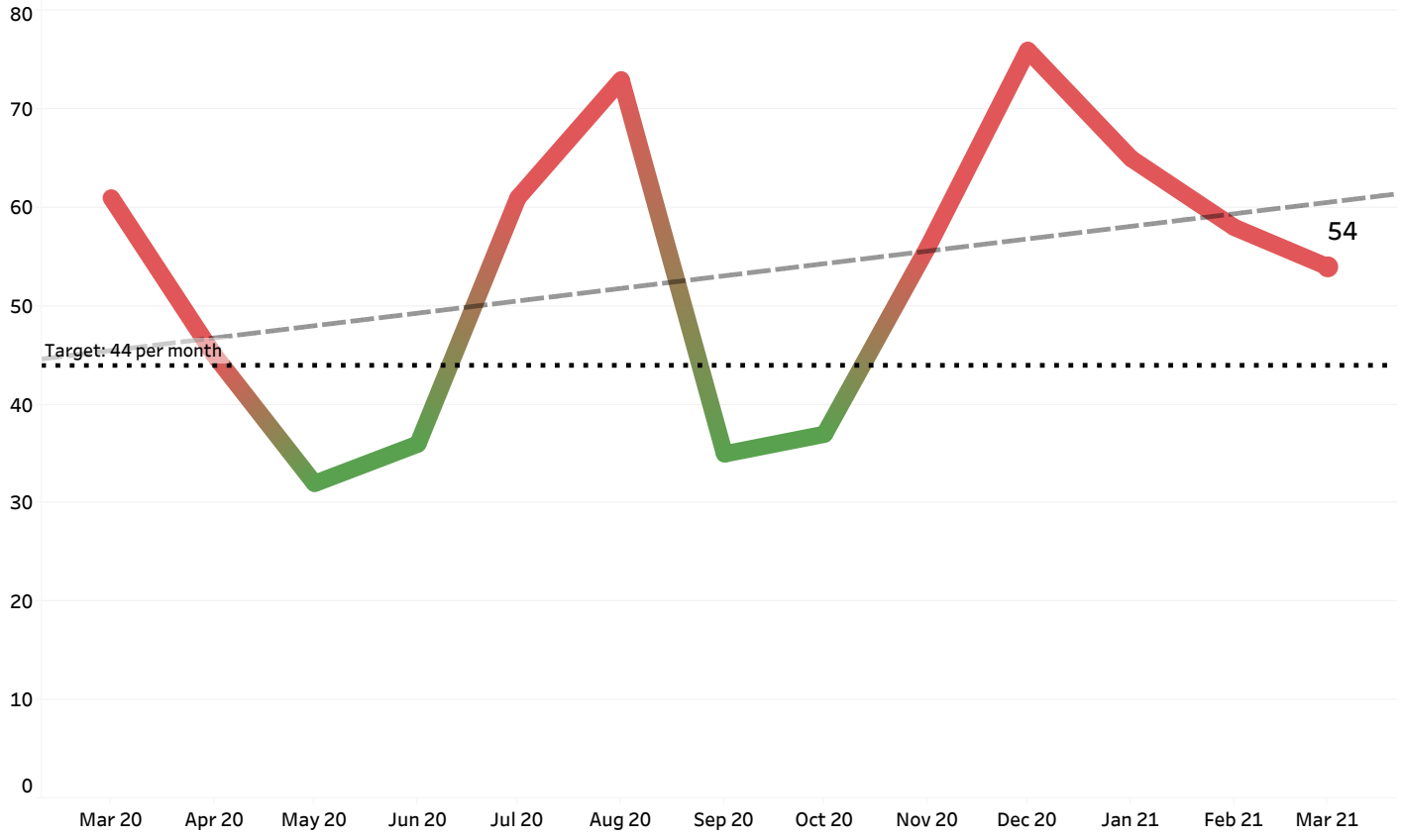
Patient Experience: Clustering breakdown (March 2021)

Outpatient Cluster Status (by Service)

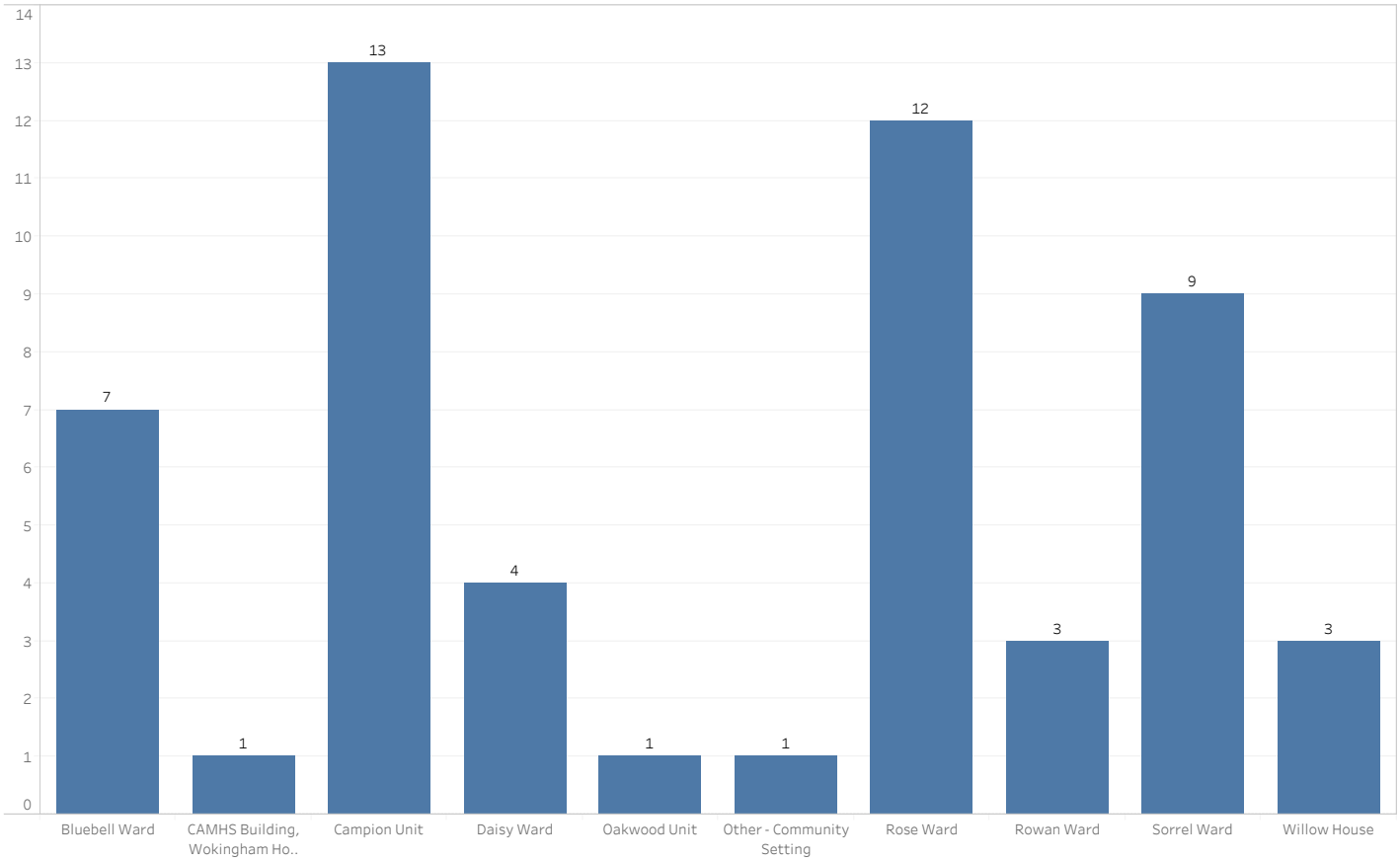


Supporting Our Staff Driver: Physical Assaults on Staff (Mar 20 to Mar 21)

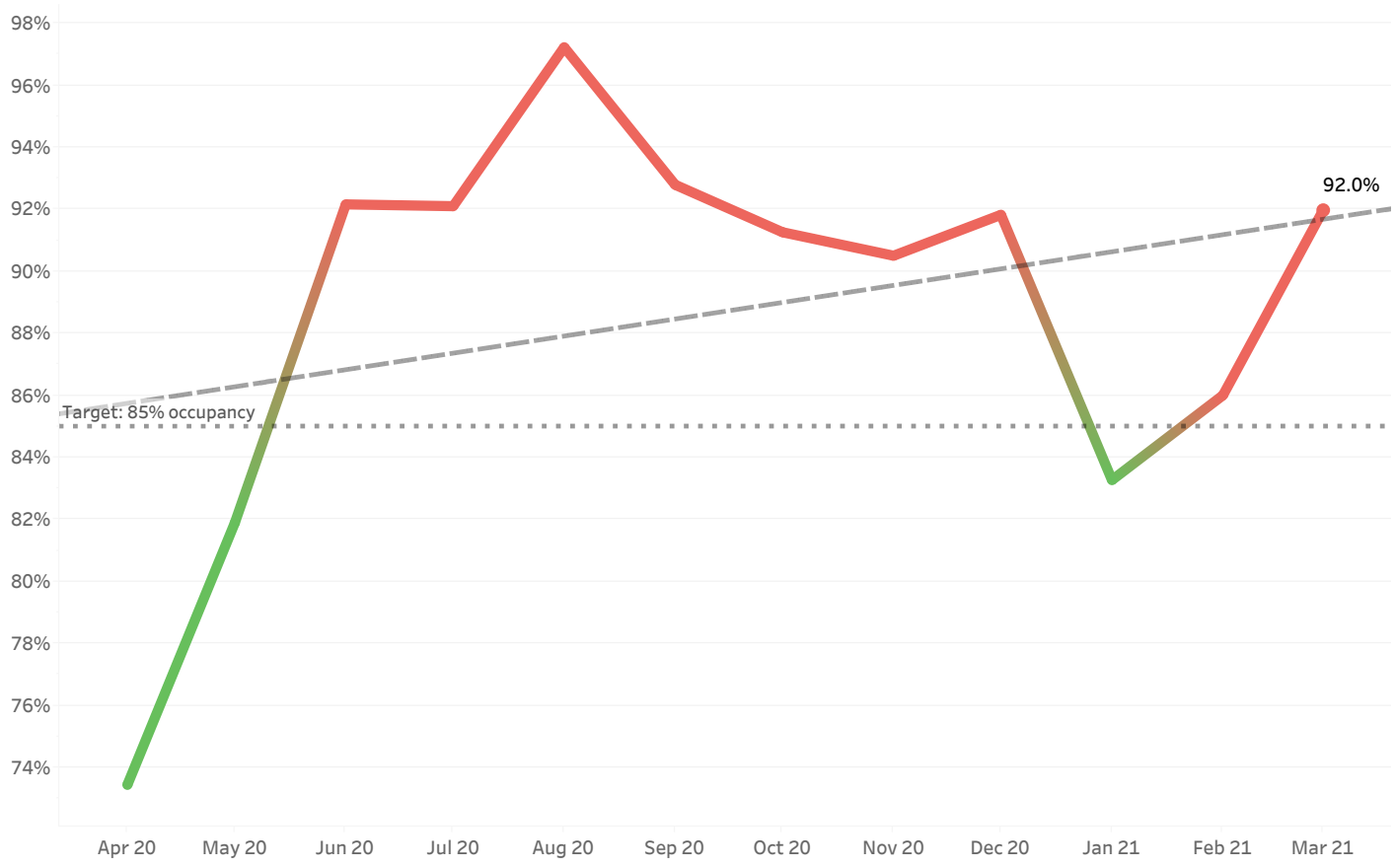
Any incident where sub-category = assault by patient and incident type = staff



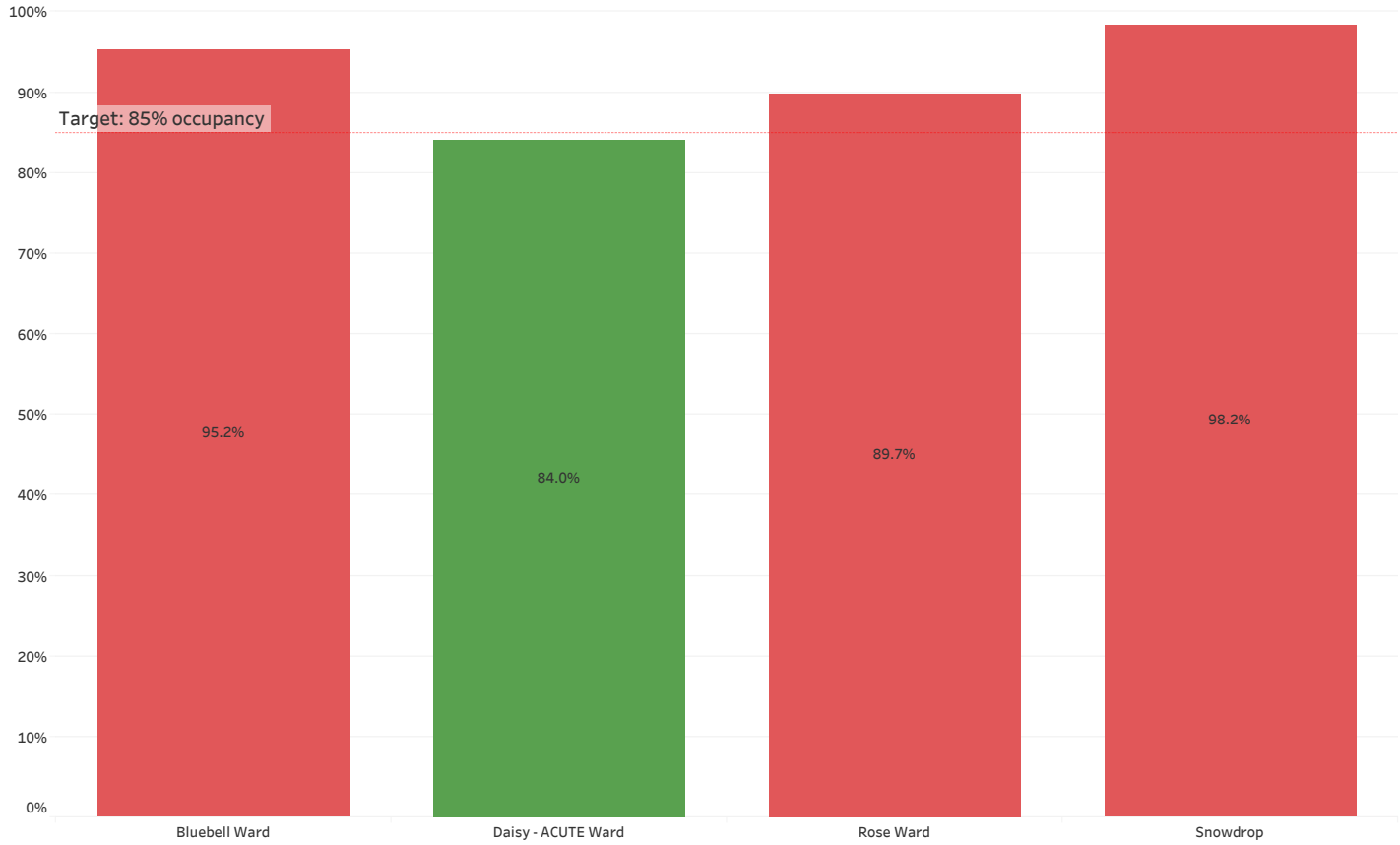
Supporting Our Staff Driver: Physical Assaults on Staff by Location (March 2021)



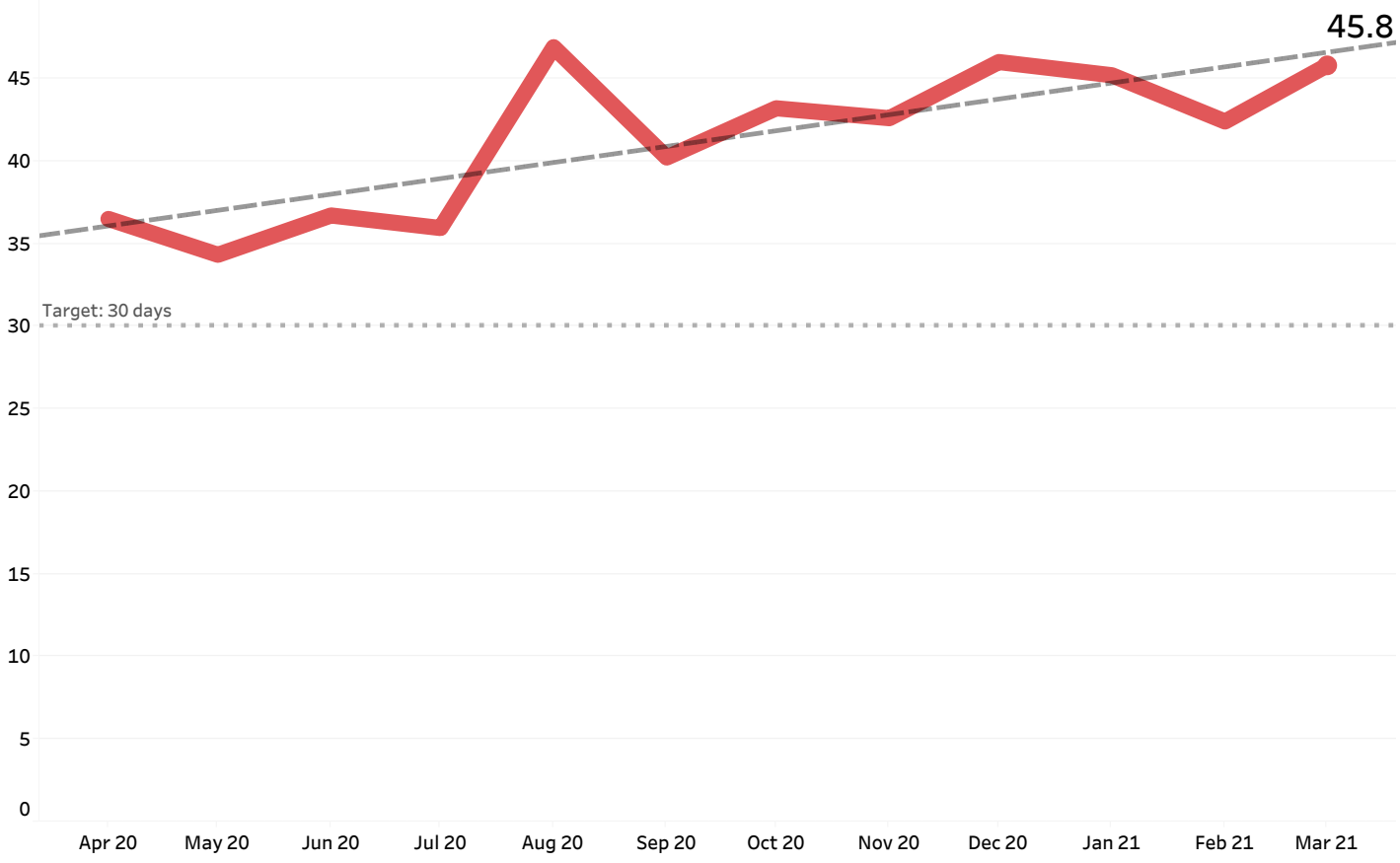
Money Matters: Mental Health Acute Bed Occupancy Rate (Apr 20 to Mar 21)



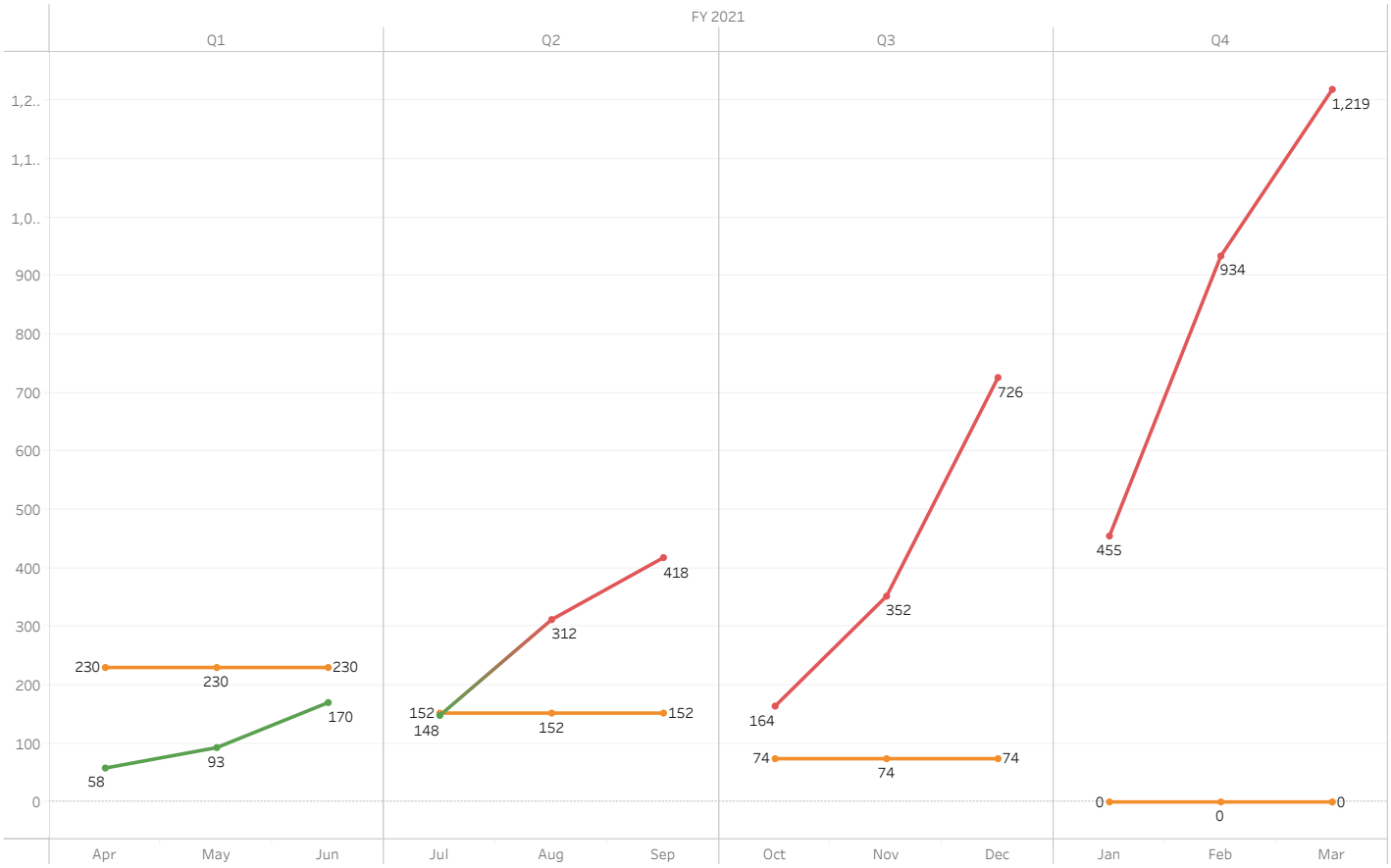
Money Matters Driver: MH Acute Bed Occupancy by Unit (March 2021)



Money Matters: Mental Health: Acute Average Length of Stay (bed days) (March)



Money Matters Driver: Inappropriate Out of Area Placements



True North Harm Free Care Summary

Tracker Metrics

Metric	Threshold / Target	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Pressure ulcers acquired due to lapse in (Inpatient Wards)	<10 incidents	1	0	0	0	0	0	0	0	0	0	0	0
Pressure ulcers acquired due to lapse in (Community East)	< 6 incidents	0	0	0	0	0	0	0	0	0	0	0	0
Pressure ulcers acquired due to lapse in (Community West)	< 6 incidents	0	0	1	0	0	1	0	0	0	0	0	0
Mental Health: AWOLs on MHA Section	16 per month	2	3	3	9	2	2	3	9	3	3	2	10
Mental Health: Absconsions on MHA section(Excl: Failure to return)	8 per month	5	3	4	6	3	4	4	3	0	9	10	4
Mental Health: Readmission Rate within 28 days: %	<8% per month	4.29	5.42	5.86	5.22	4.95	6.33	7.43	6.65	5.89	7.09	8.59	8
Patient on Patient Assaults (LD)	4 per month	3	3	4	4	4	2	0	3	0	3	1	1
Uptake of at least one patient outcome measure (ReQoL) in adult Mental Health for new referrals from April 2019[Suspended centrally due to COVID]	15% by March 2020; 20% by June 2021	13.4%	13.3%	13.8%	13.5%	13.6%	13.7%	13.4%	12.6%	12.9%	13%	12.9%	13.9%
Suicides per 10,000 population in Mental Health Care (annual)	8.3 per 10,000	5.2	5.2	5.2	5.2	5.2	5.2	5.2	5.2	5.2	5.2	4.9	4.9
Self-Harm Incidents within the Community [Suspended centrally due to COVID]	31 per month	1	2	3	3	0	2	1	1	0	1	0	1

True North Patient Experience Summary

Tracker Metrics

		Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Patient on Patient Assaults (MH)	38 per month	15	15	20	24	12	21	7	14	11	9	25	8
Health Visiting: New Birth Visits Within 14 days: %	90% compliance	89.1%	91.9%	92.6%	93.4%	91.1%	91.1%	92.7%	92.0%	91.2%	94.5%	95.0%	91.2%
Mental Health: Uses of Seclusion	13 in month	4	7	17	15	16	8	15	11	9	4	12	4

True North Supporting Our Staff Summary

Tracker Metrics

		Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Gross vacancies: % [Suspended centrally due to COVID]	<10%												
Statutory Training: Fire: %	95% compliance	88.4%	85.9%	87.3%	90.1%	91.3%	92.9%	92.4%	91.1%	92.3%	91.5%	85.0%	83.7%
Statutory Training: Health & Safety: %	90% compliance	96.0%	94.3%	95.5%	95.3%	95.6%	95.9%	96.0%	95.0%	95.9%	95.7%	92.5%	92.5%
Statutory Training: Manual Handling: %	90% compliance	90.0%	88.7%	90.3%	90.1%	91.1%	92.3%	92.5%	93.1%	94.0%	93.8%	86.0%	95.0%
Mandatory Training: Information Governance: % [Suspended centrally due to COVID]	95% compliance	92.5%	90.0%	92.1%	92.6%	92.2%	94.7%	94.0%	94.8%	95.2%	93.8%	89.0%	88.4%
PDP (% of staff compliant) Appraisal: %	95% compliance 'Extended from 19/20. Reset in June 20'	80.5%	80.5%	42.1%	88.6%	87.3%	95.5%	95.3%	94.4%	91.9%	88.9%	88.1%	86.1%

Mental Health Inpatient Services – Fire training compliance

Competence (group)	Target	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Fire Safety Training - Whole Service	95%	89.6%	88.7%	89.4%	92.2%	94.8%	96.5%	96.6%	94.4%	96.6%	95.6%	88.4%	90.5%

		Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
371 Bluebell Ward PPH	95%	75.0%	72.0%	77.8%	95.5%	100.0%	100.0%	100.0%	92.6%	100.0%	100.0%	84.8%	93.5%
371 Daisy Ward PPH	95%	92.3%	92.0%	88.5%	92.3%	96.2%	93.8%	100.0%	96.3%	100.0%	93.3%	84.4%	86.7%
371 Orchid Ward PPH	95%	76.9%	76.9%	84.6%	92.3%	92.0%	96.2%	82.8%	92.6%	93.1%	96.4%	87.5%	93.3%
371 Rose Ward PPH	95%	91.3%	83.3%	91.3%	96.2%	96.3%	100.0%	100.0%	96.4%	100.0%	96.0%	76.7%	87.1%
371 Rowan Ward PPH	95%	80.0%	70.0%	77.4%	92.9%	100.0%	100.0%	94.1%	91.7%	94.1%	91.4%	80.6%	91.7%
371 Snowdrop Ward PPH	95%	93.3%	93.3%	100.0%	96.7%	96.9%	100.0%	96.6%	96.0%	96.2%	92.0%	67.7%	75.0%
371 Sorrell Ward PPH	95%	100.0%	100.0%	96.2%	96.3%	93.3%	100.0%	100.0%	100.0%	97.1%	96.8%	87.9%	90.6%

Community Health – Fire training compliance

		Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
371 Community Health East Services	Fire Safety Training - 95% Whole Service	93.2%	92.4%	93.1%	94.8%	96.4%	97.8%	96.0%	93.1%	96.3%	94.9%	89.0%	91.7%
371 Community Health West Services	Fire Safety Training - 95% Whole Service	87.2%	86.3%	86.9%	90.5%	93.8%	95.6%	97.0%	95.2%	96.7%	96.0%	87.9%	89.8%

CH IP Fire Safety Breakdown

		Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
371 Henry Tudor Ward	95%	96.0%	96.6%	96.7%	93.1%	89.7%	100.0%	92.9%	92.9%	100.0%	86.7%	87.5%	97.0%
371 Jubilee Ward	95%	96.8%	100.0%	81.3%	96.8%	93.5%	100.0%	100.0%	96.8%	96.6%	96.9%	87.9%	96.9%
371 Oakwood Ward	95%	88.6%	89.5%	94.9%	100.0%	95.2%	95.7%	95.5%	97.9%	100.0%	97.7%	79.6%	80.4%
371 WBCH Inpatient Wards	95%	80.7%	77.8%	93.7%	93.9%	96.3%	96.2%	96.1%	91.5%	96.1%	96.2%	90.6%	90.0%
371 Wokingham InPatient Unit	95%	87.9%	82.8%	64.8%	86.7%	93.5%	96.7%	98.4%	98.4%	98.3%	95.2%	86.7%	90.8%

Campion & Willow House – Fire training compliance

Org Level7	Target	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
371 LD - Campion Unit	95%	96.4%	85.7%	88.0%	71.4%	93.3%	96.9%	97.1%	91.2%	100.0%	94.6%	94.9%	97.4%
371 Willow House	95%	76.5%	78.9%	78.9%	95.0%	100.0%	100.0%	94.7%	88.0%	95.0%	90.5%	86.2%	86.2%

True North Money Matters Summary

Tracker 1

		Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Mental Health: Delayed Transfers of Care (NHSI target) Monthly and Quarterly [Suspended centrally due to COVID]	7.50%			7.5	5.29	4.29	2.60	4.29	9	4.29	3.59	3.30	2	3.50

Tracker Metrics

		Mar 20	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Community Inpatient Occupancy: % [Suspended centrally due to COVID]	80-85% Occupancy	84.5%		75.4%	49%	57.3%	73.5%	72.8%	74.7%	72.7%	79%	83.5%	75.0%	70%
Mental Health: Non-Acute Occupancy rate (excluding Home Leave): % [Suspended centrally due to COVID]	80% Occupancy	82.79%		63.39%	64.04%	84.74%	67.06%	75.68%	75.68%	65.10%	66.21%	73.42%	73.04%	69.89%
DNA Rate: % [Suspended centrally due to COVID]	5% DNAs	5.20%		4.20%	3.79%	4.39%	4.29%	4.59%	4.29%	4.39%	4.20%	4.29%	4%	4.29%
Community: Delayed transfers of care Monthly and Quarterly [Suspended centrally due to COVID]	7.5% Delays			4%	2.10%	7.5%	6.5%	5.29%	10.1%	2.5%	7.29%	10.6%	6.70%	10.6%

Regulatory Compliance - Tracker Level 1 Summary

Metric	Threshold / Target	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Mental Health: 7 day follow up (Quality Domain): %	95% seen	95.3	95.7	96.2	94.5	94.1	97.7	98.6	97.2	100	96.2	93.7	96.5
C.Diff due to lapse in care (Cumulative YTD)	0	0	0	0	0	0	0	0	0	0	0	0	0
Ensure that Cardio Metabolic assessment and treatment for people with psychosis is delivered routinely in inpatient wards: %	90% treated	42.1	42.1	42.1	42.1	42.1	42.1	42.1	42.1	42.1	42.1	42.1	42.1
Ensure that Cardio Metabolic assessment and treatment for people with psychosis is delivered routinely in EIP: %	90% treated	88	88	88	88	88	88	88	88	88	88	88	88
Ensure that Cardio Metabolic assessment and treatment for people with psychosis is delivered routinely in the Audit of Community Health Services (people on CPA): %	65% treated	21	21	21	21	21	21	21	21	21	21	21	21
Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate per 100,000 bed days	2 in East; 4 in West	0	0	0	0	0	0	0	0	0	0	0	1
Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	0	0	0	0	0	0	0	0	0	0	0	0	0
Mixed-sex accommodation breaches [Suspended centrally due to COVID]	Zero tolerance		0	0	0	0	0	0	1	0	0	0	0
Count of Never Events in rolling six- month period (Safe Domain)	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of children and young persons under 16 who are admitted to adult wards (Safe Domain)	Zero tolerance	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: %	56% treated	100	90.9	100	90.9	100	100	91.7	100	100	88.9	75	88.9
A&E: maximum wait of four hours from arrival to admission/transfer /discharge: %	95% seen	92.9	98.0	97.9	96.0	98.2	98.7	97.8	98.6	98.0	98.9	98.0	99.2
People with common mental health conditions referred to IAPT will be treated within 6 weeks from referral: %	75% treated	95	94	96	95	96	98	98	98	98	98	98	99
People with common mental health conditions referred to IAPT will be treated within 18 weeks from referral: %	95% treated	100	100	100	100	100	100	100	100	100	100	100	100

Regulatory Compliance - Tracker Level 1 Summary

Metric	Threshold / Target	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
People with common mental health conditions referred to IAPT completing a course of treatment moving to recovery: %	50% treated	53.4	53.2	55.4	56.6	56.1	57.4	58.5	60.5	53.3	54.9	52.7	53.8
% clients in Mental Health Services in Settled Accommodation	58% in Settled Accommodation	59	59	59	59	59	69	69	69	69	69	69	68
% clients in Mental Health Services in Employment [Suspended centrally due to COVID]	9% in Employment	12	12	12	12	12	14.0	14.0	14.0	14.0	14.0	14.0	14.0
Proportion of patients referred for diagnostic tests who have been waiting for less than 6 weeks (DM01 - Audiology): % [Suspended centrally due to COVID]	99% seen		100	100	100	97.8	98.2	100	100	99.5	99.6	99.1	99.6
Diabetes - RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	100	96.2	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	98	100	100	100	100	100	100	100	100	100	100
Sickness Rate: %	<3.5%	5.89	4.08	3.40	3.49	3.23	3.25	3.60	4.29	4.08	4.73	3.50	
Staff - Count of those categorised as extremely likely or likely to recommend (Quality of Care Domain) - For IP, A&E, MH & Community	Null	83	83	83	83	83	83	83	83	83	83	83	83
Finance Score - Was Continuity of Services Risk Rating now Use of Resources [Suspended centrally due to COVID]	Month 1=3, months 2 to 5 =2 then month 6 onward=1												
MHSDS DQMI score (Figures reported are 3 months in arrears)	95% achieved	98.7	98.7	98.4	98.2	98.9	98.7	98.9	99.0	99	97.0	97.5	97.5
Patient Safety Alerts not completed by deadline	0	0	0	0	0	0	0	0	0	0	0	0	0

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	May 2021
Title	COVID 19 Recovery Programme Highlight Report
Purpose	The purpose of this report is to provide the Board with an update on the Recovery and Restoration process for BHFT.
Business Area	All
Author	Kathryn MacDermott, Acting Executive Director of Strategy
Relevant Strategic Objectives	All
CQC Registration/Patient Care Impacts	People who use our services experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.
Resource Impacts	Yes, currently unquantified
Legal Implications	N/A
Equality and Diversity Implications	BHFT have a dedicated Reducing Health Inequalities due to the impact of COVID
SUMMARY	The Recovery and Restoration programme of work is rated GREEN. All services are operational and a number of actions have been closed since the March report including: • Wave 2 Recovery plan initiated • Assessment of Wave 2 on Recovery • Recovery Strategy updated • Prioritisation checklist to be compiled • Capacity and Demand Prioritisation List

	The April Trust Board requested a breakdown of the recovery timescale for different types of services. Concurrently the Recovery Programme Board has been considering how we incorporate recovery into business as usual and embed the transformational changes we have made as part of our response to COVID into the implementation of our three-year strategy. The Recovery SRO and Operations SLT have met and agreed a plan to provide a regular update to the Exec and Trust Board that provides: • Summary of the status of services including waiting pressures, safety/quality concerns, workforce pressures and complexity via a 'heatmap' visual • Summary narrative of the extreme and high-risk services including cause, trend, actions underway, support needed The draft proposal will be considered at the Exec meeting on 12th May and scheduled for the June Trust Board discursive.
ACTION REQUIRED	The Board is asked to: Note the report and proposal to consider an amended recovery report at the June discursive.

COVID-19 Recovery Programme Highlight Report	Month: April 2021

Programme Title	COVID-19 Recovery Programme

Summary Description

The scope of programme covers the whole of Berkshire and the Trust's commissioned service delivery across Children's and Families, Community Health, Mental Health, Inpatients and Corporate services.

The programme aims are:

- Restore full capacity, quality and resilience of our physical and mental health services to meet ongoing and emerging post COVID-19 community needs. A key aim is to stabilise our workforce with a particular focus on retention, providing support to staff and team resilience and wellbeing following the social and psychological shock of responding to COVID-19.
- Enable physical and mental health services to meet the health needs of individuals, staff, and the community including the new models of care tested during the COVID-19 period
- Promote self-sufficiency and continuity of the health and wellbeing of affected individuals; particularly the needs of children, seniors, people living with disabilities, whose members may have additional functional needs, people from diverse origins, people with limited English proficiency, and underserved populations, including oversight of Implementation of Phase 3 of the NHS response to the COVID-19 pandemic
- Provide reassurance to our patients regarding their care and reconnect displaced populations with essential physical and mental health services
- Work co-productively with commissioners and partners to embed new ways of working as a part of the standard operating model

The April Trust Board requested a breakdown of the recovery timescale for different types of services. Concurrently the Recovery Programme Board has been considering how we incorporate recovery into business as usual and embed the transformational changes we have made as part of our response to COVID into the implementation of our three-year strategy.

The Recovery SRO and Operations SLT have met and agreed a plan to provide a regular update to the Exec and Trust Board that provides:

- Summary of the status of services including waiting pressures, safety/quality concerns, workforce pressures and complexity via a 'heatmap' visual
- Summary narrative of the extreme and high-risk services including cause, trend, actions underway, support needed

We will want to consider how this aligns to other reports on waiting times to avoid duplication of reporting.

The draft proposal will be considered at the Exec meeting on 12th May and scheduled for the June TB discursive.

Deployment Status: M/I	Mission Critical	Project Life Cycle Status:	In Progress	Planned Completion Date:	September 2021

I = Mission Critical I = Important Initiation/ In Progress/ Moving to Business as Usual/ Closed

Author	Kathryn MacDermott, Acting Executive Director of Strategy	Overall Project Status*:	

***Show status as Red / Amber / Green.**

Summary Commentary re status & progress:	The Recovery programme is currently considering how best to embed recovery and the new ways of working into our business as usual and the implementation of our three-year strategy. The standard work for the Recovery Programme Board is being amended to meet the need for a Three-year Strategy Oversight Implementation Group od which recovery is a subset, and reflecting the need to embed the transformational ways of working accelerated during the COVID response into business as usual. **Digital Technology** The digital transformation opportunities are included in the May TB discussions. **Equality Impact Assessments/Reducing Health Inequalities** BHFT has a dedicated Reducing Health Inequalities due to the impact of COVID action plan that reports quarterly to the Quality and Performance Executive via the Reducing Health Inequalities steering group. Guidance on reducing health inequalities and recovery was included in the operational planning guidance..

Benefit	Timescale / date to be realised	Responsibility	Achieved Yes/No	Comment
Services restored	June 2021	Divisional Directors	Yes	All services are operational providing a blended service offer or remote and face to face were appropriate.
New ways of working	June 2021	Divisional Directors/Director	In progress	New ways of working include positive opportunities such as remote appointments increasing access opportunities and decreasing patient

embedded		People		transport and waiting times. Negative impacts include the reduced capacity of our services due to COVID-19 cleaning guidance and social distancing in our clinics/services.
Digital technology incorporated into Business as Usual	June 2021	Deputy Chief Executive and Chief Financial Officer	In progress	Uptake in digital technologies across services has been significant with staff engaging with technology in a way many thought not possible pre COVID-19. Staff Survey indicates that working from home significantly enabled by Microsoft Teams.
Transparent modelling of capacity required to clear waiting list backlogs and implementation plans agreed.	June 2021	Divisional Directors / Assistant Director of Performance & Information	Part	The Capacity and Demand model is in place, initial trajectories have been shared with the Division and the Assistant Director of Performance & Information provides regular update to the Recovery Programme Board. Further work is needed to incorporate workforce planning which drives the potential costing model.
Restored services provide equality of access	March 2021	Divisional Directors	Part	Health East has completed and shared a framework to consider when using remote rather than face 2 face contacts. Equality of access is a priority area in the Reducing Health Inequalities due to COVID action plan.

Risks to highlight

Title / Description	Current Status (RAG)	Mitigating actions	By when	Comment
Board Assurance Framework – Risk 8B COVID-19 Recovery		• There is a risk that the Trust may be unable to maintain the standards of safe and high-quality care for patients we aspire to as an organisation because the capacity required to fully open services as part of recovery whilst also responding to the 2nd wave of COVID-19 and system and regional pressures for information and support. • There is a risk that there may be insufficient staff to provide safe care due to staff to staff transmission/impact of test and trace on the need for staff to self-isolate. • The impact of COVID-19 and the service response, upon staff and their ability to remain resilient and at work needs to be a continued focus.	Various sub task dates	For the purpose of this report this risk provides a summary of that included within the Board Assurance Framework 2020-21
COVID-19 – Risk of second wave de-railing the recovery process – leading to delay in recovery programme progress		Work closely with Wave 2 Lead, Divisional Directors and Project Managers to understand current state and implications on progress.	March 2021	Second wave did impact on the Recovery of services. However, all services are now operational again offering a blended model of remote and face to face were appropriate.
Capacity and Demand Planning - to support Recovery		Capacity and Demand modelling to determine capacity required to return to pre COVID near normal state and manage backlog within new service models/ covid constraints	Revised to June 2021	The Capacity and Demand model was completed as part of Wave 1 Recovery. The modelling will now be updated to take account of the impact of wave 2. Timescale revised to June 2021 with a Recovery Programme Board Gateway decision on progress in March 2021.
Mass Vaccination Programme		Staff Vaccinations commenced December 2020.	December 2020	Vaccination of front-line staff has commenced and proceeding at pace. The Wokingham hub includes weekend and evening appointments.

Title / Description	Current Status (RAG)	Mitigating actions	By when	Comment
				The expectation is that all NHS staff have received their 1st vaccination by the end of January 2021. We are currently c.80% 1st vaccination coverage and 2nd vaccinations have commenced.

Current Milestones Report

Milestone	Due date	Current Status (RAG)	Actions / Comments
Plan for Corporate Services new ways of working developed.	Revised to June 2021		Implementation to be included in the three-year strategy implementation plan.
Use of the Capacity and Demand modelling tool to assess future capacity of services and resources required to clear waiting list backlogs.	Revised to June 2021		Wave 1 Capacity and Demand modelling will need to be updated following Wave 2. Plan in place to provide assurance to Exec and TB on waiting list pressures, safety/quality concerns, workforce pressures. To be considered at the June discursive.
Recovery process post wave 2 to be developed and agreed.	May 2021		Recovery programme board standard work updated to reflect learning.

	Complete		On Track		On Track / Known risks being managed		Off Track

Key Activity during Next Period

Activity/Product to be delivered	Action/notes	By when
Capacity & Demand modelling trajectories completed	Timescales to be confirmed post Wave 2 surge	May 2021
Standard Work for Recovery updated	To include learning from Wave 1 & 2 to inform any further surges	June 2021
Plan for transition to BAU or three-year strategy plan implementation confirmed	Mapping of all recovery elements completed, Exec to agree new governance proposals	June 2021

Completed Milestones

Milestone	Due date	Current Status (RAG)	Actions / Comments
Wave 2 Recovery plan initiated	April 2021		Initiated and on-going.
Assessment of Wave 2 on Recovery	March 2021		Wave 2 impacted on Recovery from Wave 1 but all services are operational.
Recovery Strategy updated	March 2021		Recovery Standard Work being updated to include the learning from Wave 1 & 2.
Prioritisation checklist to be compiled	March 2021		Completed.
Capacity and Demand Prioritisation List	March 2021		Programme Board considering outcomes of In-House C&D Work, Heatmap and information already provided to other meetings to inform priority list of services (to also consider workforce, harm and patient volume). This work was completed at Divisional level.
Reducing Health Inequalities due to COVID-19 Action Plan	January 2021		Reducing Health Inequalities due to COVID-19 Action Plan (known as the Eight Point action plan) drafted and considered by the Exec in January. Updates on progress will be reported quarterly to the Recovery Programme Board.

Milestone	Due date	Current Status (RAG)	Actions / Comments
Recovery workbook to be updated	January 2021		Recovery guidance tab created, regularly updated with the guidance related specifically to Recovery
BAF Recovery risks updated to reflect the impact of Wave 2	December 2020		Amendments to the BAF Recovery risks completed and regularly reviewed
Service lessons Learned and feedback collated	June 2020		Lessons learned summary collated. Services lessons learned included in QIAs – currently being used to inform case studies for the Recovery newsletter
Phase 3 requirements	October 2020		Allocation of phase 3 requirements with associated leads and agreed timescales completed with organisational governance and reporting to provide Trust Board for assurance via the Recovery Programme Board highlight report.
Second Wave Planning Group established	Sep 2020		JR will lead this work. A planning group is in place if significant risks are identified with regards to progress of recovery should Wave 2 occur depending on the severity.
Recovery milestones and activity included in the two system refreshed plans.	Sep 2020		KM coordinating this work, combination of recovery and phase 3 milestones and activity.
Template for patient letters	July 2020		Comms to provide template, letters now being used by operational teams– services to use as appropriate and save in Teams folders.
Prioritisation and approval of community health services for recovery complete with start dates or phasing identified.	August 2020		Prioritisation group now meeting weekly with approvals being made at every meeting. Near 100% of CHS restored.
Prioritisation and approval of health services for recovery complete with start dates or phasing identified.	August 2020		Remaining will be approved by Chairs Actions
Capacity & Demand Task and Finish Group recommendations to Recovery programme board	October 2020		Inhouse Capacity and Demand tool to be used for adult services. Berks East CCG have requested use of the Attain tool for children's services.
QIA and EFM Complete for all services post wave 1	December 2020		All Community physical and mental health services have completed and approved QIA and EFM templates for Wave 1 recovery. A revised process will need to be considered for Wave 2 Recovery.

Milestone	Due date	Current Status (RAG)	Actions / Comments
Review all Phase 3 requirements and build necessary action plans.	Revised to October 2020		Identify organisational actions from Phase 3 and ensure these are owned and tracked. Completed and now to be transferred to Recovery Actions List.
Stakeholder Engagement and Communications Plan in place.	June 2020		Weekly / twice weekly staff bulletins circulated. DD and SRO participate in system calls.

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board meeting date	11 May 2021
Title	Status Report on Trust Strategic Initiatives as impacted by the COVID-19 Pandemic
Purpose	This document updates Board members on the current status of the Trust's key programmes and projects
Business Area	Corporate
Author	Director of Projects
Presented by	Director of Strategic Planning
Relevant Strategic Objectives	The portfolio of initiatives addresses all the Trust's True North goals
CQC Registration/Patient Care Impacts	The portfolio of programmes and projects includes activities to maintain our CQC registration and improve standards of patient care, outcomes and experience
Legal implications	As per individual programmes and projects
Equality & Diversity Implications	The portfolio of initiatives includes those progressing the delivery of our Equality and Inclusion Strategy. Equality and Diversity implications of each initiative are the responsibility of its governing body.
Brief Executive Summary	The report provides a status update on the Trust's combined programme, project and strategy implementation.
Recommendation/ Action Required	The Board is asked to note the status of the Trust's key initiatives.

COMBINED PROGRAMME/PROJECT & STRATEGY IMPLEMENTATION PLAN STATUS REPORTING

21st April 2021

= Paused

= Reduced progress

February	March	Deployment Status	INITIATIVE	SUMMARY DESCRIPTION (as required)	Planned Completion Date	Lead	Initiation	In Progress	Moving to B A U	Reason to Amber or Red Status	COMMENTARY ON RED/AMBER STATUS (including new Significant Risks & Issues)	ACTIVITY IN NEXT PERIOD
True North Goal 1: Harm Free Care - Providing Safe Services												
PRIORITIES FOR QUALITY												
		M	**Recovery Plan**	Objectives include restoring full capacity, quality and resilience of physical and mental health services to meet ongoing and emerging post COVID-19 community needs; Stabilise our workforce with a particular focus on retention, providing support to staff resilience and wellbeing following the social and psychological shock of responding to COVID-19.	**Nov-21**	**KM**		✓			The latest report to the Trust Board is included with meeting papers and is now reporting the initiative as Green. The report includes the position within each of the operational Divisions, together with impact on staff, digital technology, equality impact assessment and Reducing Health Inequalities.	Assessment of Wave 2 on Recovery Recovery Strategy to be updated with impact of Wave 2 Capacity & Demand modelling timescalesd to be confirmed post Wave 2 surge
		I	**Quality Improvement Programme**	Introduction of quality improvement systems and methodology via the following work streams: QI Office; Strategy Deployment; Quality Management & Improvement System (QMIS); Improvement Projects.	**Jun-22**	**DT/MI**			✓		The programme is now considered to be moving to business as usual. The latest report was included with the January meeting papers. The roadmap continues uninterrupted despite the impact of COVID-19 and the team at 50% capacity due to vacancies. The team are testing, evaluating and rolling out virtual resources to build capacity in QI. Updates in the report include support to stratgic initiatives inc. the implementation of elements of the People Strategy, access & flow, plus QI itself; a mother A3 has been developed for most of the strategic initiatives with update of metric in March; details of QI projects being supported (with new project filter being used); updates on QMIS waves 12 and 13; updates on white, yellow and green belt training. Papers for April include the QI plan update. This shows activities up to Sep 21, with a target for transition to business partnering model as Dec 21.	QI road map 2020 - 2021 was included with papers for the July 2020 meeting. Activities include for the next few months include Wave 12 & 13 QMIS and concluding the evaluation of the EUPD pathway pilots. Papers for April include the QI plan update. This shows activities up to Sep 21, with a target for transition to business partnering model as Dec 21.
		I	**CMHT Function & Workforce**	By March 2020:- To have defined and implemented a revised service offer which removes unwarranted variation across Berkshire To address current challenges in recruitment and retention of CMHT staff, including the completion of a workforce plan The resulting recommended model will need to be delivered within existing resources. However, there is investment from HEE of £100k	**01/03/2020 - now September 2020**	**GC**					Closure report considered at March 2021 meeting and more detail has been requested.	Final approval of the Closure Report. Further work will be addressed via the BOB community mental health transformation project.
			Community & Primary Care network Workforce (NOW REDESIGNATED AS A LOCAL INITIATIVE)	To develop and test a model for an integrated practice nursing and district nursing workforce, ensuring integration of new roles To develop a joint approach to training and supervision of both staff groups To develop a joint approach to the recruitment and retention of staff Supported by HEE funding.	**Nov-20**	**RS**		✓			The project was paused and the project support staff redeployed. The initiative has now be re-purposed and downsized as a pilot for a new model for the management of leg ulcers. It is now progressing. It is a joint initiative with Wokingham PCN, the CCTG and HEE, with the PCN leading. It was agreed at the March Business & Finance Exec meeting that this initiative is now Local, with no further requirement for reporting to an Exec meeting.	Now being progressed as a Local initiative with no further reporting to an Exec meeting.
		M	**CAMHS Pathways**	Formerly "Improving CAMHS waiting times" this initiative has been rescoped and the work is centred around clarifying what should be delivered, where this should be delivered, a review of the current clinical provision and any skills gaps. Several initiatives are being undertaken alongside this project to support the reduction of CAMHS waiting times whilst the longer term work on pathways is being implemented.	**01/07/2021**	**BG with Hayley Clarke**		✓			The latest Highlight Report included with the January meeting papers. Seven pathways have been signed off with associated ePathway development initiated. Conduct disorder, Autism and ADHD in development and due for sign off at end April. Transition (previously proposed as a Green Belt) to be reviewed as a supplementary pathway. Business case for a CAMHS Pharmacist being progressed. Business & Finance requested: - to approve extension of the project to June 21 - to approve PMO resource continuation to support impementation of the clinical pathways, associated ePathways and Tableau dashboard for June to Dec 2021 (Phase 2 extension to Dec. 21)	Decisions at Business & Finance Exec. Conduct, ADHD and Autism to be signed off by end April 21 Transition to be signed off May/June 21
True North Goal 2: Supporting Our Staff - A Great Place To Work												
PEOPLE STRATEGY DELIVERY PLAN												
		M	**People Strategy** ***Includes:*** **- Attraction. Recruitment and Retention (Mission Critical)** **- Workforce Planning**	Using a QI approach and working with ops colleagues to identify the areas of highest staff turnover. Turnover is a proxy for underlying people issues. the resulting counter measures will help us to develop a refreshed People Strategy and Action Plan. The final plan is due for sign off at the Board in February and will be launched in March.	Mar-21	**AG (JN/AJ)**		✓			Papers include the Project Closure report for onboarding and retention and the SPG updates paper. Those updates included relate to the following: Introduction of a Wellbeing Guardian role; international recruitement; Reach my potential programme; resourcing and retention; review of Allocate on Arrival temporary staffing; Excessive hours and European Working Time Directive; Home Working Policy; H&S Annual Report EDI/Hate Crime; Armed Forces Steering Group; Nexus e-learning and People Dashboard	See SPG updates with meeting papers
			Health and Wellbeing project	To achieve a managed transition of the COVID-19 staff support offer in to a sustainable and integrated Staff Support model that can continue to benefit BHFT and the wider healthcare system. This model is being developed in conjunction with our ICS partners as part of a bid funded by NHSEI		**JN**		✓			Our model has been reviewed and relaunched with the staff wellbeing psychological support now forming part of ongoing job descriptions . 3 leads in post have been identified and a staff support post-incident pathway has been developed. We have been actively engaged in the development of 2 systems bids for staff wellbeing and occupational health interventions. The BHFT model has been used as the foundation for both of these bids. The wellbeing steering group has been re-established to agree the ongoing programme of work in the wellbeing space.	Staff wellbeing psychological support to move into business as usual. Outcome of system bids Agreement of wellbeing work programme
			Organisational Development Objectives	To support the organisation with OD interventions which help us deliver a great place to work		**JN**		✓			Paper proposing the establishment of an Organisational Development Group (OD) taken to SPG for comments and feedback. The aim of this group is to identify and support areas of poor organisational experience through a multi-disciplinary and QI lens. First meeting of Leadership Steering Group held.	Formal approval of OD Group including terms of reference and priorities Ongoing QI work in development of leadership strategy.

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		I	**Quality Management Improvement System (QMIS)**	**Part of the Quality Improvement Programme**							See updates for QI Programme above.	See updates for QI Programme above.
		M	**BAME Transformation Plan**	There is a desire and opportunity to deliver positive changes for people from a BAME background. There are multiple priorities, many improvement opportunities and a number of people involved, but lack of clarity, ownership, focus, delivery and visibility on what needs to be done to make difference.		**DT/GC**	✓				Key Facts considered in August 2020 and initiative confirmed as Mission Critical. An A3 has been developed with problem statement, current situation and goals developed. The latest workshop identified 4 target areas to work on, there will be 4 workstreams work with QI methodology, actions and measurables. This will be overseen by the Diversity Steering Group, reporting through to the Strategic People Group and will be included with SPG updates to Business & Finance.	
EMBRACING DIVERSITY												
✓	✓	I	**Delivering our Equality & Inclusion Strategy 2016-2020**		**Oct-20**	**NZ/JN**			✓		EDI Strategy and priorities were signed off at DEG/SPG and presented to the Trust board in November where it was well received. There will now be one centralised EDI team, lead by the Director of EDI that will report to the Trust People Director. AG is now the Exec Lead for EDI.	We will be reviewing how best now to deliver the agreed EDI strategy and priorities within the new structure.
		I	**Equality Employment Programme (EEP)**			**JN/NZ**					Rolling out strengths based recruitment programme, starting with the LD services is part of the new strategy. Work is underway to look at revisiing the "making it right" programme to be inclusive of all staff with protected characteristics	
		I	**Equality Delivery System (EDS) Priorities**	**Delivered via the Equality Employment Programme**		**JN/NZ**		✓			Still awaiting the publlicaion of EDS 3 from NHSE but will focus on community engagement via the strategy work in the interim which will include securing a community engagement lead post in the East (CM is already in post in the West).	
		I	**Implementation of the Workforce Race Equality Standard and EDS 2 objectives**	**Delivered via the Equality Employment Programme**		**JN/NZ**		✓			See above	
		I	**Regain Top 100 ranking in Stonewall work place equality index**	**Delivered via Stonewall Action Plan**	**Oct-22**	**KM**		✓		**Target not met in the previous year, but positive feedback received.**	The Stonewall submission date has been moved to early October. Good progress is being made with regard to the compilation of the required evidence.	The goal of regaining a top 100 ranking is to be retained.
True North Goal 3: Good Patient Experience - Improving Outcomes												
MENTAL HEALTH SERVICE DEVELOPMENT												
		M	**EUPD Pathway implementation (previously Cluster 8)**	Delivery of an operational end to end pathway for EUPD patients which will be based upon the Trust's True North Objectives.	**Previously Spring 2021 - see revised dates in BAU plan**	**MI/SY**		✓			The plan to move to business as usual is included with the April meeting papers. A full progress update was included with meeting papers for the January meeting. The BAU plan identifies the current status of each element of the pathway and the task to be addressed. The EUPD Oversight Group remains in place until May when it will be superseded by an internal pathway monitoring group led by the Head of IMPACTT. The EUPD Steering Group will remain in place until August 2021 to oversee and implement the transition.	Approval of the business as usual plan. Business as usual in August 2021. Project Closure in September/October 2021.
		M	**Community Mental Health Transformation - Frimley ICS**	Transformation of CMH services in line with LTP and CMH Framework, to re-design place-based, multi disciplinary service across health, social care and VCSE sectors, aligned to PCNs. Improve access to MH service for people with SMI, and improve provision for people with personality disorder.	**01/03/2021**	**SY**				**Progress was delayed due to COVID but now re-started**	The latest highlight report is included with meeting papers. The implementation phase is in progress on on target to achieve its timescales. **MHICS** - have soft-launched with just 1 or 2 practices initially, 3 of the 4 PCNs are now full live: Bracknell Health Triangle from 21/12/2020; Bracknell & District from 18/01/2021; Slough LOCC from 13/01/2021. Windsor PCN Go Live date delayed due to staff vacancy and so progressing through a phased launch. Initial outcomes are positive. Referral process to be reviewed and simplified. **PD** - Level 1 materials for Managing Emotions Programme co-designed with service users and one course delivered in East Berkshire in November. Staffing issues delaying roll out. Recruitment to SUN is complete and operational processes designed; partial recruitment to PICT.	Includes: Engagement events for CMHT and OPMH colleagues to promote awareness and further engage re CMH Transformation Finalise reporting mechanisms in readiness for EB data report Recruitment to remaing roles inc. pharmacy Phased Go Live for Windsor Evaluation and learning events in readiness for Wave 2
		I	**Improving Patient Experience**		**01/04/2022**	**NZ**		✓			The report and recommendations from the tendering process for Phases 2 and 3 i presented to the January 2021 Business & Finance and it was agreed to award the contract to I Want Great Care (IWGC). Phase 2 - to include development of testing of a survey - will commence from April and is expected to take 8 months. Phase 3 (rolling out and embedding the survey) duration is four months.	Decision regarding award of contract.
OPTIMISING ESTATES												
		M	**Development of University of Reading as a Primary Trust site / Erlegh House**	Rationalisation has included the concentration of functions/services at Cremyll Road and the phased occupation of the STC building at Whiteknights, facilitating disposal or re-use of 3/5 Craven Road and 25 Erleigh Road.	**01/01/2021 (previously March 2021 impacted by COVID)**	**AG**			✓		Car parking work confirmed as completed on 10th Feb. Specialist services moved in August. SALT moved to EH as they had been put under notice by UoR to vacate Harry Pitt. In due course, there will be consideration of the future of 25 Erleigh Road. The disposal of 3/5 Craven Road is underway with the pre-planning application meeting held on 11th March. This favoured a mixed scheme of flates and houses - proposal sent to the council. Aim is to get an unconditional offer. A new ticket to address other elements of Reading Estates may be presented for consideration (review if properties to be available next month). A Closure/Lessons Learned Report on Erlegh House is included with meeting papers	Business & Finance consideration of the Closure/ Lessons Learned report.
PROSPECT PARK HOSPITAL DEVELOPMENT PROGRAMME												
		I	**Move of Assessment & Treatment Unit from Campion Unit to Jasmine Ward**	(See Reconfiguration of Prospect Park above and also LD Service Optimisation and Redesign)	**May 2021 (previously Jan 21)**	**NP**		✓			Project has been progressing with good feedback from staff on the conduct of the contract. Handover was due in March and then 6th April, but is now due in mid May with the occupation of the ward anticipated in week commencing 24th May. Commissioning activities include on-ward training is being revised as a consequence. The ward will not be occupied until padding work in the seclusion room (dependent on a company in Ireland) has been completed	Handover of all works including seclusion room. Also Comms.Work on transition plan and reviewing of policies/protocols/ procedures. Orientation of staff and preparation of service users. Also, visits from other PPH staff.

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			CAMHS Tier 4 Service Transformation	Following the Commissioner decision not to support the transfer of Willow House to Prospect Park, a new out of hospital service is to established, coordinated with the closure of Willow House on 30th April 2021	**01/07/2021**	**KC**		✓			Latest highlight report with meeting papers. The project is now reporting as Green. Huntercombe is now taking admissions and inpatient numbers in Willow House have reduced considerably, with the likelihood of any still requiring inpatient care at 30th April greatly reduced. All have Exit plans. Written confirmation of commissioning the new service has now been received. Staff are now supporting patients with eating disorders. Working to conclude arrangements for staff who have not slotted in. The business case for alternations to the accommodation was approved in March and a programme structure is to be established to progress this work.	Closure of Willow House on 30th April. Completion of IP&C protocols and new SOP. QIA sign off Conclusion of arrangements for staff who have not slotted in. Recruitment to vacant posts On-going communications with staff and other key stakeholders
			Approved Place of Safety	Scheme comprises the move of CRHTT from the therapy area to Prospect House; move of therapy facilities into the area vacated by CRHTT and a new Place of Safety in the current therapy facility	**Likely to be 22/23 unless early decision is possible.**	**DT/SG**					Options appraisal to determin location being developed with sign off of operational policy / brief required by March ERG. Note that whilst now reported as Amber on the estates summary report, capital budge and preparation are reported as Red.	Option appraisal exercise, including detailed costing of options.
HEALTH AND SOCIAL CARE SYSTEMS INITIATIVES												
			ASC Integrated MSK/Physio Service (Berkshire West)	MSK business case approved in May 2019 by the Unified Executive with a service start date planned for Dec 2019 which the Nov Unified Exec agreed could be put back to Jan 2020. The programme comprises the following interventions: - GP Champions - GP education - First contact Physios - Expanded Shared Decision making - Triage - Community Specialist Service	**Previously April 2021, but delayed due to COVID. Phase 2 go live now due June 21**	**RS Lesley Holmes**			✓			Update 20/04/21 - Phase 1 has now been evaluated and a Business case completed for the development of phase 2 and 3. Currently this is being presented at all relevant meetings to get signed off. Aiming to go live with Phase 2 from June 21 provided signed off	Phase 2 go live from June 21.
			Digital - Population Health Management	Detail to be added when available	**(TBC)**	**AG/MD**					Will report to Digital Board	
			Frimley - Pain Pathway transformation programme	Gateways to be clarified once plans are agreed. Role of the Trust to be clarified	**Has been on hold.**	**RS**	✓				This project is being re-started now – meetings are at a preliminary stage currently.	See update
			System use of estates - Sustainability and Transformation Partnership (STP) led programme	formal review of estates strategies for BOB and Frimley (further milestones to be added later)	**Dec-19**	**AG/DT/ IG**						
		I	**Connected Care - BOB and Frimley STP areas**		**Jul-20**	**MD**				**Amber due to poor LA take up and issues around pathology reporting.**	Previously reported as Amber in relation to low take up by Local Authorities and also issues with pathology functionality. There has been a significant - 50% - increase in usage by staff (15,000 per month in April compared to 10,000 in previous months). Progress regarding pathology functionality is unlikely to resumed for another year, given the commitments of the pathology laboratories with regard to COVID activities and the impact of COVID on other activity.	See update.
		M	**Gateway to all Mental Health Services (previously Mental health Wellbeing - CPE/IAPT)**	A phased approach to transform entry into mental health services combining IAPT/CPE/Third Section.	**Apr-20**	**JC**	✓			**Had been reporting Amber due to uncertainties over East service model and acknowledgement of later timescale. Next report may change this to Green**	The Project name changed to The Gateway to all Mental Health Services to be inclusive of all services (Wellbeing, Talking Therapies & Adult Mental health services/Common Point of Entry) . Overall project was partially halted due to Covid 19 but the East Well Being Service went live from May 2020 and started taking direct CPE referrals in November. The Gateway launched on 08/12/2021 as PHase 1 of the project. Co-working across CPE and IAPT access pathways is fully in place under a new leadship structure. New DXS Gateway referral form well received by GPs and is used in conjunction with e-referral and new telephone number. Early data is indicating positive benefits.	Phase 2 project detail to be ready for next phase. On-going data to identify full benefits realisation for Phase 1 to be report monthly to West MHs Locality.
		M	**BOB Ageing Well Programme/ Berkshire West Ageing Well Accelerator Site**	To increase the capacity and responsiveness of intermediate care services to provide crisis response within two hours of need and reablement within two days to both avoid unnecessary hospital admission and support early discharge for medically optimised older people to leave hospital on time. National Accelerator Site for Urgent Community Response Programme. BHFT has been appointed as the BOB System-wide lead for the programme	**Original milestones: MDTs operational Sept 2020 Anticipatory Care Planning April 2021 Urgent Community Response 200/21 (as BOB is an accelerator site)**	**KM/KW**		✓		**(Authorisation now secured regarding recruitment)**	Highlight Report included with meeting papers and is now reporting the status as Amber. Overall, progress has slowed due to release of NHSE clinical framework, NHS pathways and NHS Digital, however both services continues to deliver service. MOU signed in April for submission to NHSE. Feedback given on final draft of two hour crisis response standard clinical framework. Delay in marketing 2 hour response service as final version of clinical framework not released. Referral pathway from 111 delayed as SCAS awaiting release of revised NHS pathways at the end of April. Revised trajectory and delivery plan submitted to NHSE. Working with BOB partners to define 2 day response. The report includes updates on Extended and enhanced Rapid Response nd Care Home Support; Community Rehabilitation Pathway; Digital; 111 pathway.	Care Package allocation - QI approach to continue with process mapping - now June 2021 Create a consistent DOS to enable referrals to 2 hour crisis response services - review DoS profiles and update. End April 2021 Establish with RBFT process to embed estimated departure time is included in referrals to Rapids from A&E April 2021 Develop a step down pathway to enable referrals to 2 hour crisis response services - 30/04/2021
INFORMATION MANAGEMENT - Next updates due March 2018												
		M	**Global Digital Exemplar (including roll out of ePMA)**	19 projects within four GDE initiatives: - Direct Patient Access & Communication - Digital Wards & Services - Digital workforce - Research & Quality improvement	**Jun-21**	**MD**			✓		Closure Report included with meeting papers and declares: Internally, the programme concluded in March 2021, on schedule, on budget and achieted its programme initiatives, delivery outputs, commitments and more. As a result of the GDE programme deliver and previous clinical dgital projects over the last 7 years, we have been one of the first UK mental health trusts to achieve HIMSS level 5 and are in a very good place to gain national recognition and opportunities for future funding.	We are udnerway with Global Digital Exemplare status accreditation endorsed by NHSE, which is now expected to be achieved on 27th April (delayed due to the pandemic)

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		M	**Information Technology Architecture Strategy**	Implementation of new technology and Cloud computing. Comprises six elements including Office 265 migration to Cloud and movement of departmental systems to Cloud. Email upgrade/replacement and Wide Area Data Network to be completed this financial year.	**31/03/2020 revised to July 2021**	**MD**		✓		**Amber due to the delays as detailed in update.**	Presentation on the ITAS programme is included with meeting papers along with Highlight Report. CoIN completed, e-mail migration completed, secure e-mail implemented, Windows 10 migration completed, Home Drive and Outlook Personal folders migrated. Shared Drive & System migrations underway – delays being experienced as services dealing with Covid19 do not have the capacity to engage with the programme. Corporate Guest WiFi not due end May; PPH patient Wifi completed; move of email personal folders complete; move of departmental shared drives to SharePoint back on track to deliver end May 21; migratiion fo N3 connectors to HSCN complete; Office 365 Desktop client deployed to all laptops and pcs; migration of local systems to hosted cloud version scheduled for April.	Create communications and migrations plan for departmental shared drives to be moved to SharePoint and accessible via Teams - March 21 Progress migrations of local systems to their hosted cloud versions in line with the project plan - July 21 Complete migration of Shared Drives to SharePoint / Teams - May 21.
True North Goal 4: Money Matters - A Financially Sustainable Organisation												
			Maintaining our NHS Improvement use of Resource Rating of 1	**Includes:** **- Achieving our Control Total** **- Delivering our Cost Improvement Plans**	**01/03/2020**	**AG/PG**		✓			The monitoring of NHSIs Use of Resource rating has been suspended in 20/21	See update.
			Replacement for Fitzwilliam House including Trust Headquarters	**Replacement accommodation for the services and functions currently based at Fitzwilliam House prior to expiry of lease arrangements or notice period (if served).**	**Early 2022 (Previously mid 2021)**	**IG**	✓				Fitzwilliam House needs to be vacated in 2022. Office Principles engaged with stakeholders to design/create a change management strategy. The Outline business case was approved last month. The full business case is due in June/July. A paper is going to the Programme Board regarding continuing with Office Principles	Consideration and approval of the outline business case.
			Delivery of the Trust's Green Plan	**Formulate and implement the Trust's Green Plan to affect change that will result in a more sustainable and environmentally responsible healthcare provision by the Trust. This will directly contribute to NHS England's for a greener NHS programme and the Net Zero carbon emissions 2045 target.**	**17/07/1905**	**JR/ Paul Harrison**		✓			Report with meeting papers. Key areas of work are direct transport emissions, utilities consumption (electricity, gas and water), waste, procurement and the associated combined and interlinked impact upon the environment and contribution to global warming and the climate emergency. Trust wide Green Plan due to be ready for consultation June 21 but green plan guidance from NHSE/I is not yet available. Report suggests BHFT take alead amongst community/mental health Trusts in declaring a climate emergency.	Continue preparing draft Green Plan in anticipation of receipt of guidance. Review impact on the Trust of the NHSE 2045 net zero carbon emissions target. Detering cliemante emergency declarationa dn subsequet commitment and actions for the Trust.
			Redevelopment of East Community Hospitals (Frimley ICS integrated care hub programme)	Delivery of the Integrated Care Hubs across the ICS to enable the implementation of the ICDM. Projects include ICHs or equivalent in Fleet (NE Hants), Surrey Heath, Ascot, Bracknell, Windsor, Slough, Maidenhead. These will be a mixture of new build and refurbishments with NHS and partner assets used	**end 2024**	**(IG)**				**Critical issue is lapse of time since money was awarded**	Estates Summary Report submitted to March meeting included the update. IG / Exec have provided initial comments on draft Programme Business Case. Concerns include focus of project stated in PBC and also significant increase in capital estimated (almost double the STP capital award). Note that in estates summary report, capital budget and preparation are recorded as Red. At the Estates Review Group, IG reported hat prioritisation was being conducted, with St Marks and Upton likely to b prioritised. The estates group is still not meeting, but plans should developed over the next four months.	See update. Next Estates Summary report due in June 2021.

Key:

M Mission Critical

I Important and in progress

✓ Project Closed

JE = Julian Emms DF - Debbie Fulton MI = Minoo Irani DT = David Townsend GC = Gerry Crawford AG = Alex Gild IG = Ian Greggor SG = Steph Gould MD = Mark Davison NZ = Nathalie Zacharias

JR = Jayne Reynolds BG = Bridget Gemal JB = Julie Bennett CS = Cathy Saunders KM - Kathryn Macdermott CW = Claire Williams RS = Reva Stewart JN = Jane Nicholson NP = Nick Pugh

PROJECT RATING DEFINITIONS

GREEN – The project or work stream is progressing in accordance with planned timescales, resource commitment and quality requirements and there is confidence regarding the realisation of benefits/ achieving savings. Project plans include actions to address the identified risks which mitigate them to acceptable levels.

AMBER – An element of the project is at risk and action is required to bring the project 'back on track'. Examples include:

- Slippage on the timescale, putting the achievement of a key milestone(s) at risk.
- Likely delay in realising benefits and/or possible reduction in the scale of the benefits.
- Resource issues jeopardising either quality, timescale in achieving final capability/ realising benefits
- Significant risk that the quality of the project's products may be compromised and/or the specification will need to be reduced

RED – The project or work stream is significantly at risk and major action is required to remedy this (indeed it may already be too late)

A key milestone has been missed or will inevitably be missed.
A major risk has occurred (i.e. has become an issue) or almost certainly will now occur.
Major risks to the full realisation of benefits/delivery of the required savings
The validity of the project or elements of it may be undermined by changed circumstances.

[redacted] - Yet to be rated

Inevitably an amount of licence is required in judging how a project's status is reported, but the above is provided as a guide.
A key consideration is the balance within a project of the relative importance of quality, cost and time -
e.g. a project may be significantly over-running, but may not merit a 'Red' status if the priority is quality/getting it right.

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	11 May 2021
Title	**Audit Committee – 21 April 2021**
Purpose	To receive the unconfirmed minutes of the meeting of the Audit Committee of 21 April 2021
Business Area	Corporate
Author	Company Secretary for Chris Fisher, Audit Committee Chair
Relevant Strategic Objectives	4. – True North Goal: deliver services that are efficient and financially sustainable
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Meeting requirements of terms of reference.
Equality and Diversity Implications	N//A
SUMMARY	The unconfirmed minutes of the Audit Committee meeting are attached.
ACTION REQUIRED	The Trust Board is asked: a) To receive the minutes and to seek any clarification on issues covered

Berkshire Healthcare NHS Foundation Trust

Unconfirmed Draft Minutes

Minutes of the Audit Committee Meeting held on

Wednesday, 21 April 2021, Fitzwilliam House, Bracknell

Present: Chris Fisher, Non-Executive Director, Committee Chair
Naomi Coxwell, Non-Executive Director
Mehmuda Mian, Non-Executive Director *(present from 3pm)*

In attendance:
Alex Gild, Deputy Chief Executive and Chief Financial Officer
Graham Harrison, Head of Financial Services
Debbie Fulton, Director of Nursing and Therapies
Minoo Irani, Medical Director
Amanda Mollett, Head of Clinical Effectiveness and Audit
Clive Makombera, RSM, Internal Auditors
Ben Sheriff, Deloitte, External Auditors
Chris Randall, Deloitte, External Auditors
Kim Hampson, Counter Fraud, TIAA *(deputising for Melanie Alflatt)*
Martin Brabin, Financial Management Trainee
Jenni Knowles, Executive Office Manager & Assistant Company Secretary

The meeting was conducted via Microsoft Teams because of COVID-19 social distancing requirements.

Item		Action
1.A	**Chair's Welcome and Opening Remarks**	
	Chris Fisher, Chair welcomed everyone to the meeting and particularly welcomed Martin Brabin, Financial Management Graduate Trainee as new member of Finance Team.	
1.B	**Apologies for Absence**	
	Apologies for absence were received from: Melanie Alflatt, Counter Fraud, TIAA, Paul Gray, Director of Finance and Julie Hill, Company Secretary.	
2.	**Declaration of Interests,**	
	There were no declarations of interest.	
3.	**Minutes of the Previous Meeting held on 20 January 2021**	
	The Minutes of the meeting held on 20 January 2021 were confirmed as a true record of the proceedings.	

4.	Action Log and Matters Arising	
	Action Log The Action Log had been circulated. The following items were discussed further: **a) Independent Review of the Quality Improvement Programme** The Medical Director reported that the Executive were in the process of developing a framework for the Quality Improvement Programme which included Governance, Value for Money, Performance etc and proposed inviting Senior Managers to review the Quality Improvement Programme and report to the Committee sometime next year rather than undertaking an independent review unless the Committee specifically wanted an independent review at this stage. The Chair confirmed that he was happy with the Medical Director's proposal and said that the reason why he had originally suggested an independent review was that the Trust had committed a significant amount of money to the Quality Improvement Programme and if successful, he wanted the Trust to have the confidence to undertake significant transformational programmes in the future. The Chair said that there was also the option of including elements of the Quality Improvement Programme in the Internal Audit Programme. Naomi Coxwell, Non-Executive Director also supported the proposal to conduct an internal review and suggested that if the internal review highlighted any significant issues of concern or if the programme was going off track, the Trust would have the option of commissioning an independent review. It was agreed that the action log would be updated. **b) Emotionally Unstable Personality Disorder (EUPD) Pathway** The Medical Director requested that an update on the EUPD Pathway be presented to the Committee in October 2021 rather than in July 2021. The reason being that the EUPD Pathway Programme Management Team were preparing a report for the Business and Finance Executive meeting in the Autumn when the programme would move to "business as usual" and it would make sense for the same report to go to both meetings. The Committee agreed that a report would be presented to the October 2021 meeting. The action log was noted.	**MI/JH** **MI/JH**
5.A	**Board Assurance Framework**	
	The Board Assurance Framework had been circulated. The Deputy Chief Executive and Chief Financial Officer presented the paper and reported that it was proposed to reduce the current risk score in respect of Risk 1 (workforce) from 16 to 12 to reflect growing confidence in the Trust's recruitment and retention work and the development of the Trust's New People	

	Strategy. The Deputy Chief Executive and Chief Financial Officer commented that it was important to review the risk scores and pointed out that the risk would remain a "severe" risk. The Committee reviewed the Board Assurance Framework and made the following points in respect of the risks below: **Risk 1 (Workforce)** The Chair commented that the NHS Staff Survey results for the Trust were very positive and supported the proposed reduction in the current risk score. The Chair said that the Trust's True North Performance Scorecard reported to the Trust Board had highlighted positive trends in a number of workforce related areas, for example, a reduction in the staff turnover rate and said that he was particularly pleased that the Trust's level of sickness was relatively low given the challenges around responding to the COVID-19 pandemic. The Chair expressed concern that there may be a surge in people requiring mental health services post COVID-19 coupled with a national directive to reduce waiting lists for services and the impact that this would have on the Trust given the national shortage of qualified staff. The Deputy Chief Executive and Chief Financial Officer said that the Trust would need to be think creatively and find innovative solutions and deploy the Trust's investment funds into digital solutions in order to support and retain staff and meet any peaks in demand. The Chair said that in the USA, the use of Artificial Intelligence in Psychological Therapies was becoming more acceptable. The Chair suggested that the Trust reviews whether there were technological solutions that could be deployed to support the existing constrained workforce.	**AG**
	Risk 2 (Finance) The Chair invited the Deputy Chief Executive and Chief Financial Officer to share his views on the Trust's year-end 2020-21 financial position and the financial plan 2021-22. The Deputy Chief Executive and Chief Financial reported that the 2020-21 outturn position was just above breakeven and was much better than planned. The Trust had received additional financial allocations in March 2021 as part of the national COVID-19 monies. Excluding impairments, the Trust had a £1.3m surplus. The Deputy Chief Executive and Chief Financial Officer reported that in terms of the new financial regime, for the first half of the financial year, there was a very low efficiency catch up expectation in the rollover of system allocations at around 5% which would increase to 5.25% in the second half of the financial year. This would allow time for the Trust to develop transformational Cost Improvement Programme plans for 2021-22. The Deputy Chief Executive and Chief Financial Officer reported that the Trust would also be receiving additional monies as part of the Mental Health Investment Standard funding. However, it was noted that it was likely that the Trust would struggle to recruit into any new posts given the context of the national workforce shortages.	

	The Chair asked whether the additional monies was one off or recurrent funding. The Deputy Chief Executive and Chief Financial Officer confirmed that in principle it was one-off funding but pointed out that the funding would transfer to the Trust's baselines for Integrated Care System Clinical Commissioning Group funding allocations for 2022-23. The Chair asked how the Trust would manage trying to meet expectations around service delivery against the new monies within the context of a constrained workforce. The Deputy Chief Executive said that the Trust would need to develop clear priorities for the investments which would need to be agreed with the Commissioners. Naomi Coxwell, Non-Executive Director suggested that the Board Assurance Framework should be updated to reflect the challenges around increased demand for services, increased funding to support the delivery of the Mental Health Standard and national workforce shortages. **Risk 3 (Integrated Care Systems)** The Chair reported that the Board had discussed the NHS White Paper and the future direction of the Integrated Care Systems and had identified a number of issues which needed further clarification, for example, the role of the Primary Care Networks etc **Risk 6 (Demand)** The Chair noted that the Trust and Oxford Health NHS Foundation Trust had a joint pilot project to recruit community and mental health services from overseas and asked that the Committee be updated on pilot in due course. **Risk 8B (COVID-19 Recovery)** The Chair commented that it was clear that digital technologies had supported the Trust during the COVID-19 pandemic and that this would continue post COVID-19. The Chair also commented that the Trust had learnt lessons from the experience of staff redeployed in the first COVID-19 wave and had put in place a programme of support when staff were redeployed during the second COVID-19 wave. Naomi Coxwell, Non-Executive Director asked how the Trust was measuring the success and performance of face to face versus virtual consultations for both staff and patients. The Medical Director reported that the Lead Clinical Director had developed safe practice guidance for clinicians conducting virtual consultations. The Medical Director said that it was challenging to measure performance, but the Trust's investigation of serious incidents and complaints would identify whether virtual consultations had contributed to the serious incident or complaint. Ms Coxwell asked whether there was merit in undertaking a Staff Pulse Survey to gain more insight into how staff felt about using virtual consultations.	**AG/JH** **DF**

	The Director of Nursing and Therapies reported that the Community Mental Health Teams and the Children and Families Services had asked for patient feedback and there was a mixed response. The Committee: noted a) The Board Assurance Framework. b) Approved the new current risk score in respect of Risk 1 which was reduced from 16 to 12	
5.B	**Corporate Risk Register**	
	The Corporate Risk Register had been circulated. It was noted that there was a new risk on the Corporate Risk Register in respect of fraud prevention The Committee noted: a) the Corporate Risk Register updates since the last meeting. b) Approved the new risk in respect of Fraud Prevention	
6.	**Single Waiver Tenders Report**	
	A paper setting out the single waivers approved from 1 January 2021 to 21 March 2021 had been circulated. The Deputy Chief Executive and Chief Financial Officer explained that the volume of single waiver tenders had increased due to the staff vacancies in the Procurement Team and also because of the challenges of responding to the COVID-19 pandemic. It was noted that the Trust had recently successfully recruited to the Procurement Team. The Committee noted the paper.	
7.	**Information Assurance Framework Update Report**	

	The Deputy Chief Executive and Chief Financial Officer presented the paper and highlighted the following points:
	
	• A total of 6 indicators were audited during Quarter 4. Two were rated as Amber (Medium Confidence) for Data Quality. Action plans were put into place to address these issues.
	• The following indicators were audited:
	  ○ **High assurance (Green) -** Physical Assaults on Staff (Green)
	  ○ **Moderate Assurance (Amber) -** Inappropriate Out of Area Placements (Amber) and Mental Health Acute Occupancy Rate (Amber)
	• The Trust would need to continue its focus on improving Mental Health Clustering performance to ensure that patients were correctly assigned to the right Cluster after diagnosis	

	The Director of Nursing and Therapies reminded the meeting that Mental Health Clustering was a metric in the Trust Board's True North Performance Scorecard and that the Trust was not meeting the performance target. The Chair proposed that in the next quarterly report, the Committee would like to see an improvement in clustering performance. The Medical Director commented that Clustering had value, but Clinicians did not necessarily agree. The Medical Director explained that less Clustering did not expose patients to risk and said that it was a crude tool and that correct diagnosis was more important. The Chair commented that based on the Medical Director's comments, Clustering appeared to add little clinical value. Naomi Coxwell, Non-Executive Director suggested that it would be helpful if the Trust conducted a grass root review of Clustering with a view to making the process more purposeful and meaningful. The Committee noted the report.	**AG**
8.A	**Losses and Special Payments Report**	
	The Losses and Special Payments Report covering 1 January 2021 to 31 March 2021 had been circulated. The total net value of losses and special payments reported in Quarter 4 was £27,089.64. The Committee noted the report.	
8.B	**Recommendations for Aged Debt Over 18 Months Old**	
	Martin Brabin, Financial Management Graduate Trainee presented the report which provided an analysis of and an evaluation of the Trust's current aged debt over 18 months with the aim of seeking approval for the irrecoverable debt write offs. It was noted that salary overpayments was the main source of aged debt for the Trust. The Deputy Chief Executive and Chief Financial Officer reported that the Trust was looking into how technology could be used to reduce the incidence of over salary payments. It was noted that although the debt was being requested to be written off, the accounts receivable team would still be actively attempting to recover as much of the debt as possible. Mehmuda Mian, Non-Executive Director asked how the Trust benchmarked with other similar Trusts. Clive Makombera, Internal Auditors, RSM commented that the incidence of staff salary overpayments was very small compared with other Trusts and	

	agreed that technology could be used to strengthen the Trust's controls to further prevent errors occurring. The Head of Financial Management pointed out that recent Internal Audit reviews had highlighted issues with salary paperwork including late forms as being a contributory factor to any salary overpayments. The Financial Management Graduate Trainee reported that another area of aged debt related to excess mileage on lease cars. Naomi Coxwell, Non-Executive Director asked about the number of Trust leased vehicles. The Head of Financial Management reported that the Trust had around 100 vehicles (40 of which were pooled vehicles and 60 were staff vehicles. The Chair suggested that the Trust review whether it needed as many leased vehicles. The Chair commented that it was important that the Trust identified any learning from each debt write off. The Chair said that he was greatly assured by the paper and supported the recommendations. The Committee approved that: • The total debt should be written off as it was deemed to be uneconomical for the Trust to spend any more resources locating the relevant information necessary to recover the debt. • The Trust would continue to actively pursue the issue with the hope of recovering more in the future.	**AG**
9.	**Clinical Claims and Litigation and End of Year Report**	
	The Director of Nursing and Therapies presented the paper and reported that during Quarter 4 there were two new claims (an Employers Liability claim and a Clinical Negligence Claim. During quarter 4, 1 claim was closed. Mehmuda Mian, Non-Executive Director said that it would be helpful if future reports could include the number of contacts to provide the context of the clinical claims. Ms Mian said that it would also be helpful to include the number of compliments the Trust received about its services. The Committee noted that report.	**DF**
10.	**Clinical Audit Report**	
	Head of Clinical Effectiveness and Audit presented the report and highlighted the following points: • All national clinical audit registration and data submission requirements had been met or were on track.in respect of the Clinical Audit Plan for 2020-21 • In total there were 24 national quality account reportable projects.	

	• The following national report had been received since the previous meeting and would be presented and discussed at the June 2021 Quality Assurance Committee: POMH Topic 20: Improving the quality of prescribing valproate in mental health services (May 2020). • The interim analysis completed by the clinical audit department on all women of childbearing age prescribed sodium valproate was reported along with the actions taken as a result to the March 2021 Quality Assurance Committee. The Quality Assurance Committee were satisfied with the assurance and actions taken, any additional actions as a result of the POMH report would be reviewed and presented to the June 2021 Quality Assurance Committee. • The Trust was currently collecting data in respect of the following clinical audits: o NCEPOD Physical Healthcare in Mental Health Hospitals: December 2020 – April 2021. o POMH Topic 18b - Use of clozapine: February – April 2021 o National Clinical Audit of Psychosis Spotlight Audit 2020/21 Physical Health monitoring of community MH patients: April 2021 – May 2021 o POMH Alcohol Detoxification: May 2021 – June 2021 The Chair asked whether there was a backlog of clinical audits. Head of Clinical Effectiveness and Audit confirmed that there was no backlog. It was noted that the Quality Assurance Committee minutes (included in the agenda pack) provided assurance from the clinical side of the Clinical Audit process. The Committee noted the report.	
11.	**Counter Fraud Report Annual Report**	
	Kim Hampson, TIAA presented the Annual Report 2020-21 and highlighted the following points: • The Annual Report provided a summary of the work undertaken for Berkshire Healthcare NHS Foundation Trust during the 2020/21 financial year and was designed to provide the Trust with assurance against the following NHS Counter Fraud Authority (NHS CFS) quality assurance areas: o How the organisation had demonstrated strategic support for counter fraud, bribery and corruption work o How the organisation had demonstrated a risk-based approach to counter fraud, bribery and corruption provision o The adoption of a risk-based approach that informed decisions on the resources allocated to counter fraud, bribery and corruption work o Details of the activities that had been carried out during the year to counter fraud, bribery and corruption, and what outcomes had been delivered as a result o What activity the organisation had undertaken in response to NHSCFA activities (e.g. those set out in fraud, bribery and corruption prevention guidance, intelligence bulletins and alerts) where appropriate, and	

	○ Assurance that all appropriate information to support the management and progression of fraud, bribery and corruption cases were recorded appropriately on, the NHS Fraud Case Management System • In line with NHSCFA requirements the Anti-Crime Specialist undertook a fraud risk assessment and developed a risk-based counter fraud work plan that was approved by the Audit Committee • TIAA had developed a COVID-19 Fraud Risk Assessment tool and had undertaken a risk assessment of the Trust's systems and processes. • The risk assessment had identified areas for further improvement and had worked with the Trust to develop a work plan • The new Standards for Providers and the Government Functional Standard had come into force. The Trust had a number of "red" rated areas, but this was to be expected as it was a transitional year. TIAA had no concerns and was confident that the Trust had plans in place to address any areas of non-compliance The Chair asked the Deputy Chief Executive and Chief Financial Officer and the Head of Financial Services whether they had any concerns about meeting the requirements of the new standards. The Deputy Chief Executive and Chief Financial Officer said that the Trust had put in place practical steps and was in a strong position to improve the ratings. Ms Hampson reported that TIAA had undertaken a number of proactive reviews including: Continence Service, Mobile Phones, Expenses and Pre-employment checks The Chair noted that TIAA had developed an online training module on Fraud Awareness. Ms Hampson confirmed that the module was available to the Trust but said that the Trust was not currently using the module. The Deputy Chief Executive and Chief Operating Officer said that the Trust had recently updated it online training platform and would review whether or not to include the fraud awareness training as part of its online training package for staff. The Chair also queried the benchmarks for counter fraud enquiries. Ms Hampson explained that the numbers for the Trust were as expected. The number of referrals demonstrated that staff were confident in speaking to the Counter Fraud Specialist about issues of concern. Naomi Coxwell, Non-Executive Director asked about the TIAA's focus for 2021-22. Ms Hampson confirmed that TIAA's focus would remain more or less unchanged but pointed out that the annual work plan was fluid and could accommodate any new fraud enquiry should the need arise over the course of the next twelve months. The Committee noted the report.	**AG**
12.	**Internal Audit Progress Report**	
	a) Internal Audit Progress Report Clive Makombera presented the paper and highlighted the following points:	

	• There was a delay in agreeing the Internal Audit Plan 2020-21 and audits had been postponed because of the COVID-19 pandemic. However, revised timescales had been agreed with the relevant Executive Directors to ensure that the Internal Audit Plan was delivered by 31 March 2021 to inform the Head of Internal Audit Opinion and Annual Governance Statement.
	• The following reports had been finalised since the last meeting:
	  o Quality Improvement (Reasonable Assurance)
	  o Financial Governance (Advisory)
	  o IT Project Management (Substantial Assurance)
	• The following draft reports had also been issued:
	  o Patient Experience and Learning from Complaints
	  o Data Security and Protection Toolkit and Cyber Security
	• The report identified four medium overdue actions but since Audit Committee papers were circulated, updates had been received for two out of the four overdue actions
	
	The Chair referred to page 179 of the agenda pack and noted that the Internal Auditors had reviewed a sample of 20 costs coded to the COVID-19 cost codes. The sample had included one cost of over £10,000 relating to a final payment for Adastra licences which was for additional licences for an existing system used by WestCall. As the sum was £10,000, the Trust should have had a single tender waiver in line with the Trust's Financial Limits to the Scheme of Delegation.
	
	Mr Makombera reported that Management had confirmed that the licences were urgently required as the service was dealing with the significant pressures caused by the COVID-19 pandemic. The Chair said that this appeared to be a one-off issue.
	
	The Deputy Chief Executive and Chief Financial Officer said that it was pleasing that the Trust's Data Security and Protection Toolkit and Cyber Security review had received a rating of "substantial assurance" and paid tribute to the work of the Chief Information Officer and his team.
	
	b) Assurance Map
	
	The Assurance Map for the Trust had been updated since the last meeting following further discussions between RSM and the Company Secretary. Mr Makombera reported that the Trust was receiving good coverage across the first, second and third lines of defence. Mr Makombera said that RSM would work with the Company Secretary to develop next iteration of the Assurance Map which would focus on the quality of the assurances in place.
	
	Mr Makombera highlighted that RSM had identified the following areas where the Trust was receiving limited independent assurance and suggested that these be reviewed by the Trust going forward:
	
	• Integrated Care Systems
	• Learning from COVID-19 Review
	• Patient Level Costing
	• Population Health
	
	The Chair thanked RSM for undertaking the Assurance Map and commented that it was a clear and well worded document. The Chair said that it would be useful to discuss the Assurance Map and the areas where above where there
		CM/JH
		
		AG

	was limited independent assurance at a future Trust Board meeting later in the year. **c) Annual Report 2020-21** Clive Makombera presented the draft Annual Internal Audit Report 2020-21 and reported that the Internal Auditors expected to be in a position to give a positive opinion based on their assessment of the Trust's performance during 2020-21. **d) Health and Social Work Apprenticeship Messages** A paper by RSM on Apprenticeships in the Health and Social Work Sector had been circulated for information. Naomi Coxwell, Non-Executive Director asked when the Internal Audit Plan for 2021-22 would be presented to the Committee. The Chair proposed that the Internal Audit Plan for 2021-22 be added to the agenda for the May 2021 Special Meeting. The Committee noted the reports.	**CM/JH**
13.	**External Audit**	
	Ben Sheriff, Deloitte presented the update paper and reported that the guidance on "going concern" disclosures had been updated and was consistent with changes in auditing guidance for the public sector. It was noted that the External Auditors' report on the Annual Accounts would include a new value for money commentary. It was noted that the guidance had changed so that the Value for Money commentary would be produced by mid- September rather than at the same time as the External Auditor's report on the Annual Accounts. The Chair referred to the section on Integrated Care Systems and said that he shared the External Auditors concerns around Integrated Care Systems "Places" not being legal entities. Naomi Coxwell, Non-Executive Director about the Quality Accounts 2020-21. The Head of Clinical Audit and Effectiveness reported that the Quality Accounts would not be externally audited again this year and did not need to be included with the Annual Report and Accounts. It was noted that the draft Quality Accounts had been circulated to members of the Quality Assurance Committee for their comments. The Chair reminded the meeting that the date of the special meeting to approve the Annual Accounts 2020-21 on behalf of the Trust Board had been changed at the request of the External Auditors and that the meeting would now take place on Wednesday, 26 May at 2pm. The Committee noted the report.	

14.	**Minutes of the Finance, Investment and Performance Committee meetings held on 28 January 2021 and 25 March 2021**	
	The minutes of the Finance, Investment and Performance Committee meeting held on 28 January 2021 and 25 March 2021 were received and noted.	
15.	**Minutes of the Quality Assurance Committee held on 2 March 2021**	
	The minutes of the Quality Assurance Committee meetings held on 2 March 2021 were received and noted.	
16.	**Minutes of the Quality Executive Committees held on 18 January 2021, 15 February 2021 and 15 March 2021**	
	The minutes of the Quality Executive Committee meetings held on 18 January 2021, 15 February 2021 and 15 March 2201 were received and noted. The Chair referred to the minutes relating to the Safe Staffing Report and noted the increase in the number of shifts with less than two registered nurses and commented that this was not surprising given the challenges of responding to the COVID-19 pandemic.	
17.	**Applications of Financial Limits to Scheme of Delegation – Minor Changes**	
	The Deputy Chief Executive and Chief Financial Officer presented the aper and reported that the proposed minor changes to the Applications of Financial Limits to the Scheme of Delegation were highlighted in yellow. The Committee approved the proposed changes to the Applications of Financial Limits to the Scheme of Delegation.	
18.	**Annual Work Plan**	
	The Committee's Annual Work Plan was noted.	
19.	**Any Other Business**	
	There was no other business.	
20.	**Date of Next Meeting**	
	26 May 2021 (this is an extraordinary meeting to approve the annual accounts) 21 July 2021 – next formal meeting	

These minutes are an accurate record of the Audit Committee meeting held on 21 April 2021.

Signed: - _____

Date: - 21 April 2021 _____