Berkshire Healthcare
NHS Foundation Trust

COUNCIL OF GOVERNORS

The next meeting will be held on Wednesday, 2 December 2020 starting at 10.30 am

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

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

AGENDA

ITEM	DESCRIPTION	PRESENTER	TIME
1.	**Welcome & introductions**	Chair	2
2.	**Apologies for Absence**	Company Secretary	1
3.	**Declarations of Interest** 1. Amendment to the Register 2. Agenda items	 All All	1
4.1	**Minutes of Last Formal Meeting of the Council of Governors – 23 September 2020**	Chair	2
4.2.	**Matters Arising**	Chair	5
5.	**Equalities, Diversity and Inclusion Strategy**	Nathalie Zacharias, Director of Equalities	
6.	**Quality Accounts Indicator** *(Enclosure)*	Amanda Mollett, Head of Clinical Effectiveness and Audit/Jason Hibbert, Quality Account and NICE Lead	10
7.	**Annual Audit Committee Report** *(Enclosure)*	Chris Fisher, Chair of the Audit Committee	15
8.	**Committee/Steering Groups** Reports: *a)* Living Life to the Full *(Enclosure)* *b)* Membership & Public Engagement (*Enclosure* *c)* Quality Assurance meeting *(Enclosure)*	 Committee Group Chairs and Members	10
9.	**Executive Reports from the Trust** 1. Patient Experience Quarter 2 Report *(Enclosure)* 2. Performance Report *(Enclosure)*	 Heidi Ilsley, Deputy Director of Nursing Julian Emms, Chief Executive	15
10.	**Governor Feedback Session**	Martin Earwicker, Chair	

	This is an opportunity for governors to feedback relevant information from any (virtual) external meetings/events they have attended		
11.	**Any Other Business**	Chair	5
12.	**Dates of Next Meetings** • 3 February 2021 – Joint Non-Executive Directors and Council of Governors Meeting • 24 March 2021 – Council of Governors meeting	Martin Earwicker, Chair	2
13.	**CONFIDENTIAL ISSUE:** To consider a resolution to exclude press and public from the remainder of the meeting, as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.	Martin Earwicker, Chair	1
	There will be a confidential session of the meeting to discuss the recommendations of the Council of Governors' Appointments and Remuneration Committee	Martin Earwicker, Chair	15

Berkshire Healthcare
NHS Foundation Trust

Minutes of the Council of Governors Meeting held on

Wednesday, 23 September 2020 at 10.30 am

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

	Present:	Martin Earwicker, Chair
	Public Governors:	Verity Murricane John Barrett Paul Myerscough Tom Lake Tom O'Kane Joan Moles Raymond Fox Susana Carvalho Andrew Horne
	Staff Governors:	June Carmichael Guy Dakin Julia Prince
	Appointed Governors:	Cllr Graham Bridgman Suzanna Rose Cllr Deborah Edwards Arlene Astell Cllr Isabel Mattick Cllr Jenny Cheng Linda Goddard
	In attendance:	Julian Emms, Chief Executive Alex Gild, Deputy Chief Executive & Chief Financial Officer Jenni Knowles, Executive Office Manager and Asst Co Sec Julie Hill, Company Secretary Kathryn McDermott, Acting Executive Director of Strategy Dan Groves, Physiotherapy Professional Lead for Unscheduled Care Services Liz Chapman, Head of Patient Experience Aileen Feeney, Non-Executive Director Mark Day, Non-Executive Director Naomi Coxwell, Non-Executive Director Chris Fisher, Non-Executive Director
	Apologies:	Gillian Mohamed David Lloyd-Williams Natasha Berthollier
1.	**Welcome and Introductions**	

	Martin Earwicker, Chair welcomed everyone to the meeting.
2.	**Apologies for absence**
	Gillian Mohamed, David Lloyd-Williams and Natasha Berthollier.
3.	**Declarations of Interest**
	a) Declarations of Interest None declared **b) Annual Declarations of Interest** None declared
4.1	**Minutes of Last Formal Meeting of the Council of Governors - 29 July 2020**
	The minutes the meetings held on 29 July 2020 were approved as current records of the meeting after minor amendment: Councillor Deborah Edwards (Reading Borough Council) to be added to attendee list.
4.2.	**Matters Arising**
	The matters arising log had been circulated. All actions had been completed.
5.	**External Auditors Report to the Council of Governors (Enclosure)**
	The Chair welcomed Ben Sheriff, Deloitte Ben Sheriff gave an overview of the External Auditors Report which due to the Covid-19 pandemic, the external audit was carried out virtually. In March 2020, NHS Improvement decided to remove the requirement for the Quality accounts to be externally audited. Mr Sheriff drew attention to the Key Audit Matter section of the report which related to the valuation of land and buildings and explained that reflected the uncertainties around the impact of COVID-19 and was in line with national guidance; Mr Sheriff confirmed that there were no risks around the arrangements the Trust had to secure economy, efficiency and effectiveness in the use of resources. The Chair thanked Ben Sheriff for attending and presenting the External Auditors Report to the Governors. Ben Sheriff left the meeting.
6.	**External Auditors Procurement**
	Alex Gild, Deputy Chief Executive and Chief Financial Officer advised that the Trust's contract with Deloitte ended in March 2021. The Trust therefore needed to re-tender the contract for External Audit. Mr Gild reported that there was an opportunity for a collaborative arrangement with Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System procurement for external audit. Mr Gild confirmed that the responsibility for appointing the Trust's External Auditors rested with the Council of Governors. Mr Gild agreed to explore the procurement option with Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System and report back to the Council of Governors.

7.	**BHFT Annual Report and Accounts 2019/20 Presentation**
	Julian Emms, Chief Executive provided a summary overview of the Trust's achievements in the Annual Report 2019-20. Mr Emms said that since the Covid-19 pandemic the Trust had significantly increased its use of digital platforms for patient consultations. It was noted that going forward there would be a mix of face to face consultations and online consultations. Many staff would also continue to be primarily home based. Linda Goddard said that it was positive the way the Trust had adapted to the COVID-19 pandemic by increasing its usage of online consultations but asked how the Trust was ensuring that patients were not excluded if they did not have digital capability. Alex advised that the Trust had piloted a scheme which provided patients and carers with digital access via iPads. In addition, the Trust was also undertaking telephone consultations. It was noted that face to face consultations were also continuing where clinical required. Arlene Ansell reported that Reading University had done work around supporting people who were not familiar with digital systems and offered to help the Trust. Tom Lake asked about inpatient wards during the COIVD-19 pandemic. It was noted that all patients tested positive for Covid-19 were placed together on one ward. Work carried on as normal with staff wearing appropriate PPE and taking infection control measures. <u>Financial Review for 2019/20</u> Alex highlighted the figures for 2019/20. Our control total had been achieved and financial plan had been delivered. John Barrett asked whether the COVID-19 pandemic had delayed the Trust's Estates Programme. Julian said that construction work had stopped during the lock down but had re-started. The Chair thanked Julian and Alex for their presentations.
8.	**Carers Strategy Presentation (Enclosure)**
	The Chair welcomed Dan Groves, Physiotherapy Professional Lead for Unscheduled Care Services. Dan gave a presentation on the Trust's Carer's Strategy. It was noted that all services had a defined carer offer which was either at tier 1 or tier 2: • Tier 1 - staff will be carer aware, services will identify carers and involve them in planning of care and staff will refer carers to relevant services. • Tier 2 – in addition to Tier 1 – Services will have allocated staff responsible for carers, services will introduce the service and relevant information acres the care pathway and services will provide a range of career support and obtain carers feedback. The Chair noted that carers play an important part in patient recovery and thanked Dan for his presentation.
9.	**Reports from the Sub-Groups**
	a) Living Life to the Full

None.

b) Quality Assurance
None.

c) Membership and Engagement
None.

10. Executive Reports from the Trust

1. Patient Experience Quarter 1 Report

Liz Chapman, Head of Service Engagement and Experience provided an overview of the report and highlighted the following points:

- During the Quarter 1, the Trust had received 44 complaints. This was lower than any previous quarter of the last two years. 50% of the complaints were received in June;
- Whilst a very small number could be attributed to the COVID pandemic, for example, dissatisfaction with discharge arrangements due to changed processes, most of the complaints were around communication and dissatisfaction with clinical care and were not related to COVID-19 or to the Trust's pandemic response;
- Of the 35 complaints closed in the quarter, 71% were partially or fully upheld which was higher than in the previous quarters which was usually around 60% of the complaints;
- During the quarter, the Trust had received 873 compliments which was significantly lower than in previous quarters, but this was not surprising given that many of the Trust's planned services were not seeing patients for routine care during the COVID-19 pandemic;
- The national Friends and Family test reporting was suspended during the COVID-19 pandemic but NHS England had confirmed that reporting would formally start from 1 October 2020 and would be based on a new Friends and Family Test question around rating of care rather than a recommendation to others. Locally, the Trust had made the decision to start the new Friends and Family Test from 1 September 2020 in readiness for the NHS England launch.

2. Performance Report

The report was taken as read.

Paul Myerscough asked about NHS England/Improvement's focus on getting staff vaccinated against flu and asked whether this was to reduce staff sickness or to protect patients. Julian said that the primary objective was around patient safety.

Tom Lake asked whether there had been an increase in the number of suicides during during the COVID-19 pandemic.

Julian said that there had not been an increase locally but pointed out that the impact of the COVID-19 pandemic on people's mental health was still unclear.

Guy Dakin referred to the staff sickness for Q1 and commented that this was the same as for is and as Q4. Alex Gild agreed to forward a copy of the correct sickness figures to Guy.

3. COVID-19 Recovery Update

The report was taken as read.

Kathryn MacDermott, Acting Executive Director of Strategy thanked all staff for their work during the COVID-pandemic.

	All services are now operational and with a blended approach (that is a mix between online/telephone and face to face consultations). We have plans in place to minimise the impact of the second Covid-19 wave and are are not intending to redeploy staff at this stage unless mandatory. Paul Myerscough asked if extra funding is available to cover the costs of the backlog in services waiting lists due to Covid-19. Kathryn acknowledged that whilst some services still have long waiting lists others have been reduced with the usage of digital ways of working and confirmed this is included in our modelling tool. The Chair thanked Kathryn for her presentation.
11.	**Appointment of Lead and Deputy Lead Governor**
	The Company Secretary reported that only one nomination had been received for the role of Lead Governor and one nomination for the role of Deputy Lead Governor. The Council agreed that: a) Paul Myerscough be appointed as Lead Governor; and b) Susana Carvalho was appointed as the Deputy Lead Governor.
12.	**Chair's Activities**
	The Chair updated on his recent activities; visits the community and mental health wards at Prospect Park Hospital. Discussions with various Trusts involved with BAME staff and in particular NED representation. Attending virtual monthly Governor Coffee Mornings.
13.	**Governor Feedback Session**
	None.
14.	**Any Other Business**
	There was no other business. The Chair thanked all Trust staff for their work during the Covid-19 pandemic.
15.	**Date of Next Meetings**
	a) 4 November 2020 - Joint Trust Board/Council of Governors meeting 2 December 2020 - Formal Council Meeting

Council of Governors

Meeting Date	December 2020
Title	Quality Account Indicators for External Audit in 2020/21
Purpose	NHS foundation trusts are required to get assurance through substantive sample testing over one local indicator included in the quality report. The local indicator should be selected by the Trust Council of Governors based on local priorities. The local priorities are defined as all those which contribute to our True North and are within the local priority section of the Trust Quality Account. The auditor will then provide a report on findings and recommendations for improvements on this indicator to the Council of Governors.
Business Area	Corporate
Author	Head of Clinical Effectiveness and Audit & Quality Account and NICE Lead
Relevant Strategic Objectives	True North Goal 1- Harm Free Care, True North Goal 2- Supporting Our Staff, True North Goal 3- Good Patient Experience
CQC Registration/ Patient Care Impacts	Does not negatively impact registration or patient care.
Resource Impacts	None
Legal Implications	Statutory requirement of the Health Act 2012
Equality and Diversity Implications	None
SUMMARY	The Council of Governors are required to approve a local indicator to be externally validated by our external auditors Deloittes as part of the Annual Quality Account Audit. The BHFT Quality Account contains 68 indicators in total of which a significant number are nationally mandated. The local indicator should be selected by the Council of Governors based on local priorities (NHS England: Detailed requirements for external assurance for quality reports 2019/20. February 2020). The following criteria (detailed within the paper) have been applied to the 68 indicators to provide the governors with a list of indicators to choose from: 1. The indicator is a local priority: used to inform our True North Objectives (Appendix A) and within the priorities section of the Quality Account. 2. The data must be generated by the Trust (external data excluded) By applying these criteria to filter the indicators, a list of 21 indicators have been identified. These 21 indicators are detailed within the report, we have also identified if the indicators are already being audited by our Trust Performance & Data Quality Team or Internal Auditors (RSM) to help inform governors when making their choice. **Recommendation** Of the 21 indicators which meet the criteria for audit 11 are being audited by either the Internal Auditors (RSM) or by the Trust Performance & Data Quality Team, and we would therefore recommend governors chose an indicator which is not already being reviewed (highlighted in bold on the table).

ACTION	To agree and confirm the indicator for review by our external auditors Deloitte LLP as part of the external assurance audit.

Local Indicator to be reviewed as part of the Trust Quality Account External Assurance Process

Introduction

All NHS Foundation Trusts are required to produce an annual Quality Report that describes the quality of care they are providing in relation to a number of mandated performance metrics and other national and local quality priorities and indicators. This Quality Report aims to improve transparency and hence public accountability.

As part the assurance process, the Trust is required by NHS Improvement (NHSi) to gain external assurance on this Quality Report to ensure that the data contained within it is robust. These audits are undertaken to test the robustness of the system for collecting and reporting on data and, consequently, they support the validity of the data being reported.

Our external auditors are required to undertake substantive sample testing on three performance indicators contained within the quality report. Two of these performance indicators are mandated by NHSi, with the third local indicator being selected locally by the Trust Council of Governors.

At the time of writing this paper, NHSi has yet to publish its 2020/21 guidance for external assurance on quality reports. However, it is likely that the mandated performance indicators will remain the same as those in 2019/20.

The review by external audit will complete the following:

1. review the content of the quality report against the requirements set out in the NHS foundation trust annual reporting manual 2020/21 which is supported by the quality reports requirements in NHS Improvement's Detailed requirements for quality reports 2020/21.

2. review the content of the quality report for consistency against the other information sources reported to the Trust Board in 2020/21.

3. provide a signed limited assurance report in the quality report on whether anything has come to the attention of the auditor that leads them to believe that the quality report has not been prepared in line with the requirements set out in the NHS foundation trust annual reporting manual and accompanying guidance and/or is not consistent with the other information sources detailed within Trust Board reports.

4. undertake substantive sample testing on two mandated performance indicators and one locally selected indicator (to include, but not necessarily be limited to, an evaluation of the key processes and controls for managing and reporting the indicators and sample testing of the data used to calculate the indicator back to supporting documentation)

5. provide a signed limited assurance report in the quality report on whether there is evidence to suggest that the two mandated indicators have not been reasonably stated in all material respects in accordance with the NHS foundation trust annual reporting manual and supporting guidance

6. provide a report to the NHS foundation trust's council of governors and board of directors (the governors' report) of their findings and recommendations for improvements on the content of the quality report, the mandated indicators and the locally selected indicator.

This report focuses on part 6 detailed above and specifically the locally selected indicator.

NHS foundation trusts need to get assurance through substantive sample testing over one local indicator included in the quality report. Although the foundation trust's external auditors will be required to do the work, they are not required to provide a limited assurance report over this indicator in 2020/21. Depending on the specialist nature of the indicator selected, external auditors may wish to build on the expertise of others, including internal auditors' peer review, specialist review or a combination of these methods.

The local indicator should be selected by the Council of Governors based on local priorities (NHS England: Detailed requirements for external assurance for quality reports 2019/20. February 2020).

The auditor will provide a report on findings and recommendations for improvements on this indicator to the Council of Governors.

The Quality Account contains 68 indicators in total of which a significant number are mandated for inclusion nationally.

The following criteria have been used to help identify the relevant local indicator to audit within the Quality Account:

1. NHS England Guidance states the indicator chosen by Governors must be based on a local priority. Our local priorities are defined as those used to inform our True North Objectives (Appendix A) and within the priorities section of the Quality Account.

2. The Trust must own the indicator and generate the data, for example it would not be possible to audit the data of the national staff survey as the data and calculations are held and calculated external to the trust.

Applying these criteria results in the following:

The Quality Account contains 68 indicators of which a significant number are mandated nationally.

Criteria 1: The local indicator should be based on local priorities of the Trust,

There are 28 local indicators in the Quality Account based on Criteria 1

Criteria 2: The indicator must use data owned by the trust as external data is excluded

There are 21 local indicators in the Quality Account following application of criteria 1 and then 2. These are detailed for consideration in Table 1 below

Action Required

The table below details the 21 indicators which meet the criteria for audit, in addition we have identified which indicators are being audited by the Internal Auditors (RSM) or the Trust Performance & Data Quality Team.

We would recommend choosing an indicator which is not already being tested, although you may request the outcome of this work if there is a specific area of interest you would like assurance on or would like additional external assurance.

Governors are requested to choose one indicator and submit their choice to the Chair of Governors. The paper was submitted in advance of the meeting to the Lead Governor and Chair who have shared this with the council members and have the opportunity for them to discuss it at their informal meeting on 1st Decemeber.
The outcome of this process will then formally be noted at the December Council of Governors meeting.

3. Locally Determined Indicator for Agreement by Trust Council of Governors

Indicator in Trust Quality Account	Trust Target	Is indicator already being audited during year?
1. Number of formal complaints and compliments received	**No Target**	**No**
2.Bed Occupancy on adult inpatient wards- separated into: - Adult Mental Health Acute Inpatient Wards - Adult Mental Health non-acute Inpatient Wards (OPMH) - East Adult Community Inpatient Wards - West Adult Community Inpatient Wards	≤ 85%	Yes- mental health acute occupancy rate audited by Trust Performance and Information Team
3.Average Length of stay on adult inpatient wards- separated into: - Adult Mental Health Inpatient Wards - East Adult Community Inpatient Wards - West Adult Community Inpatient Wards	<30 days	Yes- acute average length of stay audited by the Trust Performance and Information Team
4.Adult mental health inpatients experiencing a delayed transfer of care	**<7.5%**	**No**
5.Monthly Number and rate of falls per 1000 bed days on Older People's Inpatient Wards (OPMH and CHS)	≤8 falls per 1000 bed days on OPMH wards, ≤4 falls per 1000 bed days on community inpatient wards	Yes- Falls in month audited by the Trust Performance and Information Team
6. Hand Hygiene audit	**80%**	**No**
7. Grade 2 pressure ulcers due to a lapse in care attributable to the Trust	≤19 during the year	Yes- The Trust Performance and Information Team
8. Grade 3 or 4 pressure ulcers due to a lapse in care attributable to the Trust	≤18 during the year	Yes- The Trust Performance and Information Team
9. Days between development of Grade 3 or 4 pressure ulcers due to a lapse in care attributable to the Trust	≥180 days between development of pressure ulcers	Yes- The Trust Performance and Information Team
10. Instances of patient self-harm reported for trust mental health inpatients	<46 per month	Yes- The Trust Performance and Information Team
11. Number of Serious Incidents and Duty of Candour	**No target**	**No**
12. Suicides of patients under Berkshire Healthcare NHS Foundation Trust mental healthcare- Number per month and rolling year total per month	No target	Yes- The Trust Performance and Information Team
13. Unexpected inpatient deaths and deaths within 7 days of transfer to an acute ward	**No lapses in care identified**	**No**

14.Safe Staffing levels	**Safe staffing calculation**	**No**
15. Number and percentage of recommendations met in baseline assessments of the following NICE Guidelines: - **NG163- Covid-19 Rapid Guideline- Managing symptoms (including at the end of life) in the community.** - **NG168- COVID-19 rapid guideline: community-based care of patients with chronic obstructive pulmonary disease (COPD).**	**>80% of recommendations met**	**No**
16.Statutory and mandatory training rates for: **- Fire training** **- IG Training** **- Manual Handling training** **- Health and Safety Training**	**95% for Fire and IG** **90% for manual handling and Health and Safety**	**No**
17.Overall Staff Sickness Rate	**<3.5%**	**No**
18.Overall Staff Vacancy Rate	<10%	Yes- by Internal Auditors
19.Overall Staff Turnover Rate	<16%	Yes- by Internal Auditors
20.Number of patients to staff assaults	<44 per month	Yes- Trust Performance and Information Team
21. Number of cases brought to the Trust Freedom to Speak Up Guardian	**No Target**	**No**

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Recovery plan on a page 2020/21

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.**

True North goal 1: Harm-free care

✓ **To provide safe services by eliminating avoidable harm**

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

True North goal 2: Supporting our staff

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

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

True North goal 3: Good patient experience

✓ **To provide good outcomes from treatment and care**

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

True North goal 4: Money matters

✓ **To deliver services that are efficient and financially sustainable**

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

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

Berkshire Healthcare
NHS Foundation Trust

Annual Report of the Trust's Audit Committee to the Council of Governors
December 2020

SUMMARY

In line with the NHS Foundation Trust Code of Governance, it is regarded as best practice for the Audit Committee to provide a report annually to the Council of Governors to:

- Highlight any relevant audit issues identified during the year in respect of which the Committee considers action or improvement is warranted and setting out the steps to be taken.
- Comment on the quality of the auditors work and on the reasonableness of the fees (if appropriate).
- The guidance states that the Audit Committee "must make a recommendation to the Council of Governors with respect to the reappointment of the auditor".

Introduction

The Audit Committee's chief function is to advise the Trust Board on the adequacy and effectiveness of the Trust's systems of internal control, risk management and governance and also its arrangements for securing economy, efficiency and effectiveness. The Committee's terms of reference are attached at appendix 1.

As requested by the Council of Governors, this annual reported has been expanded to provide more detail about the work of the Committee. It should be noted that the full minutes of the Audit Committee are presented to the next meeting of the Public Trust Board (the Trust Board's meeting papers are available from the Trust's website).

Committee Membership

The members of the Committee during 2020 (all of whom are Non-Executive Directors) were as follows:

Chris Fisher, Non-Executive Director and Audit Committee Chair
Naomi Coxwell, Non-Executive Director
Mehmuda Mian, Non-Executive Director

Mark Day, Non-Executive Director deputised for Mehmuda Mian at the January 2020 meeting.

Executive support to the Committee included regular attendance by the Deputy Chief Executive and Chief Financial Officer, Director of Finance, Director of Nursing and Therapies, Medical Director and Head of Clinical Effectiveness and Audit. The Committee is supported by the Company Secretary.

External representation included representatives of Deloitte, External Auditors, RSM Risk Assurance Services, Internal Auditors and TIAA, Counter Fraud Services.

During 2020, the Committee met on four occasions, including May 2020 when the Annual Accounts were presented. Due to COVID-19 pandemic, the April 2020 meeting was cancelled. The meetings in May 2020, July 2020 and October 2020 were conducted virtually via Microsoft Teams.

All meetings were quorate.

The minutes of each Committee meeting are received at the next available Trust Board meeting. The Audit Committee Chair presents the minutes and highlights any key areas of the Committee's discussions.

COVID-19 Pandemic

NHS England/Improvement wrote to NHS provider organisations on 17 March 2020 setting out a range of activities which should be paused or curtailed in order to release capacity to respond to the operational challenges associated with managing the COVID-19 pandemic. This included reducing the number of meetings and replacing those meetings which needed to take place (for example, Quality Committees) with virtual meetings.

The Trust Board continued to meet virtually but the April 2020 Trust Board meeting was replaced with a private meeting focusing on the Trust's COVID-19 response, including a discussion about the implications of the central COVID-19 financial regime. Public Trust Board virtual meetings resumed from May 2020 with the recording of the meetings posted on the Trust's website.

The April 2020 Audit Committee meeting was cancelled and the Internal Audit programme was put on hold during the lock-down period. The Trust's financial team and Internal Auditors conducted the 2019-20 financial accounts audit virtually.

Committee Self-Assessment of Effectiveness

The Committee undertakes an annual self-assessment of effectiveness. Members and regular attendees are requested to rate the performance of the Committee and make suggestions for improvement. The results are then considered to determine what action, if any, may be necessary.

The results of the latest self-assessment exercise *will be* reported to the October 2020 Audit Committee meeting.

Overall, the results were very positive. Non-Executive Director succession planning was identified as an area for improvement, especially as the Audit Committee Chair's second term of office will end on 30 September 2021.

(The Audit Committee Chair's second term of office was due to end on 30 September 2020 and the Council of Governors' Appointments and Remuneration Committee had begun the recruitment and selection process to appoint a new Chair of the Audit Committee. Due to the COVID-19 pandemic, the recruitment process was paused and the Council of Governors agreed to extend Mr Fisher's term of office by another year.)

The Council of Governors' Appointments and Remuneration Committee would start the recruitment process for the Audit Committee Chair's successor in the New Year.

Audit Committee Professional Development Session

Starting from July 2019, the Committee had started to hold professional development sessions an hour before each meeting. Members of the Finance, Investment and Performance Committee (which meets in the morning on the same day as the Audit Committee) are also invited to attend.

These sessions are facilitated by the Trust's External or Internal Auditors or by the Counter Fraud Specialist.

In January 2020, the Trust's Internal Auditors, RSM facilitated a professional development session on Cyber Security. Unfortunately, due to the COVID-19 pandemic and the move to holding virtual meetings, the lunchtime professional development sessions have been paused and will resume when the COVID-19 social distancing requirements have been relaxed.

The sessions provide an opportunity for the members of the Audit Committee and the Finance, Investment and Performance Committee to discuss topical issues and to find out from the Trust's external partners about best practice elsewhere in the sector.

Summary of Work Undertaken

During 2020 key activity included:

A) Board Assurance Framework and Corporate Risk Register

The Committee reviews the Board Assurance Framework and the Corporate Risk Register at each meeting in order to maintain scrutiny on the management of risks to strategic and corporate objectives.

B) Cyber Security Annual Report

At our January 2020 meeting, the Chief Information Officer presented the Trust's Cyber Security Annual Report. It was noted that members of the Trust Board had recently received Cyber Security awareness training by a GCHQ accredited trainer. The Committee noted that progress towards achieving Cyber Security Essentials Plus accreditation *(the Trust received Cyber Security Essentials Plus accreditation in March 2020).*

As previously mentioned, prior to the January 2020 meeting, the Trust's Internal Auditors facilitated a professional development session on Cyber security.

C) Trust Use of the Apprenticeship Levy

At our July 2020 meeting, the Interim Director of People, the Widening Participation Lead and the Head of Clinical Education attended the meeting to talk about the Trust's use of the Apprenticeship Levy.

We were informed that:

- Apprenticeships were part of the Trust's workforce plan developed to mitigate national staff shortages amongst key staff groups, for example, Nursing and Allied Health Professionals;
- National workforce shortages provided the Trust with an incentive to "grow" its own staff and that apprenticeships provided an important route

The Committee fully endorsed the Trust's use of apprenticeships, especially in relation to the Trust "growing its own" staff to fill workforce gaps.

D) Clinical Audit Programme

The Audit Committee's role is to ensure that there is an effective Clinical Audit process. This includes reviewing the annual clinical audit plan and receiving regular reports on both progress against plan and status of relevant action plans. The results of the individual clinical audits together with action plans to address any areas identified for further improvements are reviewed by the Quality Assurance Committee.

E) Data Quality Assurance

The Trust recognises that all its decisions, whether clinical, managerial or financial need to be based on sound information that is of the highest quality. Information is derived from individual data items that are collected from numerous manual and digital sources. Use of information to support:

- effective patient care
- clinical governance
- management and service agreements for healthcare planning

This means that data quality is a crucial element in providing assurance that decisions made are the correct ones. The Committee received a quarterly Data Quality Assurance Report which sets out the results of the Trust's data quality audits.

F) Single Waiver Report

The Committee receives a quarterly report setting out details of any contracts which have been awarded to a provider without going through the usual procurement process. There are a number of reasons for single waiver contracts, for example, if the provider is the sole source of supply or an existing contract is extended pending a full procurement exercise.

G) Losses and Special Payments Report

The Committee receives a quarterly report on any losses or special payments made during the reporting period.

H) Clinical Claims and Litigation Report

The Committee receives a quarterly report on clinical negligence and employers' liability claims together with any learning and on-going work in relation to any themes identified as part of the claims process. Learning from the analysis of the claims (both clinical and employee detailed within this paper will be shared with the wider organisation through learning curve and patient safety and quality forums.

I) Approval of the Trust's Annual Accounts on behalf of the Trust Board

We convened a special meeting in May 2020 to approve the Trust's Annual Accounts on behalf of the Trust Board. The Committee congratulated the Deputy Chief Executive and Chief Financial Officer and his team for completing the final accounts ahead of NHS Improvement's deadline despite having to comply with the COVID-19 social distancing requirements which meant that the audit was conducted virtually.

J) Other Matters

The Committee also receives:

- Reports from the Internal Auditors, External Auditors and Counter Fraud Specialist.
- The Internal and External Auditors and the Counter Fraud Service share national good practice and help the Audit Committee to be keep up to date with any new policy developments.
- The Chair provides assurance to the Trust Board on the work of the Counter Fraud Services as part of his Audit Committee meeting feedback to the Board
- Minutes of assurance related Committees, including the Finance, Investment and Performance and Quality Assurance Committees

There are no substantial issues or concerns that the Audit Committee needs to draw to the Council's attention from its work in 2020.

Board Sub-Committee Co-ordination

The Chairs of the Audit, Finance, Investment and Performance and Quality Assurance Committees hold an annual meeting to review their respective work programmes in order to identify any gaps or overlaps. At this meeting, the respective Chairs agreed that the Annual Clinical Claims and Litigation Report should also be submitted to the Quality Assurance Committee.

External Audit Matters

The Trust's External Auditors, Deloitte, attended the September 2020 Council of Governors meeting to present their audit report to the Governors. Due to the COVID-19 pandemic, NHS Improvement removed the requirement for the Trust's Quality Accounts 2019-20 to be subject to external assurance so the External Auditors' report to the Governors only included their comments on their audit of the Trust's year-end accounts.

The External Auditors audited the Trust's 2019-20 accounts and issued an unmodified audit opinion with no reference to any matter in respect of the Trust's arrangements to secure economy, efficiency and effectiveness in the use of resources or the Annual Governance Statement. The opinion drew attention to the material uncertainty over property valuations included in note 1.3 to the financial statements (in line with most other trusts at 31 March 2020 due to the impact of Covid-19).

Internal Audit Reports

A copy of the Internal Auditor's 2019/20 annual report to the Audit Committee is provided at Appendix 2 *(to be attached to the report to the Governors)* for fuller information and assurance purposes.

The report concluded that based on the work undertaken in 2019/20, the Trust had an adequate and effective framework for risk management, governance and internal control.

This was the Internal Auditors highest level of assurance.

In reaching their opinion, the Internal Auditors had taken into effect the positive assurance ratings in respect of the individual audit reviews over the course of the last year and management's response to addressing any areas for improvement when assigning an internal audit opinion.

A summary of the audit reviews is set out below:

a) Rostering Review (reasonable assurance)

The objective of the review was to provide assurance on the controls and mitigations in place to ensure that the Trust utilised bank staff prior to the use of agency staff.

The review highlighted that an analysis of 2.5 months of booked shifts showed 61% out of 18,500 shifts were to cover vacancies. The review acknowledged that the Trust had made significant progress and that the Trust was refining its approach to swapping out temporary staffing for permanent recruitment. The noted that a reduction in temporary staff in some areas of the Trust was not always matched by a reduction in agency costs in that same area. The review also made recommendations around improving the timeliness of the roster approvals and reducing the incidence of late bookings for shifts.

b) Compliance with the Mental Health Act (reasonable assurance)

The objective of the review was to provide assurance on the controls and mitigations in place to ensure that the Trust complied with the duties under the Mental Health Act.

The review's recommendations included: creating standard operating procedures which clearly documented the necessary processes to undertake for different patient pathways and developing a Mental Health Act assurance process for learning lessons from the Mental Health Act compliance audits. In addition, the auditors recommended a review of the Mental Health Act Office structure to ensure the necessary leadership, skill and capacity was in place to meet the demand of the increased volume of Mental Health Act work as well as to provide the relevant support and expert advice to staff in complex situations.

c) WestCall (substantial assurance)

The objective of the review was to look at the policies, processes and governance arrangements in place for the WestCall out of hours service operated by the Trust and its usage and storage of controlled drugs.

This review was the third review completed by the internal auditors of the WestCall service. The first was completed in in December 2015 and resulted in a red 'No Assurance' opinion being given. This review was followed by a subsequent review of WestCall in July 2017, which resulted in an amber red 'Partial Assurance' opinion being given with management actions being raised around the storage of controlled drugs, the governance arrangements and the monitoring of expiry dates.

The internal auditors provided assurance that their recommendations made in respect of the previous two audits had been implemented and embedded and gave a "substantial assurance" rating.

d) Business Continuity and Disaster Recovery (reasonable assurance)

The objective of the review was to assess the processes in place to ensure that in the event of a disaster/attack on the IT systems that the delivery of key business services can continue with minimal disruption.

The internal auditors identified that a number of service lines (including corporate functions) were incomplete and had not uploaded their business continuity plans on the intranet. This was rated as a high priority action. The Trust's management agreed to ensure that the supporting business continuity plans and associated business

impact analyses were completed for all service lines and updated and reviewed on a regular basis.

The internal auditors also recommended that the Trust should ensure that ongoing formal review and spot checks were completed by the Compliance and Risk Team to ensure that all supporting business continuity plans and associated business impact analyses were completed to a satisfactory standard.

e) Key Financial Controls - Debtors (substantial assurance)

The review concluded that overall, the control framework in place for the collection of debt and the backing procedural documentation to guide staff was strong at the Trust. The internal auditors noted that the Credit Control Procedure had been recently updated and was reflective of working practices at the Trust. The internal auditors also commented that reporting to the Trust's management was consistently completed in a timely manner and provided sufficient information to support the decision-making process.

f) Key Financial Controls – Accounts Payable (substantial assurance)

The objective of the review was to evaluate the adequacy and application of controls in place for the organisation's key financial management systems. Control activities are put in place to ensure that risks to the achievement of the organisation's objectives are managed effectively.

The review identified one medium action in relation to the Creditor Masterfile. Through data analytics, the internal auditors found 27 instances of potential duplicate supplier accounts. On further investigation by the Trust, only four were genuine duplicate accounts which had been set up by error. In each case, the bank details were the same and therefore the risk of payments made in error was low.

The Trust's management agreed to remind staff to check whether an account existed prior to requesting the setup of a supplier. In addition, routine check would be undertaken to ensure that duplicate supplier accounts do not exit.

g) Board Assurance Framework and Risk Management Culture (substantial assurance for the Board Assurance Framework and Corporate Risk Management and reasonable assurance for Divisions and links to Corporate Risk Management)

The maintenance and implementation of an effective Risk Management Strategy provides ongoing assurance to the Board over the effectiveness of controls identified to mitigate principal risks that threaten the achievement of strategic objectives.

The internal auditors review the Board Assurance Framework and different aspects of Corporate Risk Management annually.

The internal auditors split the opinion provided in the review to reflect the differing level of maturity of the risk management culture and strength of processes at different levels. The internal auditors' opinion in respect of the Board Assurance Framework and Corporate Risk Management was "substantial assurance". The internal auditors' opinion in respect of the Divisions and links to Corporate Risk Management was "reasonable assurance".

The review's recommendations included updating the Trust's Risk Management Strategy to include a section on the Trust's risk appetite and further work on the Divisional risk registers in order to standardise the scoring of risks, assurances

received and to consider updates in red ink in order to highlight any changes since the risks were last reviewed by the overseeing committee/group.

Overall Internal Audit Programme Progress

The table below sets out the ratings of the audit reviews conducted in 2019-20 which were not finalised when the Council of Governors received last year's annual audit committee report.

The table also sets out the ratings of the audit reviews conducted so far during 2020-21.

Audit Area	***Risk Rating***
2019/20	
Rostering	Reasonable Assurance
Compliance with the Mental Health Act	Reasonable Assurance
Business Continuity and Disaster Recovery	Reasonable Assurance
Key Financial Controls - Debtors	Substantial Assurance
WestCall	Substantial Assurance

Audit Area	***Risk Rating***
2020/21	
Workforce Race Equality Standard	Reasonable Assurance (draft)
Recruitment and Retention	Reasonable Assurance (draft)
Data Security Protection Toolkit	(Advisory)
Board Assurance Framework and Risk Management Culture	Substantial Assurance for the Board Assurance Framework and Corporate Risk Management Reasonable Assurance for Divisions and Links to Corporate Risk Management
Key Financial Controls – Accounts Payable	Substantial Assurance
IT Project Management	TBC
Patient Level Costing	TBC
Quality Improvement Programme	TBC
Financial Governance	TBC
Cyber Security	TBC
Patient Experience and Learning from Complaints	TBC

ACKNOWLEDGEMENTS

The Audit Committee also commends the sterling work carried out by the Trust's finance team on the annual accounts this year.

COUNTER FRAUD AND AUDITORS' CONTRIBUTION:

Throughout the year, the Audit Committee has been supported fully by the Trust's internal and external auditors and by the Counter Fraud Service.

The Committee is fully satisfied with the quality of the work undertaken by the Counter Fraud Service, TIAA, the Internal Auditors, RSM and the External Auditors, Deloitte.

ACTION:

The Council of Governors is invited to note the report and to seek any clarification.

Prepared by Julie Hill
Company Secretary

Presented by Chris Fisher
Chair of Audit Committee

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Annual internal audit report 2019/20

Draft

April 2020

THE POWER OF BEING UNDERSTOOD
AUDIT | TAX | CONSULTING

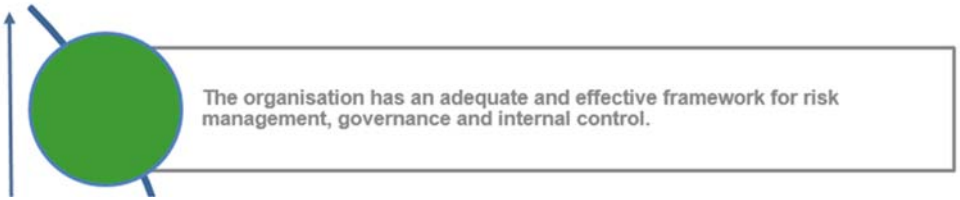
RSM

THE ANNUAL INTERNAL AUDIT OPINION

This report provides an annual internal audit opinion, based upon and limited to the work performed, on the overall adequacy and effectiveness of the organisation's risk management, control and governance processes. The opinion should contribute to the organisation's annual governance reporting.

The opinion

For the 12 months ended 31 March 2020, the head of internal audit opinion for Berkshire Healthcare NHS Foundation Trust is as follows:



Please see appendix A for the full range of annual opinions available to us in preparing this report and opinion.

It remains management's responsibility to develop and maintain a sound system of risk management, internal control and governance, and for the prevention and detection of material errors, loss or fraud. The work of internal audit should not be a substitute for management responsibility around the design and effective operation of these systems.

Scope and limitations of our work

The formation of our draft opinion is achieved through a risk-based plan of work, agreed with management and approved by the audit committee. Our opinion is subject to inherent limitations, as detailed below:

- internal audit has not reviewed all risks and assurances relating to the organisation;
- the opinion is substantially derived from the conduct of risk-based plans generated from a robust and organisation-led assurance framework. The assurance framework is one component that the board takes into account in making its annual governance statement (AGS);
- the opinion is based on the findings and conclusions from the work undertaken, the scope of which has been agreed with management;
- where strong levels of control have been identified, there are still instances where these may not always be effective. This may be due to human error, incorrect management judgement, management override, controls being by-passed or a reduction in compliance;
- due to the limited scope of our audits, there may be weaknesses in the control system which we are not aware of, or which were not brought to our attention; and
- Our internal audit for 2019/20 was completed prior to the advent of the substantial operational disruptions caused by the Covid-19 pandemic. As such, our audit work and annual opinion does not reflect the situation that has arisen in the final weeks of the year. We do however recognise that there has been a significant impact on both the operations of the organisation and its risk profile.

FACTORS AND FINDINGS WHICH HAVE INFORMED OUR OPINION

Whilst opportunities for some enhancements to the control environment were identified, we issued the following positive assurance opinions in 2019/20:

- Fire Safety (Reasonable Assurance).
- Medical Job Planning. (Reasonable Assurance).
- Board Assurance Framework and Risk Management. (Reasonable Assurance).
- Freedom to Speak Up. (Reasonable Assurance).
- Rostering. (Reasonable Assurance).
- Compliance with Mental Health Act. (Reasonable Assurance).
- WestCall. (Substantial Assurance).
- Business Continuity & Disaster Recovery. (Reasonable Assurance).
- Key Financial Controls. (Substantial Assurance).
- Data Security and Protection Toolkit (Draft – Advisory).

We have not issued any 'no assurance' or 'partial' opinions in 2019/20. In the audits shown as providing Reasonable assurance we have identified some areas where enhancements are required and in each of these cases management actions have been agreed, the implementation of which will improve the control environment.

Topics judged relevant for consideration as part of the annual governance statement

Based on the work we have undertaken on the Trust's system of internal control, we do not consider that within these areas there are any issues that need to be flagged as significant control issues within the Annual Governance Statement (AGS). The Trust may wish to consider whether any other issues have arisen, including the results of any external reviews which it might want to consider for inclusion in the AGS.

THE BASIS OF OUR INTERNAL AUDIT OPINION

As well as those headlines previously discussed, the following areas have helped to inform our opinion. A summary of internal audit work undertaken, and the resulting conclusions, is provided at appendix B.

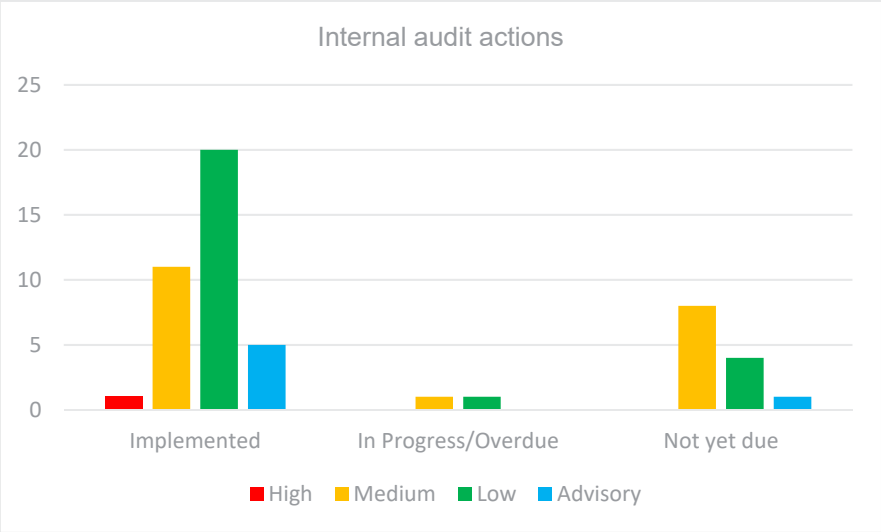
Acceptance of internal audit management actions

Management have agreed actions to address the findings reported by the internal audit service during 2019/20.

Implementation of internal audit management actions

Where actions have been agreed by management, these have been monitored by Internal Audit through the action tracking process in place. During the year progress has been reported to the audit committee, with the validation of the action status confirmed by Internal Audit on a rolling basis.

Our follow up of the actions agreed to address internal audit findings shows that the organisation had made progress in implementing the agreed actions. Follow Up to the 31 March 2020 is as follows:



For the year ending 31 March 2020, there were a total of 52 actions open (one high, 20 medium, 25 low actions and 6 Advisory), which included those actions raised during 2019/20, as well as actions carried over from previous years. Of the 52 actions, 37 actions (one high, 11 medium, 20 low and five advisory) had been implemented, two actions (one medium and one low) are overdue but are in the process of being implemented and 13 actions (eight medium, four low and one advisory) were not due. A breakdown of all management actions in progress/overdue can be found in **Appendix D**.

Working with other assurance providers

In forming our opinion, we have not placed any direct reliance on other assurance providers.

OUR PERFORMANCE

Wider value adding delivery

Area of work	How has this added value?
Healthcare Benchmarking	We have shared benchmarking information with the Trust including our annual report on the outcomes of Internal Audit opinions across our NHS client base.
Health Matters publications	We published our Health Matters quarterly publications. These included articles on: • the NHS long term plan; • make digital happen; • managing demand and capacity modelling; • Courage to lead • Culture in a well led organisation • Recruitment - time for a refresh • System Modelling - an iterative approach • One small step to digitalisation • effective and reliable financial planning and reporting; and • GDPR one year on. • The publication focused on hot topics within the health sector and highlighted key questions that health organisations should be asking themselves together with areas of good practice that can help strengthen the control environment.
Trust in the Boardroom – A move towards a sustainable corporate governance	Ethical decisions should be the foundation for all organisations and yet we have seen some major failings across most sectors in recent years it is critical for Boards and senior leadership to sustainably secure their future – and to challenge themselves in that role. Stakeholders and Boards alike must equip themselves with the skills and knowledge to ensure that the organisation they work for and are responsible for – operate effectively. Working with the Governance Forum, RSM have contributed to a four-pronged framework that focuses on the main principles of good governance. The publication provides an insight look exploring each core section.
Catch 22 – Digital Transformation and its impact on Cyber Security	We circulated the publication Catch 22 Digital Transformation and its impact on cyber security. This is a publication that draws on an in-depth survey of successful companies across Europe which was undertaken for RSM International by the European Business Awards, in order to understand levels of industry awareness of these cyber risks, the actions being taken to combat them, as well as the reaction to breaches taking place.
Client Briefings	As part of our client service commitment, during 2019/20 we issued news briefings to each Audit Committee meeting.

Audit Committee	We contributed to the discussions at the audit committee on various items on the agenda in order to ensure that the Trust benefits from wider input in further developing its governance arrangements.

Conflicts of interest

RSM has not undertaken any work or activity during 2019/2020 that would lead us to declare any conflict of interest.

Conformance with internal auditing standards

RSM affirms that our internal audit services are designed to conform to the Public Sector Internal Audit Standards (PSIAS).

Under PSIAS, internal audit services are required to have an external quality assessment every five years. Our risk assurance service line commissioned an external independent review of our internal audit services in 2016 to provide assurance whether our approach meets the requirements of the International Professional Practices Framework (IPPF) published by the Global Institute of Internal Auditors (IIA) on which PSIAS is based.

The external review concluded that 'there is a robust approach to the annual and assignment planning processes and the documentation reviewed was thorough in both terms of reports provided to audit committee and the supporting working papers.' RSM was found to have an excellent level of conformance with the IIA's professional standards.

The risk assurance service line has in place a quality assurance and improvement programme to ensure continuous improvement of our internal audit services. Resulting from the programme, there are no areas which we believe warrant flagging to your attention as impacting on the quality of the service we provide to you.

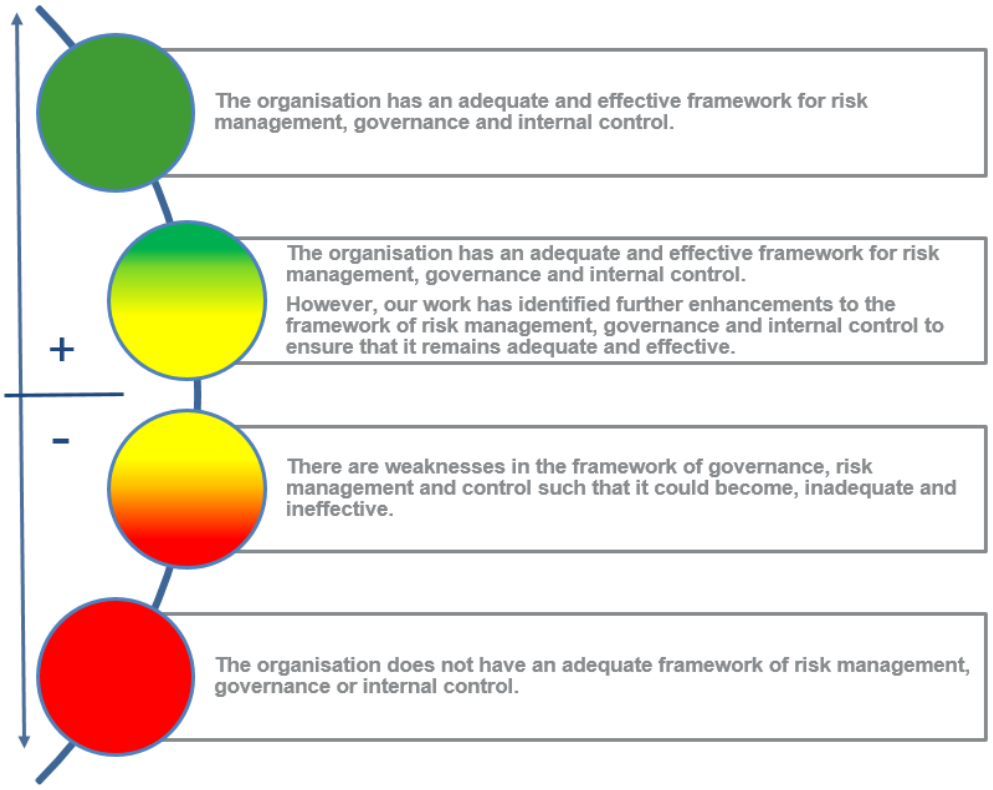
Quality assurance and continual improvement

To ensure that RSM remains compliant with the PSIAS framework we have a dedicated internal Quality Assurance Team who undertake a programme of reviews to ensure the quality of our audit assignments. This is applicable to all Heads of Internal Audit, where a sample of their clients will be reviewed. Any findings from these reviews are used to inform the training needs of our audit teams.

This is in addition to any feedback we receive from our post assignment surveys, client feedback, appraisal processes and training needs assessments.

APPENDIX A: ANNUAL OPINIONS

The following shows the full range of opinions available to us within our internal audit methodology to provide you with context regarding your annual internal audit opinion.

Annual opinions	Factors influencing our opinion
	The factors which are considered when influencing our opinion are: • inherent risk in the area being audited; • limitations in the individual audit assignments; • the adequacy and effectiveness of the risk management and / or governance control framework; • the impact of weakness identified; • the level of risk exposure; and • the response to management actions raised and timeliness of actions taken.

APPENDIX B: SUMMARY OF INTERNAL AUDIT WORK COMPLETED

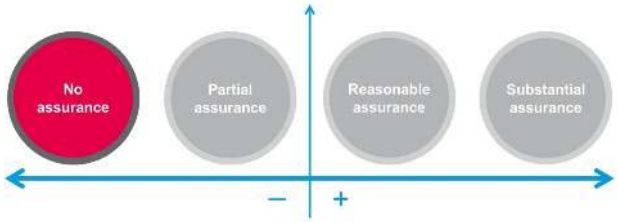
All of the assurance levels and outcomes provided above should be considered in the context of the scope, and the limitation of scope, set out in the individual assignment report.

Assignment	Executive Lead	Assurance Level	Actions agreed		
			H	M	L
Fire Safety	David Townsend, Chief Operating Officer	Reasonable Assurance [●]	1	2	5
Medical Job Planning	Minoo Irani - Medical Director	Reasonable Assurance [●]	0	3	1
Board Assurance Framework and Risk Management	Alex Gild, Deputy Chief Executive and Chief Financial Officer, Julie Hill, Company Secretary	Reasonable Assurance [●]	0	3	0
Freedom to Speak Up	Bev Searle, Director of Corporate Affairs	Reasonable Assurance [●]	0	5	3
Rostering	Bev Searle – Director of Corporate Affairs	Reasonable Assurance [●]	0	3	3
Compliance with Mental Health Act	Deborah Fulton, Director of Nursing and Therapies	Reasonable Assurance [●]	0	3	3
WestCall	Minoo Irani, Medical Director	Substantial [●]	0	0	2
Business Continuity & Disaster Recovery	David Townsend, Chief Operating Officer	Reasonable Assurance [●]	1	0	5

Assignment	Executive Lead	Assurance Level	Actions agreed		
			H	M	L
Key Financial Controls	Paul Gray, Director of Finance	Substantial [●]	0	0	1
Data Security and Protection Toolkit (Draft)	Alex Gild, Deputy Chief Executive and Chief Financial Officer	Advisory	0	1	4

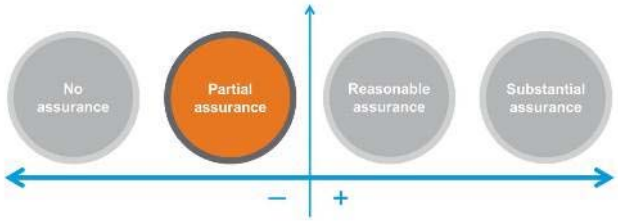
APPENDIX C: OPINION CLASSIFICATION

We use the following levels of opinion classification within our internal audit reports, reflecting the level of assurance the board can take:



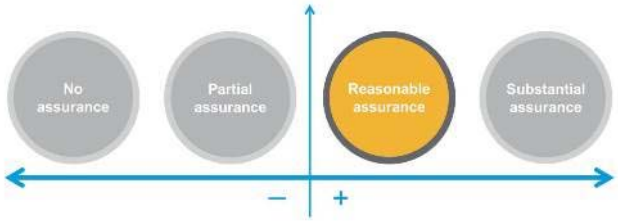
Taking account of the issues identified, the board cannot take assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied or effective.

Urgent action is needed to strengthen the control framework to manage the identified risk(s).



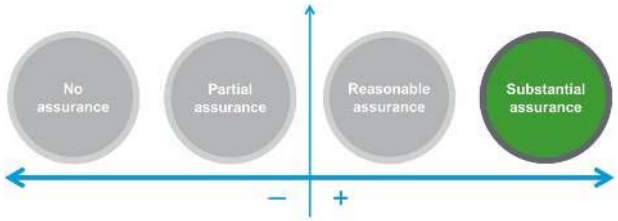
Taking account of the issues identified, the board can take partial assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied or effective.

Action is needed to strengthen the control framework to manage the identified risk(s).



Taking account of the issues identified, the board can take reasonable assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective.

However, we have identified issues that need to be addressed in order to ensure that the control framework is effective in managing the identified risk(s).



Taking account of the issues identified, the board can take substantial assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective.

APPENDIX D: BEING IMPLEMENTED MANAGEMENT ACTIONS

Report	Audit	Management Action	Priority	Responsible Owner	Original Due Date	Revised Due Date	Latest Update
1.19/20	Fire Safety	The Trust will hire an Authorising Engineer, who will provide technical assurance to Authorised Persons (Fire), in line with the Fire Safety Policy	Medium	Philip Watkins, Head of Compliance & Risk Services	31-March-2020	30-April-2020	**Being Implemented** This role will be appointed, subject to quality of quotes and due diligence etc, sometime in April along with Oxford Health as an AE services specification has been agreed and have identified four companies to quote.
4.19/20	Freedom to Speak Up	The Communication Plan section of FTSU Guardian Reports will be clarified and updated to show the following: • Progress made since the last report; • Target completion dates for activities within the plan; • Commentary on the success of completed activities.	Low	Mike Craissati, Freedom to Speak Up Guardian	31-Dec-2019	31-Aug-2020	**Being Implemented** The Comms plan was partially implemented for the last Trust Board report (December's Board Meeting) and will be expanded on for the next Board Report (Summer 2020).

YOUR INTERNAL AUDIT TEAM

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The matters raised in this report are only those which came to our attention during the course of our review and are not necessarily a comprehensive statement of all the weaknesses that exist or all improvements that might be made. Actions for improvements should be assessed by you for their full impact. This report, or our work, should not be taken as a substitute for management's responsibilities for the application of sound commercial practices. We emphasise that the responsibility for a sound system of internal controls rests with management and our work should not be relied upon to identify all strengths and weaknesses that may exist. Neither should our work be relied upon to identify all circumstances of fraud and irregularity should there be any.

Our report is prepared solely for the confidential use of Berkshire Healthcare NHS Foundation Trust, and solely for the purposes set out herein. This report should not therefore be regarded as suitable to be used or relied on by any other party wishing to acquire any rights from RSM Risk Assurance Services LLP for any purpose or in any context. Any third party which obtains access to this report or a copy and chooses to rely on it (or any part of it) will do so at its own risk. To the fullest extent permitted by law, RSM Risk Assurance Services LLP will accept no responsibility or liability in respect of this report to any other party and shall not be liable for any loss, damage or expense of whatsoever nature which is caused by any person's reliance on representations in this report.

This report is released to you on the basis that it shall not be copied, referred to or disclosed, in whole or in part (save as otherwise permitted by agreed written terms), without our prior written consent.

We have no responsibility to update this report for events and circumstances occurring after the date of this report.

RSM Risk Assurance Services LLP is a limited liability partnership registered in England and Wales no. OC389499 at 6th floor, 25 Farringdon Street, London EC4A 4AB.

Berkshire Healthcare
NHS Foundation Trust

Terms of Reference

Audit Committee

Purpose

This document contains the terms of reference for the Trust Audit Committee.

Document Control

Version	Date	Author	Comments
1.0	12 Mar 08	Garry Nixon	Initial Draft for Committee Chair
2.0	14 Mar 08	Garry Nixon	Updated following Committee Chair comments
3.0	1 May 08	Garry Nixon	Updated following Audit Committee consideration
4.0	22 May 09	John Tonkin	Revised per Internal Audit Report Recommendations on Integrated Governance –
5.0	28 May 09	Clive Field	Minor amendments
6.0	12 August 2010	John Tonkin	Revision following Audit Committee review July 2010
7.0	14 Sept 2010	John Tonkin	Revision following Board consideration 14 Sept 2010
8.0	8 May 2012	John Tonkin	Revision following Board consideration 8 May 2012
9.0	12 April 2013	John Tonkin	General revision to reflect changes in past year
10.0	23 May 2013	John Tonkin	Revision following Board discussion on 14 May 2013
11.0	11 June 2013	John Tonkin	Board approved – 11 June 2013
12.0	13 May 2014	John Tonkin	Board approved - 13 May 2014
13.0	27 July 2016	Julie Hill	Revision following Audit Committee review – October 2016
14.0	08 November 2016	Julie Hill	Board approved – 08 November 2016
15.0	July 2018	Julie Hill	Revision following Audit Committee review – July 2018 – Board approved September 2018
16.0	July 2019	Julie Hill	Revision following Audit Committee review – July 2019 – Board approved September 2019
17.0	October 2020	Julie Hill	Revision following Audit Committee review – October 2020

Document References

Document Title	Date	Published By
NHS Audit Committee Handbook	2005	Department of Health & Healthcare
The NHS Foundation Trust Code of Governance	2006	NHS Improvement, Independent Regulator of NHS Foundation Trusts

Authority

1.1 The Audit Committee is constituted as a Standing Committee of the Trust Board of Directors. Its constitution and terms of reference shall be set out as below, subject to amendment at future Board of Directors' meetings.

1.2 The Committee is authorised by the Board of Directors to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee.

1.3 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary.

Purpose

2.1 To conclude upon the adequacy and effective operation of the Trust's overall internal control system and independently review the framework of risks, controls and related assurances that underpin the delivery of the Trust's objectives.

2.2 To review the disclosure statements that flow from the Trust's assurance processes ahead of its presentation to the Trust Board, including:

a. Annual Governance Statement, included in the Annual Report and Accounts and the Annual Plan together with the external and internal auditors' opinions.

b. Annual Plan declarations relating to the Assurance Framework.

Membership

3.1 The membership of the Committee shall comprise three Non-Executive Directors, at least one of whom shall have recent and relevant financial experience, plus, ex officio, the Chair of the Finance, Investment & Performance Committee. The Chair of the Quality Assurance Committee will attend as and when there are appropriate matters to discuss with the Audit Committee.

3.2 The Chair of the Trust and the Chief Executive shall **not** be members.

3.3 The Chair of the Committee will be a Non-Executive Director and will not be a member of any other standing Committee of the Board.

3.4 A quorum shall be two members.

In attendance at meetings

4.1 The Committee will be supported by the following in attendance:

- Chief Financial Officer
- Director of Finance
- Medical Director
- Head of Clinical Effectiveness and Audit
- Director of Nursing and Therapies

- The Company Secretary

4.2 The Committee can invite the Chairman and Chief Executive as well as other Trust Directors or Officers to attend to discuss specific issues as appropriate.

4.3 The Committee will be attended by representatives of the following:

- External Audit
- Internal Audit
- Counter Fraud
- Clinical Audit

4.4 The Committee will consider the need to meet privately, at least once a year, with both the internal and external auditors. The internal and external auditors may request a private meeting with the Committee at any time.

Frequency and Administration of Meetings

5.1 The Committee will meet at least 4 times a year. It may meet more frequently at any time should circumstances require.

5.2 It will be supported by the Company Secretary who will agree the agenda for the meetings and the papers required, directly with the Chair.

5.3 Minutes of all meetings shall be formally recorded and submitted, together with recommendations where appropriate, to the Board of Directors.

Duties

Governance Risk Management and Internal Control

6.1 The Committee shall review the establishment and maintenance of an effective system of integrated Governance, risk management and internal control, across the Trust's clinical and non-clinical activities that support the achievement of its objectives.

6.2 The Committee shall ensure that the Board Assurance Framework is effective in enabling the monitoring, controlling and mitigation of risks to the Trust's strategic objectives.

6.3 In particular, the Committee will review the adequacy of the following:

a. All risk and control related disclosure statements, together with any accompanying Head of Internal Audit statement, external audit opinion or other independent assurances, prior to endorsement by the Board;

b. The underlying assurance processes that indicate the following:

- The degree of the achievement of corporate objectives
- The effectiveness of the management of principal risks
- The appropriateness of the disclosure statements

c. The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements.

6.4 The Committee shall request and review reports and positive assurances from Directors and managers on the overall arrangements for governance (including clinical audit and data quality), risk management and internal control.

Audit & Counter Fraud

6.5 The Committee shall ensure that there is an effective internal audit function and clinical audit function that provide appropriate independent assurance to the Audit Committee and includes the following:

a. Review the Internal Audit Plan, operational plan and programme of work and recommend this for acceptance by the Trust Board of Directors.

b. The review of the findings of internal audits and the management response.

c. Discussion and agreement with the External Audit of the nature and scope of the External Audit annual plan.

d. The review of all external audit reports, including the agreement of the annual audit letter before submission to the Board and any work completed outside the External Audit annual plan.

e. Review and approval of the Counter Fraud Plan and operational plans.

f. The review of the findings of the Counter Fraud plan and the management response.

6.6 Clinical Audit

The Committee shall ensure that there is an effective Clinical Audit process. This includes reviewing the annual clinical audit plan and receiving regular reports on both progress against plan and status of relevant action plans.

6.7 The Committee shall ensure that Internal Audit, External Audit and Clinical Audit recommendations are implemented promptly by management.

Financial Reporting

6.8 The Committee shall review the Annual Accounts and Financial Statements before submission to the Board.

6.9 It will ensure that the financial systems for financial reporting to the Board are subject to review as to completeness and accuracy of the information provided to the Board.

6.10 It will review the annual accounts of the Charitable Trustees prior to submission.

Reporting

6.11 The Committee will routinely review the minutes of:

- Finance, Investment & Performance Committee
- Quality Assurance Committee
- Quality and Performance Executive Committee

and will review the work of other committees within the organisation whose work can provide relevant assurance to the Committee.

6.12 The Minutes of the Audit Committee will be formally submitted to the Trust Board.

6.13 The Chair of the Committee shall report to the Board any concerns and assurances relating to the Trust and the Committee's work.

6.14 The Audit Committee Chair will produce an Annual Audit Report setting out the work of the Committee and highlighting any issues raised during the course of year by the Trust's Internal and External Auditors and the Counter Fraud Specialist. It will report annually to the Council of Governors Trust Board through an 'Audit and Governance Report' which will include the following:

a. The fitness for purpose of the assurance framework.

b. The completeness and embeddedness of risk management.

c. The integration of Governance arrangements.

d. The Committee's self-assessment and any action required.

Other functions

6.15 The Committee will review and monitor compliance with Standing Orders and Standing Financial instructions.

6.16 It will review the following:

a. Schedules of losses & compensations and making recommendations to the Board

b. Any decision to suspend Standing Orders

c. Decision to waive the competitive tendering rules when requested by the Board

d. New and existing claims

e. Information Governance and Caldicott Guardian Annual Report

6.17 It will approve changes in accounting policies.

6.18 It will review the performance of the Audit Committee through self-assessment and independent review to be completed at least annually. It will also review the output from the annual self-assessment exercises conducted by other Board Committees.

6.19 It will provide oversight of the Trust's processes for ensuring robust data quality and will review periodic reports on data quality performance.

6.20 The Committee shall provide assurance on the quality checks of data used in the preparation of the Performance Assurance Framework.

6.21 The Committee will provide assurance on the system for identifying cost improvement plans, including the process for ensuring that there are no adverse impacts on quality.

Amended: October 2020
Board approved: November 2020

Next review: October 2021

Berkshire Healthcare
NHS Foundation Trust

Name of Committee/Group:	Governor Living Life to the Full
Date of Meeting:	7th October 2020
Chair:	John Barrett

Key Agenda Items:	Key Points	Action/decision
Research Projects in the Trust **Katie Warner, Head of Research and Development**	BHFT are very research active – compared with 49 peer trusts – 3rd in open studies (53 at present) & 10th in number of people (25 this year) engaged in research projects. A small amount was home grown research from staff members. There were 2 or 3 staff projects, while the rest are students doing PhDs or masters, along with clinical psychology doctorates. R & D Dept has worked with 30 to 40 Universities in the past 4 years.	KW noted the Quality Account includes service results. Research findings have not been included, and it might be this is the vehicle to use to highlight these. JB offered to effect an introduction for KW to Dr David Gilham, Executive Director of Thames Valley Science Park, run by Reading University, based at Shinfield. Presentation of R&D Report to become an annual agenda item at the appropriate LLTTF Meeting.
Staff Health & Wellbeing "Covid and Beyond, Compassionate & Inclusive Prevention & Outreach" **Jane Nicholson, Interim Director of People**	JN talked in great detail about the Covid 19 Staff Support Offer. Physical, Psychological & practical. Support Hubs with RBH – attendees 59% BHFT & 41% RBH. A Senior Leaders Support Hub via NHS. Also spoke about Staff Retention, Succession Planning, Staff Appraisal Systems, Workforce Equality Standards.	Future invitations should be extended to speakers who can provide regular updates to the LLTTF Group on Staff Health & Wellbeing matters. Should there be some chat/social time as part of virtual LLTTF meetings? JB thanked Jenni Knowles for allowing the scheduled meeting time to overrun by nearly an hour to allow

	JN noted that putting time in for some chat/social time as part of virtual working is important and is being encouraged for people to come together as we move into a more virtual world. Nurse supply for the next 3 years – ideas from BOB and Frimley ICS.	Governors the opportunity to ask a comprehensive range of questions and to JN for her extra time and for her very full and frank answers to everything she was asked.
Any Other Business	JB gave formal thanks to Pat Rogers for her contribution to the LLTTF Group in the past as she has had to resign as Public Governor for Bracknell.	

Report to Council on 2nd December from Governors' Membership and Engagement Group
Tom Lake

Membership
Strategy recommends a membership between 10,000 and 12,000. Costs apparently increase with membership. At October reckoning we had 12,515 members, of which 7,867are public and 4,828 staff. In Reading public membership is about 1 in 80 of the population, in Windsor and Maidenhead about 1 in 225, West Berks, Slough are also light. We are light in social classes A, B, C1 and strong in C2, D, E. Perhaps they are more community minded? We also appear to be a bit light in Asian background members, although many members did not state any ethnicity. Strongest public recruitment appears to be by Talking Therapies, who also receive many compliments.

Membership Magazine
The magazine is now emailed and consists of news items from the website. We agree that pushing out the news items reaches people in a different way from posting items on a website. We have recently received an interesting article from Verity Murricane about how Eight Bells for Mental Health managed in the pandemic. We would welcome more contributions from governors. I am available to help contributors edit their articles if they wish.

Diversity of Council
Martin Earwicker led a discussion at our last meeting on the lack of ethnic diversity on Council. It was observed that it had even decreased. It is far from representative of Berkshire which has above 20% BAME population. We also do not have enough young people. I would also ask how representative it is of the social class mix of Berkshire. Increasing diversity means encouraging more candidates of BAME background to step forward with nominations for governor elections. We do need as Council to take some steps to make this happen. As a first step I have circulated a questionnaire for public governors as to how they took the step of nomination.

I would like to suggest that this is important enough for full Council to devote some time to it, apart from the Trust Board.

Trust at Public Events
This has been impossible this year. We have no need to recruit members at public events now, so it is just a matter of public representation. The appearance at Reading Pride has been popular with both staff and attendees.

Berkshire Healthcare
NHS Foundation Trust

Name of Committee/Group:	Governor Quality Assurance Group
Date of Meeting:	12th October 2020
Chair:	Susana Carvalho (SC)

Key Agenda Items:	Key Points	Action/decision
Guest Items	The Chair suggested that consideration is given to inviting members of services to join our virtual meetings, to provide brief presentations to the Group.	All members agreed with the suggestion, and Heidi Ilsley suggested this could also link to complaints. Members to email the Chair with suggestions of who they would like to engage with, in virtual meetings.
QMIS Boards	We asked Nathalie Zacharias to explain how all Executive meetings use the data from the QMIS Boards presently, amid the Covid-19 restrictions.	We've been informed that QMIS training has continued and the boards are displayed on Wards with meeting huddles continuing to take place. Progress is analysed through divisional quality meetings and presented to the Executive.

Service Visits	The Chair reminded of Governors' primary goal to contribute and add value to the Trust's activities in services and to provide a Governor perspective on aspects of the Trust's performance. Governors do not have an operational role; however, the Trust can benefit from the skills, experience and views that Governors can offer. Governor's primary responsibility is to represent members of the Trust and those members of the public who may use the services in the future. The Chair shared an idea with the Group that was discussed with the Martin Earwick at a recent virtual coffee morning meeting. The Chair suggested Governors could "visit" services without being physically present. Each Governor can contact the service lead to propose an informal MS Teams meeting for no more than 20 minutes. This would provide Governors with the opportunity to engage with and learn about the service, ask questions plus show Governors' support. Following the meeting, Governors would write a report to share with this Group. Paul M noted that Martin had indicated that some NEDs attend services team meetings, that are already set up and this might also be a possibility for Governors to join. SC said in this situation, Governors can only be observers, but if this can be complemented with a separate Governors teams meeting Governors can ask other questions that are not permitted as observers.	Members agreed it was a right approach and actions would be taken to arrange this. Governors have a planner for meetings with services and can liaise with the different services yet to be visited.

Waiting Lists	Nathalie Zacharias (NZ) presented and explained how waiting lists are reported into QPEG meeting. NZ clarified the data as before is quite clear where there are nationally mandated targets and Trust's position following those. NZ reminded of other services including CMHTs that do not have nationally mandated targets, and what is captured is a reflection of what the waiting times and to make sure those on long waits are of low priority. Governor had some comments and questions to which NZ clarified and made some suggestions to governors.	NZ suggested that the format used to report into QPEG meetings would also be presented to the Governor meetings moving forward. As to some questions raised, NZ thought it would be helpful to invite Louise Noble to attend a meeting to answer the question why people are on this assessment waitlist for so long and what pathway this assessment leads to. It was agreed an invite from the Chair would be sent for Louise Noble to be a Guest on the next meeting.
Quarter 1 2020/21 Patient Experience & Complaints Report	Heidi Ilsley (HI) advised that during Q1, there was a very different process in place to deal with complaints due to Covid-19. There was a national suspension for FFTs to deliver the complaints process, but the Trust did respond to complaints locally to avoid using clinicians time to undertake investigations. Patients that were not happy to be managed locally were put on hold although any urgent matters were dealt with. At the end of June, the complaints process was adequately resumed. The new FFT was not in place on 1st April as expected, due to the national delays.	One Governor highlighted an issue with feeding back on the FFT after using Trust services after observations of a technical problem sending the feedback, as this was returned as a failed message. There's an uncertainty that not as much feedback would have been received if other users were encountering the same problem. HI noted that although FFT was suspended, text messages were automatically being sent and will take this back to the team for review.

Sample anonymised complaint	We reviewed a complaint involving a very complicated case of a Safeguarding Adult Social Care, raised by Newbury Older Adult Mental Health Team (NOAMH). The complaint referred to several institutions, and we were advised that we only receive the answer from a Berkshire Healthcare Foundation Trust perspective.	The Group had several comments for Heidi Ilsley (HI). One of those was asked to be taken back as, in the Trust's response, it reads as though it was felt that agreed voluntary euthanasia was an option and absence of it was a reason for safeguarding. HI agreed to take the comments back. HI agreed this is very complex and there is more detail behind the complaint, and the response shared. HI offered to share the outcome if available at the next meeting.
Any Other Business	Group members had the opportunity to present some queries to Heidi Ilsley (HI) and Nathalie Zacharias (NZ) regarding PPH, Willow House, and Out of Area Placements (OAPs).	Both HI and NZ were keen to review some of the points and share information at the next meeting

Berkshire Healthcare
NHS Foundation Trust

Patient Experience

Quarter Two 2020-21 Report

Presented by: Heid Ilsley, Deputy Director of Nursing

Berkshire Healthcare
NHS Foundation Trust

Quarter Two – Patient Experience Report (July to September 2020)

Main Report

1. Introduction

This report is written for the board and contains the quarterly patient experience information for Berkshire Healthcare (The Trust) incorporating; complaints, compliments, the Friends and Family Test (FFT), 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, ahead of this local collation has recommenced during September.

The national pause placed on complaint handling and Parliamentary and Health Service Ombudsman (PHSO) in March, was lifted at the end of June.

Whilst the Complaints Office had triaged and dealt with as many incoming complaints as possible during wave 1 of the COVID pandemic, as at 30 June 2020 there were 12 formal complaints on pause by the Trust. All 12 of the paused complaints were completed during Quarter two

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 two 2020-21 there were 62 complaints received (including re-opened complaints), This is an increase compared to 2019-20 where there were 54 for the same period. However, when comparing the total number of complaints received in Q1 and Q2 2019-20 (104) with the number received in Q1 and Q2 2020-20 (106) the totals are comparable.

There were 122,348 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**	**Change to Q1**	**Q2**	**Total for year**	**% of Total**
CMHT/Care Pathways	8	10	6	13	**37**	**16.02**	4	↑	11	**15**	**14.15**
CAMHS - Child and Adolescent Mental Health Services	10	8	8	4	**30**	**12.99**	2	↑	3	**5**	**4.72**

	2019-20						2020-21				
Service	**Q1**	**Q2**	**Q3**	**Q4**	**Total for year**	**% of Total**	**Q1**	**Change to Q1**	**Q2**	**Total for year**	**% of Total**
Crisis Resolution & Home Treatment Team (CRHTT)	2	2	4	6	**14**	**6.06**	4	↓	2	**6**	**5.66**
Acute Inpatient Admissions – Prospect Park Hospital	5	3	7	6	**21**	**9.09**	7	↓	4	**11**	**10.38**
Community Nursing	4	3	6	2	**15**	**6.49**	2	↓	1	**3**	**2.83**
Community Hospital Inpatient	6	1	5	3	**15**	**6.49**	5	↑	6	**11**	**10.38**
Common Point of Entry	2	6	2	2	**12**	**5.19**	1	-	1	**2**	**1.89**
Out of Hours GP Services	0	1	7	1	**9**	**3.90**	4	↓	0	**4**	**3.77**
PICU - Psychiatric Intensive Care Unit	0	0	1	0	**1**	**0.43**	2	↓	0	**2**	**1.89**
Urgent Treatment Centre	1	1	1	0	**3**	**1.30**	1	↓	0	**1**	**0.94**
Older Adults Community Mental Health Team	1	0	0	0	**1**	**0.43**	1	-	1	**2**	**1.89**
14 other services in Q2	11	19	21	22	**73**	**31.60**	11	↑	33	**44**	**41.51**
Grand Total	**50**	**54**	**68**	**59**	**231**		**44**	↑	**62**	**106**	

Eight of the 33 (other complaints, not specified) were about Health Visiting and corporate services and were from the same person. The remaining 25 are from across a range of Trust services.

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 two 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 two.

2.2 Adult mental health service complaints received in Quarter two

29 of the 62 (47%) complaints received during Quarter two were related to adult mental health service provision.

Table 2: Adult mental health service complaints

	Geographical Locality						
Service	Bracknell	**Isle of Wight**	Reading	Slough	West Berks	Wokingham	Grand Total
A Place of Safety			2				2
Adult Acute Admissions - Bluebell Ward			2				2
Adult Acute Admissions - Daisy Ward			2				2
CMHT/Care Pathways	1		1	5	2	2	11
CMHTOA/COAMHS - Older Adults Community Mental Health Team					1		1
Common Point of Entry				1			1
Complex Treatment for Veterans/TILS			4				4
Criminal Justice Liaison and Diversion Service		1					1
Crisis Resolution and Home Treatment Team (CRHTT)				1	1		2
Talking Therapies	1		1		1		3
Grand Total	2		16	2	1	2	29

2.2.1 Number and type of complaints made about a CMHT

11 of the 62 complaints (17%) received during Quarter two related to the CMHT service provision. In Quarter one, there were 4 complaints. There were 13,607 reported attendances for CMHT and the ASSiST service during Quarter one giving a complaint rate of 0.08% compared to 0.02% in Quarter one and 0.10% in Quarter four.

Table 3: CMHT complaints

	Geographic Locality					
Main subject of complaint	Bracknell	Reading	Slough	West Berks	Wokingham	Grand Total
Access to Services					1	1
Attitude of Staff				1		1
Care and Treatment			3	1	1	5
Communication	1					1
Confidentiality		1				1
Medication			2			2
Grand Total	1	1	5	2	2	11

There were no complaints received about the CMHT based in Windsor and Maidenhead.

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

2.2.2 Number and type of complaints made about CPE

There was one complaint received about CPE, where the patient felt they were not receiving the care and treatment they needed.

There were 1,977 contacts with CPE during Quarter one, giving a complaint rate of 0.05%, which is the same as Quarter one, and was 0.09% in Quarter four.

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

During Quarter two, 4 of the 62 complaints (6%) related to Adult Acute mental health inpatient wards (2 for Bluebell ward and 2 for Daisy Ward). This is a reduction to numbers received in Quarter one and Quarter four (2019-20). In addition, there were no formal complaints about Snowdrop ward, Rose Ward or PICU (Sorrel Ward).

There were 263 reported discharges from mental health inpatient wards during Quarter one giving a complaint rate 1.52% compared to 2.81% in Quarter one and 2.21% in Quarter four.

Table 4: Mental Health Inpatient Complaints

	Ward					
Main subject of complaint	Bluebell Ward	Daisy Ward	Rose Ward	Snowdrop Ward	PICU - Sorrel Ward	Grand Total
Attitude of Staff	2					2
Care and Treatment		1				1
Communication		1				1
Grand Total	2	2				4

All the complaints received about Bluebell Ward were about attitude of staff, and this was the same for complaints about Bluebell Ward received in Quarter one. This was not a theme across any of the other wards.

The Clinical Director is aware of the complaint activity on Bluebell Ward and is working with the ward leadership team about addressing these issues.

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

In Quarter two, 2 of the 62 complaints (3%) were attributed to CRHTT, a decrease from 4 in Quarter one.

There were 15,924 reported contacts for CRHTT during Quarter one giving a complaint rate of 0.01%, compared to 0.02% in Quarter one and 0.04% in Quarter four.

Table 5: CRHTT complaints

Main subject of complaint	Number of Formal Complaints
Attitude of Staff	1
Confidentiality	1

The complaint about attitude of staff was around staff not adhering to a culture-based request (removing shoes in their home).

2.3 Community Health Service Complaints received in Quarter two

During Quarter two 11 of the 62 complaints (18%) related to community health service provision.

Table 6: Community Health service complaints

	Geographical Locality						
Service	Bracknell	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	Grand Total
Henry Tudor Ward					1		1
Jubilee Ward			2				2
Oakwood Ward		1					1
Windsor Ward						1	1
Donnington Ward				1			1
District Nursing (Community Nursing)	1						1
Podiatry		2					2
Continence				1			1
Rapid Response				1			1
Grand Total	1	3	2	3	1	1	11

Jubilee Ward and Podiatry received the most complaints, with two each, Henry Tudor, Oakwood, Windsor and Donnington wards all received one each.

2.3.1 Community Health Inpatient Ward Complaints

During Quarter two, 6 of the 62 complaints (9%) received related to inpatient wards. There were 544 reported discharges from community health inpatient wards during Quarter two giving a complaint rate of 1.10%, compared to 0.81% in Quarter one and 0.52% in Quarter four.

Table 7: Community Health Inpatient complaints

	Ward					
Main subject of complaint	Donnington	Henry Tudor Ward	Jubilee Ward	Oakwood Ward	Windsor Ward	Grand Total
Care and Treatment		1	1			2
Communication	1			1	1	3
Attitude of staff			1			1
Grand Total	1	1	2	1	1	6

There are seven community health inpatient wards and the top theme for Quarter two was communication (3 complaints) and this was across three wards. The Clinical Directors have been made aware of the communication issues to action going forward.

2.3.2 Community Nursing Service Complaints

In Quarter two, 1 of the 62 complaints (1.5%) were related to care and treatment within community nursing services. The complaint was for the team based in Bracknell.

There were 73,487 reported attendances for the Community Nursing Service during Quarter two giving a complaint rate of 0.001%, compared to 0.004% in quarter one and 0.005% in Quarter four. This continues to be a very small complaint rate well below the Trust overall rate of complaints per contact.

Table 8: Community Nursing Service complaints

	Service and Geographical Locality	
	District Nursing	
Main subject of complaint	Bracknell	Grand Total
Attitude of staff	1	1
Grand Total	1	1

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

There were 15,434 reported attendances for WestCall in Quarter two and no complaints were received.

2.4 Children, Young People and Family service Complaints

2.4.1 Physical Health services for children complaints

During Quarter two, 13 of the 62 complaints (21%) were about children's physical health services. Eight of these were from the same person and were primarily around communication. Of the 5 remaining complaints there were no specific themes.

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

	Geographical Locality			
Service	Bracknell	Reading	West Berks	Grand Total
Children's Speech and Language Therapy - CYPIT		2		2
Health Visiting	1	2	8 (same complainant)	11
Grand Total	**1**	**4**	**8**	**13**

2.4.2 CAMHS complaints

During Quarter two, 5 of the 62 complaints (8%) were about CAMHS services (including CPE and Willow House). Two of the complaints were about CAMHS Autism Assessment Team (AAT), one was about CAMHS and two were about Willow House (inpatient ward). There were 8,268 reported attendances for CAMHS during Quarter two giving a complaint rate of 0.06%, compared to 0.04% for quarter one and 0.05% in Quarter four.

Table 10: CAMHS Complaints

	Main subject of complaint				
Service/Geographical Locality	Access to services	Care and Treatment	Communication	Admission	Grand Total
Adolescent Mental Health Inpatients - Willow House		1		1	2
CAMHS – AAT –West Berks	1		1		2
CAMHS		1			1
Grand Total	1	2	1	1	5

Care and Treatment related to individual circumstance was the most common reason for the complaints. There was one complaint about delay in accessing the service, one regarding admission and one regarding communication.

There was no commonality between the two complaints about Willow House.

2.5 Learning Disabilities

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

3. KO41A return

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

This looks at the number of new formal complaints that have been received by profession, category, age and outcome. The information is published a quarter behind.

The collection and reporting of this data was paused by NHS Digital due to Covid-19 and whilst the pause has been lifted, the figures for quarter two have not yet been submitted. The window for submission has not opened as at the end of this quarter.

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 two there were 67 complaints closed compared to 35 in Quarter one, 56 in Quarter four and 61 in Quarter three.

4.1 Outcome of closed formal complaints

Table 11: Outcome of formal complaints closed

	2019-20						2020-21			
Outcome	**Q1**	**Q2**	**Q3**	**Q4**	**Total**	**% of 19/20**	**Q1**	**Comparison to Q1**	**Q2**	**% of 20/21**
Case not pursued by complainant	0	0	0	0	0	0	1	-	1	1.96
Consent not granted	1	0	0	0	1	0.45	0	-	0	0.00
Local Resolution	1	1	0	0	2	1.92	0	-	0	0.00
Managed through SI process	0	0	0	0	0	0	0	↑	1	0.00

	2019-20						2020-21			
Outcome	**Q1**	**Q2**	**Q3**	**Q4**	**Total**	**% of 19/20**	**Q1**	**Comparison to Q1**	**Q2**	**% of 20/21**
Referred to another organisation	1	0	0	0	1	0.45	0	-	0	0.00
Not Upheld	16	20	23	24	83	37.56	9	↑	25	33.51
Partially Upheld	17	22	28	23	90	40.72	13	↑	34	46.33
Upheld	11	13	10	9	43	19.46	12	↓	6	17.88
Disciplinary Action required	0	1	0	0	1	0.45	0	-	0	0.00
Grand Total	**47**	**57**	**61**	**56**	**221**		**35**		**67**	

The 40 complaints closed and either partly or fully upheld in the quarter were spread across several differing services. 19 of these related to care and treatment (no themes identified) whilst 6 related to attitude of staff.

Table 12: Complaints upheld and partially upheld relating to attitude of staff and care and treatment

	Main subject of complaint		
Service	**Care and Treatment**	**Attitude of Staff**	**Grand Total**
Adolescent Mental Health Inpatients - Willow House	2		2
Adult Acute Admissions - Bluebell Ward		2	2
Adult Acute Admissions - Daisy Ward	2		2
Adult Acute Admissions - Rose Ward	1		1
CAMHS - Child and Adolescent Mental Health Services	1		1
Children's Speech and Language Therapy - CYPIT	1		1
CMHT/Care Pathways	1		1
Community Hospital Inpatient Service - Jubilee Ward	2	1	3
Community Hospital Inpatient Service - Oakwood Ward	1		1
Crisis Resolution and Home Treatment Team (CRHTT)		2	2
District Nursing	1		1
Health Visiting		1	1
Older Peoples Mental Health (Ward Based) - DO NOT USE	1		1
Out of Hours GP Services	1		1
Patient Experience	2		2
Rapid Response	1		1
Talking Therapies - Admin/Ops Team	1		1
Urgent Treatment Centre	1		1
Grand Total	**19**	**6**	**25**

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) 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 13 – Response rate within timescale negotiated with complainant

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

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 July and September 2020. This does not include where a different organisation was leading the investigation, or re-opened complaints.

Table 14: Ethnicity

Ethnicity	Number of patients	%	Census data %
Black African	0	0.00	1%
Black Caribbean & Other	2	4.26	
Not stated/Other	16	34.04	-
Other Asian	2	4.26	15.10%
Other Mixed	2	4.26	-
White British	16	34.04	80%
White Other	9	19.15	-
Grand Total	47	100.00	

As a way of improving ethnicity recording information is sent back to services where this is not documented on RiO.

5.2 Gender

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

Table 15: Gender

Gender	Number of patients	%	Census data %
Female	29	61.70	50.90%
Male	18	38.30	49.10%
Grand Total	47		

5.3 Age

Table 16: Age

Age Group	Number of patients	%	Census data %
Under 12 years old	15	31.91	31.60%
12 - 17 years old	4	8.51	
18 - 24 years old	2	4.26	14.90%
25 - 34 years old	4	8.51	
35 - 44 years old	3	6.38	15.40%
45 - 54 years old	6	12.77	19.30%
55 - 64 years old	2	4.26	
65 - 74 years old	3	6.38	
75 years old or older	8	17.02	18.70%
Not known	0	0.00	-
Grand Total	47		

In Quarter two there was a higher number of complaints about children under 12 years old than there were in Quarter one (n4). However, eight of the 12 were about the same child.

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. The table below shows the Trust activity with the PHSO since April 2018.

In response to the Covid-19 pandemic from mid-March 2020, the PHSO suspended the investigation of existing investigations and accepting new cases. This restarted at the end of June 2020. This means that during Quarter one there were no new complaints taken to the PHSO. There was one new request for information received in Quarter two.

Table 17: PHSO activity

Month open	Service	Month closed	Current Stage
Dec-18	Psychological Medicines Service	Open	Investigation Underway
Nov-19	CAMHS	Open	PHSO have requested information to aid their decision on whether they will investigate
Jan-20	CMHT/Care Pathways	n/a	PHSO not proceeding as Local Resolution had not been exhausted with the Trust
Mar-20	CMHT/Care Pathways	Open	Underway
Sept 20	CPE	Open	PHSO have requested information to aid their decision on whether they will investigate

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

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 six received that were led by another organisation during Quarter two, three led by Frimley Health (about MSK Physio, admission to Henry Tudor ward and concerns that the Psychological Medicines service did not visit the patient), one by NHSE (about CPE), one by SCAS (about delays on a call back from WestCall) and one by East Berkshire CCG (about a young person transitioning to adult mental health services).

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 18: MP Enquiries

	Main theme of enquiry				
Service	Access to Services	Care and Treatment	Discharge Arrangements	Waiting Times for Treatment	Grand Total
CAMHS - ADHD				1	1
CAMHS - Child and Adolescent Mental Health Services				1	1
CMHT/Care Pathways		1	1		2
Common Point of Entry	1				1
Health Visiting	1			1	2
Talking Therapies - Admin/Ops Team		1			1
Grand Total	2	2	1	3	8

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

8.2 Local resolution complaints

The complaints office will discuss the options for complaint management when people contact the service, to give them the opportunity to make an informed decision as to whether they are looking to make a formal complaint or would prefer to work with the service to resolve the complaint locally. Some concerns are received and managed by the services directly and the complaints office is not involved. These are called Local Resolutions and services log these so that we can see how services are doing at a local level.

Table 19: Concerns managed by services – Local Resolution complaints

Service	Number of concerns resolved locally
Community Nursing	10
Podiatry	4
CMHT/Care Pathways	3
Criminal Justice Liaison and Diversion Service - (CJLD)	2
LD Intensive Support Team	1
Physiotherapy Musculoskeletal	1
Out of Hours GP Services	1
CMHTOA/COAMHS - Older Adults Community Mental Health Team	1
Community Hospital Inpatient Service - Oakwood Ward	1
Veterans TILS Service	1
CAMHS - AAT	1
Health Visiting	1
Grand Total	27

The ten concerns resolved locally by Community Nursing Teams were spread across geographical localities (Bracknell 2, Reading 3, West Berkshire 3, WAM 1 and Wokingham 1).

There were no particular themes.

8.3 Informal complaints received

An informal complaint is managed locally by the service through discussion (written or verbal) and when discussing the complaints process, this option is explained to help the complainant to make an informed choice.

There have been four informal complaints received during Quarter two, which cover various aspects of care and communication with Talking Therapies, the Urgent Treatment Centre, CRHTT and CAMHS - Child and Adolescent Mental Health Services (ADHD).

8.4 NHS Choices

There were two postings during Quarter two. PALS responded to both of 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.

Physiotherapy at Wokingham Hospital:

"I am very disappointed with the service I have received. I Understand things have been difficult but my physio stopped which was understandable but now have been without any physio for 6 months. I cannot understand why it should take so long to be up and running again"

Car parking at KEVII Hospital

"During this unprecedented time most people are not using cash due to being advised by government for carrying risk reasons. Therefore where I would usually have copious amounts of change I do not have any now It would be so convenient if the company that looks after the car park came into the 21st century, and with everybody's health at the forefront of their concern, and allowed contactless payment"

8.4.1 PALS Activity

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

PALS have continued to facilitate the Message to Loved One service (collating messages for patients that are then hand delivered on the ward) that was available across all inpatient areas. This PALS have held regular meetings with Advocates who would ordinarily be based at PPH and ensured that updated information on advocacy support was circulated to the wards.

There were 473 PALS contacts during Quarter two (an increase from 408 last quarter). In addition, there were 131 contacts which were related to non-Trust services. The main reasons for contacting PALS were:

- Concerns and enquiries about how to access services

(such as information about transferring care into Berkshire, delays in referrals being made to other services and people asking for contact information for services)

- Concerns about Care and Treatment

(such as concerns about a patient at Prospect Park Hospital, unhappy with CMHT diagnosis, waiting times for ASD/ADHD Pathways and the use of PPE)

9. The Friends and Family Test

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

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

NHSE have said that the FFT reporting will formally start again from December 2020. When the FFT is reinstated, it will be the new FFT question (rating of care rather than recommendation to others) which was due to be launched from 1 April 2020 (and paused). The Trust started the new FFT locally from 1 September 2020 in readiness for the NHSE launch.

Examples of the feedback received from the telephone calls are:

"Most of the staff were very helpful, there was some delays as staff didn't know all of my problems but the service was good and friendly"

"I truly felt looked after and safe, my children also told me that they felt the staff were all very helpful answering questions"

"I found staff to be friendly and attentive which reassured me" (daughter echoed these sentiments)

"It could have been better if I had visitors for longer and was allowed to see visitors on the weekend" (Jubilee Ward)

"The staff were very caring and attentive"

Comments by husband – "I think at times my wife was not really happy with the night staff as she would call be a little bit upset saying the staff were not helping me, but in reality I think it was actually the staff who were trying to help my wife become more independent" (Donnington Ward)

"Everybody was great, all staff from top to bottom were very sympathetic and kind to me. I have been in several hospitals and this is the first time someone has called me to ask how my experience was"

"Maybe a bigger library selection of books but nothing serious"

"I was very satisfied with everything that happened and in particular the Physiotherapy was very good"

"I was pleased with the help considering the virus"

"It was nice I was able to be contacted by my family"

The feedback was shared anonymously to the wards.

10. Our internal patient survey

The existing patient survey programme was paused from mid-March, alongside the collection and reporting of the FFT. Some services have continued to collect this information for internal service monitoring and development use, but the use of handheld devices to collect feedback has now recommenced. The Patient Experience Team has liaised with colleagues in Infection Prevention and Control, and wherever possible cards will be reintroduced by services locally scanning and emailing cards across.

Development of the new Patient Experience Measurement tool is currently within the procurement phase, the aim of the new tool is to improve Berkshire Healthcare's measurement, analysis and dissemination of patient feedback across all Community and Mental Health Services, this will complement the Friends and Family Test.

11. Learning Disabilities survey

As this is part of our Internal Patient Survey, this was paused during Quarter two as part of the pandemic response.

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

There is no activity to report for Always Events, Patient Participation and Involvement Champions and 15 Steps as these were not carried out as part of the pandemic response.

The quarterly Healthwatch meeting has been suspended. There have been open and regular channels of communication between the Patient Experience Team and the Healthwatch organisations across Berkshire, on individual cases and for sharing communication with communities. From 1 July 2020, a Partners Meeting for Healthwatch Orgs based in the West of Berkshire, the Trust and RBH have taken place (as the Trust and RBH were both meeting separately).

13. Compliments

There were 975 compliments reported during Quarter two. The services with the highest number of recorded compliments are in the table below.

Table 20: Compliments

Service	Number of compliments
Talking Therapies - Admin/Ops Team	534
District Nursing	92
Community Respiratory Service	35
CMHTOA/COAMHS - Older Adults Community Mental Health Team	28
Heart Function Service	21
Children's Speech and Language Therapy - CYPIT	20
Crisis Resolution and Home Treatment Team (CRHTT)	17
Community Matron	16
Community Hospital Inpatient Service - Windsor Ward	16
Community Hospital Inpatient Service - Donnington Ward	12

Table 21: Examples of compliments received during Quarter two

Community Nursing – Bracknell *"Thank you. Nurses are supportive, the team are caring towards my husband"*	Children's SALT – West Berkshire Healthcare NHS Foundation Trust *"Thank you for your thorough email advice and telephone conversation. You have given me a clear direction and practical strategies that I feel confident to implement at home. Much appreciated!"*
Integrated Care Home Service – Wokingham *"Our family wishes to express our heartfelt appreciation for the kindness and excellent care of our father. Of course we are very saddened by his death but we are comforted in knowing that he received the best care available. The sensibility and support of your staff helped us through a very difficult time and we will never forget your kindness"*	Traumatic Stress Service – Reading *"I just wanted to express my profound gratitude to you for your support, attention and care. You helped me for over 7 months and you assisted me to talk about things I haven't talk about it in details. I know it wasn't always easy; I wasn't always easy. When we met, I secretly rebelled against even a tiny hint of a suggestion of how to handle things. I challenged you every chance I got. You didn't give up. You always protected yourself by keeping distance. In a way that's helped me not to get attached to you but on the other hand at times it made it difficult for me to open myself during the sessions.* *Thank you for every single thing you had done to help me and keep me safe"*
Garden Clinic – Slough *"I am writing to you as I would like to share my gratitude about your service. In the past year I saw you on a regular basis and I would like to say a huge thank you! You are a very nice person, gave me the "tools" I needed to be a more confident person. I'm gutted my experience with you had to come to an end, so I'm writing to let*	Rose Ward – Prospect Park Hospital *"Thank you for the kindness, compassion and care you have shown me during my stay with you* *Mental illness isn't the easiest thing to navigate but you all made it feel less daunting!"*

you know that I'm very happy you provide such an amazing professional service. Thank you very much for all you've done for me"	
CMHT - West Berkshire *"To my Hero* *Thanks so much for everything you have dine in this short amount of time"* OPMH - Wokingham *Daughter of patient who attends the virtual cognitive therapy group session: "mum is so full of beans when she has been on the virtual group and mum said it great, she has somebody to talk to"* *Compliment from a carer - first remote assessment "I wanted to say thank you so much for all your support"*	Prospect Park Hospital *"I want to start off by saying sorry to you and all you staff when I was there on the ward, breaking things most days on the ward, upsetting your staff and not taking my tablets consistently which I regret because now I am taking them every day and my depot and I am feeling much calmer and chilled out but most of all I want to say a BIG THANK YOU to you for helping me with so much, the pens, paints, chats and sometimes a firm talking to that I deserved and needed at the time. But you were good to me and for that I am grateful to you and all of your staff".* *"I would just like to say how much I have appreciated your care and help with my dad. He has been so settled and happy within Rowan Ward thanks to all the wonderful team who have looked after him during these complicated times. More than anything i would like to say how much I have appreciated the chance to see him and spend some valuable time with him, i feel very blessed that you could make this possible. I am in awe of your work on the ward and how you manage the patients"*
Community Dental Service *'We are very fortunate to have access to the domiciliary service for my father and we were so grateful that you were able to attend and see him at home yesterday. Thank you for the care and attention that you gave him'* *TDAC is Tilehurst Dental Access Clinic. At the time dental practices were closed and were providing urgent dental care at Tilehurst and Skimped Hill clinics for patients who were Shielded, High risk or vulnerable.* *Patient was receiving dental care in an urgent dental clinic. They were very complimentary about the seamless teamwork between the dentist and nurse and how things seemed to flow well. The patient is a former pilot who has experience in how crucial this kind of teamwork and flow is.*	Jubilee Ward *Verbal complaint I received over the phone from the wife a patient. Staff met the wife and the patient the next day to discuss their concerns and they were impressed of the quick response. They were happy with the actions in response to their concerns and patient agreed to stay in the ward instead of self-discharging. The patient was pleased with the conversations he had with the Ward Consultant and his wife praised the Occupational Therapist of discussing the discharge plan with her. The patient also confirmed that he had seen changes with the attitude of staff following the concerns both of them raised. This was resolved locally and prevented a formal complaint being raised.*
CYPIT West *"Thank you for never making me feel like it was my fault that XXX had difficulties. Lots of other professionals made me feel like I caused some of the things, which made me feel worse about everything, and you never did. Thank you for listening to me when I was worried"*	Health Visiting - West "*I wanted to say a heartfelt thank you for all your support and encouragement over the past few months. From coming into the clinic in tears to today you've really been amazing through every step of the journey. You don't know how special that is and I will always remember that kindness.*

"SLT has done a wonderful job delivering speech and language therapy online to XX over the past 6 weeks. She has made the sessions fun, interactive, and has kept him fully engaged. It has really helped him to stay motivated and continue with the sessions"	*It's such a scary ride having a newborn, let alone in these crazy times and you were and are beyond amazing….. Thank you!"*

CMHT – West Berkshire and Rose Ward

"As you are aware, I quite recently experienced a relapse with regards to my bi-polar condition. This resulted in me being voluntarily admitted into hospital where I was given a bed on Rose Ward. Here, I was put under the care of Dr XX and his clinical team.

The care and support I was given was nothing short of outstanding. The staff delivered a high professional standard of care bespoke to my individual needs. This included access to a physiotherapist, an occupational therapist and a ward psychologist

This reflects my overall experience with the service which I have been under for approx. 15 years. You have been with me every step of the way during that time and have been my guardian angel. You simply have given me unwavering support and have been robust in providing immediate clinical intervention when necessary.

You have ensured my psychiatric treatment has evolved and adapted to the changes and challenges that my condition presents and, as you know, it has been extremely challenging. Overall you have provided me with hope. You have my most sincerest gratitude and highest regards.

I'd like to mention XX who is a remarkable lady and a huge asset to the team there. XX has made the role she is employed in her own and as a result has enhanced the level of support that she provides to the Drs and patients whom I know have the highest regards for.

The community teams have also been incredible and have been an invaluable pillar of support. Despite the challenges my condition presents, the team have persevered and have been most helpful in opening opportunities for me to gradually reintegrate back into the community but this is just one of many interventions and support provided by the team"

CRHTT – West

"I am writing to thank you and your team for the wonderful support we received during this difficult time for my son. Over the past several days you have played a huge role by answering all my questions and continually offering much needed assistance.

Navigating the healthcare systems between Prospect Park Hospital, the GP surgery and the police has been extremely challenging due to the lack of information to assess my son's current state. The Crisis team has been the only constant providing open lines of communication, compassion and reassurance.

Thank you for being a ray of hope for my family during this difficult time. I felt that my concerns were heard and your dedication to patients was exemplary. Thank you for being on the front lines of mental health care. Thank you for your kindness, dedication and perseverance. Thank you for always putting your patients first and going above and beyond no matter how gruelling your day has been.

We thank you for providing an empathetic and compassionate ear when navigating this challenging time in seeking support. Thank you for standing alongside my family and for being so understanding and patient.
Lastly, thank you for everything that you have done, and continue to do, to support us. It does not go unnoticed. We really do appreciate it.
With much love and respect
Mother and family"

CRHTT East

'*The WAM HTT and CRHTT doggedly pursued a thoughtful, safe and compassionate outcome for a gentleman who was in Crisis and support for his wife, children, unborn child, and elderly father who resides in France. The piece of work involved the Prevent Team, French Medical records, Safeguarding, EDT, Police Street Triage Workers, TVP. The Met Police. Heathrow Authorities (need I go on?!).*

Table 22: Compliments, comparison by quarter

	2018/19					2019/20					2020/21	
	Q1	Q2	Q3	Q4	18/19	Q1	Q2	Q3	Q4	20/21	Q1	Q2
Compliments	1,008	1878	1,670	1,409	5,965	1,404	1,389	1,437	1,436	5,666	873	975

14. Changes made as a result of feedback

Lower Limb Service – Bracknell:

'The lower limb service continued to deliver treatment throughout lockdown.

Some of our patients were required to shield which made treatment plans challenging as we are a clinic-based service.

We were able to support some patients in self-managing their wounds by supplying dressings and maintaining weekly telephone contact.

Those patients with wounds which were complex in nature were visited at home by members of our team as we knew that the district nurses would not have capacity to help.

I spoke to one patient's husband who told me that he felt the lower limb team had gone "above and beyond" what he would have expected in providing care and support for his wife as well as for himself as he was dressing her leg for her.

Another patient reported how reassured both he and his wife felt to know that his leg would be dressed every week and continually described the care he received as "wonderful".

Understandably, many of our shielding patients were very anxious at the prospect of coming back to clinic as restrictions eased but we have been able to assure them that their safety, along with that of our staff, is a priority, and now everyone has returned to clinic'.

15. Shifting the mindset – a closer look at NHS Complaints

This action plan has been put on hold. Healthwatch and the CQC are launching a campaign to encourage feedback (not just complaints) called 'Because we all care'. The Trust are working with local Healthwatch organisations on how we can support the campaign locally.

Elizabeth Chapman

Head of Service Engagement and Experience

Formal Complaints closed during Quarter Two 2020.21

ID	Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
7562	Reading	Adult Acute Admissions - Snowdrop Ward	Moderate	Family raised concerns with CQC regarding communication between the ward / them and New Horizons	Partially Upheld	Next of Kin/ Nearest relative must be clearly recorded in 'Personal Contacts' on RiO in their capacity as first contact. Family members, if service user defines who they wish to involve, should be offered the opportunity to engage in the information assessment process and be sent copies of care plan and contribute to its formulation. If service user objects. This must be clearly documented in the service user's records on RiO and family informed.	Communication
7633	Reading	Health Visiting	Minor	Complaint from a soon to be father about a referral to Social Services.	Not Upheld	Complaint withdrawn	Attitude of Staff
7603	Reading	Adult Acute Admissions - Daisy Ward	Low	Pt states they were promised Psychological support which they did not get. Assistant psychologist made appts but did not show up to any of them, did not apologise, give notice or explain. Pt attempted suicide on the ward (said they bought aspirin when out but was not searched when coming back on the ward). Pt said they overheard staff breaching confidential info re pt from another ward, ridiculing which has made pts feel bad. Pt said CRISIS team member who they were left with when brought into PPH swore at them.	Partially Upheld	Review of current search policy	Care and Treatment
7605	Reading	Adult Acute Admissions - Rose Ward	Low	Patient has raised concerns about aspects of care on the ward, and he does not agree that he should be in hospital. He complains that staff do not knock his door before entering, he does not have a key, medication issues, and he has not been hive cream for his eczema.	Partially Upheld	Rose ward staff to be reminded to knock before entering patient bedrooms or using privacy vison panel both via email and in team meeting. Implement plan for patients to have their own bedroom keys.	Care and Treatment
7588	Slough	Community Hospital Inpatient Service - Jubilee Ward	Low	Re-opened as complainant says response has not fully satisfied his concerns ORIGINAL COMPLAINT: Family unhappy the pt did not get the full time of rehab at Upton Hospital and was transferred to a Windsor Care Centre against the complainants documented wishes	Partially Upheld	Discharge summaries not to be written in advance, and acute detail not to be copied over to prevent confusion and error as to who has initiated what. Focus to be on progress on ward, investigations, new diagnosis and any medical changes on the ward To ensure families are involved in/informed about decisions where the patient has requested this. Improved communication with families especially whilst they cannot visit relatives on the ward	Care and Treatment
7612	Reading	Out of Hours GP Services	Low	Patient made four calls to NHS 111, with one resulting in a referral to OOH GP. Call was passed the two hour disposition and when patient was called back, Dr booked her in for scan the following day but she later miscarried.	Partially Upheld	WestCall did not achieve the target call back time. There were unusual capacity pressures for the overnight GP's with regard to a number of outstanding calls from earlier the previous evening. An apology is appropriate for missing the target call back time.	Care and Treatment
7599	Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Moderate	Pt unhappy with a diagnosis given to him which he only found out through his GP some months later. Disagrees with the letter received that he accepted this when he met with psychiatrist in January	Partially Upheld	CRHTT to discuss whether there is a need for change in their practice in terms of copying clinic letters to the patients routinely. There are issues about practicalities, therefore only a detailed discussion is recommended.	Communication
7610	West Berks	District Nursing	Low	Pt discharged from hospital following operation to remove abscess. Family say after 2 visits DN's refused to go out as pt could walk	Partially Upheld	All staff manning dressing clinic to use laptops and not Ipads to ensure that they are able to access full clinic details even if patients have not been allocated to them.	Care and Treatment

ID	Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
7594	Reading	CAMHS - Anxiety and Depression Pathway	Low	complainant feels that agreements made over the phone were not honoured and pt was discharged	Not Upheld	Clinical care was appropriate - a review took place with a clinician not known to the patient who agreed with the discharge. Information on support and signposting provided.	Discharge Arrangements
7568	Reading	PICU - Psychiatric Intensive Care - Sorrel Ward		Family unhappy with verbal responses from staff when they call, feel there is a discrepancy on what can and can not be shared.	Case not pursued by complainant	Complainant did not wish to pursue	Communication
7601	Slough	Psychological Medicine Service	Low	MH professional documented pt sexuality which is a breach of confidentiality and the pt is extremely unhappy	Upheld	For any mention of historical gender identity issues and the fact she is transgender to be removed from the frequent attender's care plan and the updated version to be recirculated with the request to destroy the old version. Should there be any change in presentation and the issue of transgender become relevant to current risk factors and / or management plans, this may need to be revised as the decision to remove from this one care plan is not indicative that it should never be mentioned again, more so that it is felt that it does not need to be discussed with the wider agencies outside of the mental health organisation for now.	Confidentiality
7620	Reading	Patient Experience	Low	Complainant unhappy about the lack of response from PALS	Upheld	Apologise and acknowledge that there has been a service failure,	Care and Treatment
7604	Reading	Out of Hours GP Services	Minor	Child prescribed Clarithromycin, mother discovered the dose was double what it should be for the childs age	Partially Upheld	Both clinicians in this complaint accept that the dose prescribed was too high and have taken appropriate individual learning for their prescribing practice moving forward. The learning from this complaint and points for prescribing practice will be shared via the Urgent Care medicines bulletin and at GP monthly meetings. Formal apology will be offered to for prescription of a higher than standard dose of clarithromycin for her child.	Medication
6913	Reading	Older Peoples Mental Health (Ward Based) - DO NOT USE	Moderate	Following receipt of the pts medical records, a further complaint is being raised ORIGINAL Wife of pt has sent in 16 points of concern following her review of the pts medical records	Partially Upheld	There was a breakdown in communication and relationship with the family but there were failings on both sides.	Care and Treatment
7555	Reading	CMHT/Care Pathways	Low	pt believes their personal information was given to a third party organisation	Partially Upheld	Any MDT meeting must be clearly documented and minuted. A copy should be uploaded on to RiO and any information shared should be accompanied with a rationale and an agreed means of storing information. Clear rationale and explanation to patient in the case of sharing information – where this does not contraindication or disrupt the therapeutic rapport	Confidentiality
7565	Bracknell	Crisis Resolution and Home Treatment Team (CRHTT)	Low	Pt feels let down by the Crisis team who did not follow through on her care plan, then arrived unannounced at her door without PPE or social distancing	Partially Upheld	Staff identified for telephone training	Attitude of Staff
7415	Slough	Crisis Resolution and Home Treatment Team (CRHTT)	Low	A patient assessed by CRHTT feels that staff have lied about his mental health. The patient is currently unwell and lacks insight into his mental health. The patient has clearly stated that he wants this to make a complaint. Limited further information has been provided, however two members of staff have been named who work within the service.	Not Upheld	No evidence to support patient's claims that staff lied about him or that he was assaulted. No action taken by TVP in relation to assault	Attitude of Staff

ID	Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
7455	Wokingham	Adolescent Mental Health Inpatients - Willow House	Minor	Complainant unhappy with the response as she feels it is patronised and disregards the impact on the pts health. ORIGINAL COMPLAINT - Pt wishes us to investigate the lack of care they feel they received from Willow Hse and specific Dr's. Pt also wishes us to jointly look at the transition from Oxford Health to Berkshire as a joint complaint	Partially Upheld	ASD diagnosis: Communication to be made clearly and try to avoid sudden unexpected changes to plans without discussion. Develop guidelines for the ward team around supporting young people with an ASD diagnosis. Willow House team to be offered targeted autism training by an autism expert. To think abut how to support young people with autism on the unit. Review Willow House transition processes.Review process for young people placed out of area.	Care and Treatment
7540	Reading	Community Hospital Inpatient Service - Oakwood Ward	High	DECEASED PT: Transferred from the RBH, staff unaware of proteins shakes needed for the pt. No physio took place (which was advised by the RBH) due to staff sickness, resulting in the pt being left in bed and hoisted to a chair for dialysis at the RBH. Paramedic and RBH consultant agreed for pt to remain on Oakwood for EOL care	Partially Upheld	Ward Manager to ensure that the nutritional requirements of patients are made available to all staff through the nursing handover process and also on the Patient Safety at a Glance Board where key information about patients is visually available for all members of the ward team The Ward Manager to discuss this incident with the staff in a team meeting so that staff can learn from this incident, reflect and change their practice through supervision	Care and Treatment
7620	Reading	Patient Experience	Low	Complainant unhappy about the lack of response from PALS	Upheld	Follow up case with PALS Manager	Care and Treatment
7619	Reading	Adult Acute Admissions - Daisy Ward	Low	Family member extremely unhappy that they are not communicated with every time the patient goes into hospital	Partially Upheld	Ward staff to appropriately pass on requests from family and carers so these can be received by the relevant persons and actioned appropriately.	Communication
7625	Reading	Veterans TILS Service	Low	Complainant believes TiLs services commissioned by NHSE are not being provided by reading. Also - Professionals at TILs service Reading not actually knowing or conveying what the TILs service should be providing to Veterans or those transitioning out of service.	Not Upheld		Communication
7631	Bracknell	District Nursing	Moderate	DECEASED PT: Catalogue of events involving many agencies prime concerns for DN's around communication and care	Not Upheld	Share event with all Community Nursing Staff at Bracknell Forum Embed RIO EOLC Assessment Plan Restart End of Life care training for Non-malignant patients with Hospice Propose Virtual Caseload meetings with Gainsborough Practice	Attitude of Staff
7674	Windsor, Ascot and Maidenhead	Community Hospital Inpatient Service - Henry Tudor Ward		Care and treatment whilst on Henry Tudor + breach of pt records	Serious Untoward Incident Investigation		Care and Treatment

ID	Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
7586	West Berks	Urgent Treatment Centre	Moderate	Pt presented to MIU with wrist injury, radiographer did not xray scaphoid therefore diagnosed with sprained wrist. returned due to pain and nurse flatly refused to allow a re-xray, eventually done through GP portal and stated scaphoid broken	Upheld	Peer review/reflection meeting IO concerning their consultation and offer apology to complainant and patient. Share complaint investigation findings as anonymous format in Urgent Care Governance newsletter to all Urgent Care clinical staff and in all Urgent Care clinical team meetings. All UTC practitioners to revisit learning on wrist injury assessment utilising online platform tutorials suitable for this purpose. https://www.youtube.com/watch?v=-Ydcc8Pdm3c https://www.youtube.com/watch?v=DxW0rodKOGs Recommendation: For staff to attend Advanced Skills: minor injuries 3 day taught course provided by Belmatt Healthcare Training running 1-3rd November 2020 https://www.belmatt.co.uk/minorinjuries Post course competency to complete in practice. Cost: £375	Care and Treatment
7634	Windsor, Ascot and Maidenhead	CAMHS - AAT	Low	Complaint about waiting time. Parents state that their daughter has been waiting for 2 years, and have been told that it will be at least another year.	Not Upheld		Access to Services
7616	West Berks	Health Visiting	Low	Complainant wishes entire complaint to be re looked Pt 3 re DSA Further issues regarding a staff member in Point 1 &2 ORIGINAL Complainant believe West Berks HV are helping to move child to Newbury HV and communicate with spouse only when joint 50:50 custody has been awarded by the courts. Complainant concerned about impact on child 12 points raised	Partially Upheld	Learning around inappropriate open referrals the and correct provision of services to be disseminated through all relevant service leads. Clarification around “Duty Safeguarding HV” in the RiO records Improve staff documentation within RiO so that parent’s details are always clearly available and communication preferences documented. This will be disseminated through the service leads.	Access to Services
7643	Slough	Common Point of Entry	Low	pt feels he is not getting any help from MH services. issues with registering with a GP in the past. was waiting to talk to TT but wait list was too long	Not Upheld	No failings. Patient was unhappy with distance to travel for treatment but he lives outside of Berkshire, yet has Berkshire GP.	Care and Treatment
7635	West Berks	Health Visiting	Low	Mum is unhappy with phone conversation with HV. Her GP recommended a low mood assessment, but HV did not take it seriously and her general attitude to the whole situation was totally unacceptable. Resulted in mother feeling a total failure and broke down in tears. Since had appt with TT and diagnosed with Birth Trauma PTSD.	Partially Upheld	Staff to access support to receive training on effective communication Arrange peer to peer reviews to support and facilitate further learning around effective communication Organise a one off short training session on birth trauma for all Health Visiting localities, which will be facilitated by Perinatal Mental Health and Birth Trauma teams.	Attitude of Staff
7471	Bracknell	Talking Therapies	Low	Mother of patient has responded to our letter and is challenging several points. ORIGINAL COMPLAINT mother is making a complaint about the SI process. Her daughter took her own life. She has a copy of the SI report and feels there are inaccuracies in it.	Partially Upheld	There are elements we have taken learning from	Other

ID	Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
7588	Slough	Community Hospital Inpatient Service - Jubilee Ward	Low	Re-opened as complainant says response has not fully satisfied his concerns ORIGINAL COMPLAINT: Family unhappy the pt did not get the full time of rehab at Upton Hospital and was transferred to a Windsor Care Centre against the complainants documented wishes	Partially Upheld	Discharge summaries not to be written in advance, and acute detail not to be copied over to prevent confusion and error as to who has initiated what. Focus to be on progress on ward, investigations, new diagnosis and any medical changes on the ward To ensure families are involved in/informed about decisions where the patient has requested this. Improved communication with families especially whilst they cannot visit relatives on the ward	Care and Treatment
7409	Bracknell	CMHT/Care Pathways	Low	Pt was assured a report would go to the GP from IO but they have not received anything. Original complaint - Pt extremely unhappy with things / assumptions that have been written about them by services in their medical records	Not Upheld	Not upheld as complaint not pursued by complainant	Communication
7609	Reading	Adult Acute Admissions - Bluebell Ward	Low	Complainant unhappy with response believes many of the points that you have been responded to, are simply not true. ORIGINAL COMPLAINT General attitude of staff on the ward during the pt's stay, 14 points raised	Partially Upheld	All staff reminded in staff meeting that they need to introduce themselves to patients at each interaction Continue the implementation of Safe Wards interventions to coach and support staff in communications skills to improve care and outcomes for patients. All staff reminded of the importance of making sure that all information is correct when talking with patients and recording in notes eg mental health act status	Attitude of Staff
7519	Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Minor	Break down of relationship and trust with patient. Prescription mistakes on more than one occasion	Partially Upheld	Dr/patient relationship did breakdown and there was a medication error	Care and Treatment
7652	Reading	Talking Therapies - Admin/Ops Team		Following telephone assessment in July 2019 pt had to chase in feb 2020 as had heard nothing. pt wishes to know why they were not told you could not have 2 forms of therapy, why not notification to change was given	Partially Upheld	It was appropriate to discharge the patient when they informed the Therapist that they were also on a pathway elsewhere in the Trust. The learning is that we are developing a system to check this and to make sure that patients are aware that it is not clinically effective to be open under two pathways.	Care and Treatment
7627	Reading	Community Hospital Inpatient Service - Oakwood Ward	Low	Several points raised 1.Complainant unhappy that video calls were unavailable on a frequent basis. 2. NOK not informed of discharge before care home. 3. Why was the pt placed under DOLS when complainant was NOK and had LPA. 4. Complainant given the wrong info about funding for nursing care. 5. Why did staff not know the pt was widowed 13 years ago	Not Upheld		Communication
7690	Slough	Community Hospital Inpatient Service - Jubilee Ward	Moderate	Complaint is about attitude of Dr, missing watch and no paperwork on discharge	Partially Upheld	More robust management of patient property is needed, and a reminder of the additional impact remote conversations with clinicians is having - need more time and compassion.	Attitude of Staff

ID	Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
7679	Isle of Wight	Criminal Justice Liaison and Diversion Service - (CJLD)	Minor	Concerns that assessment has been shared with GP, did not wish to be assessed in custody, feel the report is factually inaccurate.	Partially Upheld	Process for checking letters put in place. A reminder to staff that involvement with the service is voluntary.	Communication
7663	West Berks	Continence	Minor	DECEASED PT - Family unhappy with the gaps in care for EOL pt's at home, especially around incontinence care.	Upheld	Written information (regarding what to look out for and actions to take) should be provided to families who are receiving EOL care from BHFT Provision of incontinence products should be provided as a matter of course when patients are: a) Referred for EOL care b) Seen to have a deterioration in condition/cognition/mobility	Support Needs (Including Equipment, Benefits, Social Care)
7649	Reading	Podiatry	Low	Complainant disputes the response and would like a full timeline of events and a video meting to discuss when digested ORIGINAL COMPLAINT care from staff over a 13 month period including issues with the RBH	Not Upheld	Clinical care was appropriate.	Care and Treatment
7644	Slough	Crisis Resolution and Home Treatment Team (CRHTT)	Low	Pt says they were made to feel inferior in their own house	Partially Upheld	CRHTT to ensure they have a good stock of shoe covers and all staff to have a supply as part of their PPE CRHTT staff should not share pens and equipment during home visits	Attitude of Staff
7667	Wokingham	Adolescent Mental Health Inpatients - Willow House	Moderate	Family feel left out of the loop with pt since admission. Concerns around medication and regularity of seizures and the fact staff keep referring to the patient as the opposite gender	Partially Upheld	• Create written leaflets explaining processes during Covid - 19 restrictions, including what to expect regarding admission process, explaining visiting times and visiting process and the process for attending MDT meetings, highlight named nurse and psychiatrist, include any additional members of the case team allocated to the young person. • Further develop the MDT template and checklist to include conversations / discussions regarding nearest relative rights and wishes for young people under a section of the mental health act. Include a discussion / feedback with the case team supporting the young person and ensure there is a process for communicating this to parents if they are unable to attend the MDT meeting. Review the process of advising parents of the young person's care plan. • Nursing staff and on call psychiatrists to be updated on the administrative process for admitting a young person on a section of the mental health act at weekends or out of hours, ensure a section 17 is competed to allow young people to leave the ward for medical treatment if required. Ensure new staff and temporary staff are made aware of this process. • Staff to be supported with understanding the need to use the young person's preferred name, and to describe the young person using their preferred pronoun. Consider specialist training regarding gender transition and identity.	Care and Treatment
7666	Reading	Children's Speech and Language Therapy - CYPIT	Moderate	Family unhappy the pt was discharged because they go to an independent school. would like acknowledgement of failings	Partially Upheld	Communication about service offer needs to be made clearer. Key conversations were not documented fully on RiO.	Care and Treatment
7658	Slough	CMHT/Care Pathways	Low	Pt unhappy with response thinks we are lying ORIGINAL COMPLAINT Pt says they are not receiving any help for services	Not Upheld		Care and Treatment

ID	Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
7626	Wokingham	CMHT/Care Pathways	Low	Pt unhappy that she has been discharged from services following a discussion with CPE and CMHT that she was not party to. Letters sent to Consultant Psychiatrist from private organisations were not responded to	Not Upheld		Access to Services
7671	Slough	CMHT/Care Pathways	Low	Pt still unhappy that they are not getting the medication they wish at the does they wish, also believes claims the Dr tried to call are false ORIGINAL Pt feels medication was prescribed with the incorrect dosage and was then revoked entirely	Not Upheld		Medication
7659	West Berks	Rapid Response	Low	DECEASED PT:- DN's would not fit a catheter until Dr authorised, feel DN's should have stayed after administering drugs to see effects on pt. DN not always arrive on time.	Partially Upheld	Changes to referral process from day to community nurses to tea time service for EOL patients. Set up Palliative Care supervision/Reflective sessions.	Care and Treatment
7645	Bracknell	Health Visiting	Low	Mother feels her child has not been treated by services believing they are refusing intervention	Not Upheld		Care and Treatment
7670	Reading	Children's Speech and Language Therapy - CYPIT	Minor	family feel greatly let down as the non verbal pt has 'slipped through he net' and due to an administrative error no contact has been made	Partially Upheld	To look at all other children listed on the original spreadsheet for the Let's Connect Waiting List (Wokingham) and ensure that the parents of all these children have been contacted by the SLT department to ensure no other children waiting for this group intervention have been missed. To check all children on the original 'Intervention to be booked' (Wokingham) shared caseload spreadsheet (for any listed intervention) have had contact from Speech and Language Therapy so that no other children are missed. This spreadsheet should then be archived as completed so that all current information on children with a need for active input are held on one record within the SLT department which is regularly monitored by each responsible SLT and the manager for the service. To work towards all records being held on RiO only due to the risks of information being missed when held on spreadsheets. A discussion between the administrator, manager and the last-named therapist in relation to communicating and responding within the Wokingham SLT team to set up expected responses/action by each individual when a child's need for SLT intervention is highlighted to them. To share the learning within the wider SLT team All staff to be reminded that all telephone messages, voicemails or email correspondence in relation to children should be recorded on RIO (as this is a second mechanism for therapists to know that parents have contacted the dept). Support to be given to those staff who have been upset to realise that mistakes or omissions on their part have led to waiting for further intervention longer than he should have. Continued communication between the CAMHS service and patient's parents regarding a date for his Autism Assessment	
7696	West Berks	Health Visiting		Complainant unhappy with the contents of the meeting minutes which they feel do not represent everything that was said	Not Upheld	The complainant was advised that the notes were not verbatim minutes and note has been added that he does not agree with the content.	Communication
7653	Reading	Health Visiting		Father unhappy that clinician instructed a behaviour letter to be sent to them.	Not Upheld	Refer to complaint 7696 - complainant disagress with the notes from the meeting held with IO on 06.08.2020	Communication
7657	West Berks	Health Visiting		Complaianant unhappy at comments made in patients records about them, believes they could be misleading	Not Upheld	Refer to complaint 7696 - complainant disagress with the notes from the meeting held with IO on 06.08.2020	Communication

ID	Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
7656	West Berks	Health Visiting		Staff not documenting telephone call comprehensively,and concerns that inaccurate info was provided to outside agency	Not Upheld	Refer to complaint 7696 - complainant disagress with the notes from the meeting held with IO on 06.08.2020	Communication
7677	West Berks	Health Visiting		Complainant believes staff member ignored court order	Not Upheld	Refer to complaint 7696 - complainant disagress with the notes from the meeting held with IO on 06.08.2020	Communication
	Reading	Compliance and Risk	Low	Several points raised regarding a security letter sent in 26th July 2019 and how the complainant is unhappy with the content	Not Upheld	The advice given to the clinical teams was appropriate - learning for LSMS to give complaint info however complaint in the whole is not upheld.	Communication
7660	Bracknell	CAMHS - Child and Adolescent Mental Health Services		Parents have raised complaint about the long delays in providing appropriate help to meet their daughter's needs and the quality of the service provided. They say she has been passed around various different departments and services and left without support when she most needed it and her mental health has deteriorated as a result.	Partially Upheld	Clinical care was appropriate. Upheld about communication with parents and between professionals as this could have been better.	Care and Treatment
7664	West Berks	Crisis Resolution and Home Treatment Team (CRHTT)	Minor	Member of staff allegedly spoke to family members about the pt who they are estranged from and wants no involvement with. Feels desperate as trust is broken	Partially Upheld	Remind CPE staff to check demographics at the point of referral and/or assessment Staff member has reflected and considered how they could have referred to CRHTT in more general terms	Confidentiality
7676	West Berks	CMHTOA/COAMHS - Older Adults Community Mental Health Team	Minor	Family unhappy that police came into their home following an alleged call from services and safeguarding regarding the EOL pt	Not Upheld	The service did the right thing by raising safeguarding concerns and contacting the police. The complainant has offered to be involved with further training around this sensitive subject - to raise awareness and talk about her experience.	Communication
7637	Wokingham	Adolescent Mental Health Inpatients - Willow House	High	Father of patient is complaining about admissions/ arrival process and the poor communication and highlight some of the frustrations and challenges he has had as a parent. He feels that the lack of documented processes and procedures and general lack of communication is not acceptable.	Partially Upheld	Develop a process for clear communication to prepare young person and family for admission to a Tier 4 unit. When multiple teams are involved prior to admission identify a lead team who can support with communication prior to admission. Communicate current Covid -19 Tier 4 admission process to community CAMHS so they can help support re current guidance and help to prepare parents and young people in advance. Create written leaflets explaining processes during Covid restrictions and what to expect regarding admission, visiting times and MDT meetings. Willow House Team to ensure a clear communication pathway for parents following MDT. Seek an agreement with parents when parents are separated regarding how information will be shared. Process to be clear and documented in care plan, also document and explore with young person when the young person does not want information communicated to specific parents or carers.	Admission
7654	Reading	A Place of Safety	Minor	Pt feels report does not reflect what they said in person	Not Upheld	Not upheld as BHFT not author of report. However, IO has identified some areas that can serve as a reminder to other staff.	Communication
7580	Wokingham	Community Hospital Inpatient Service - Windsor Ward	Minor	Family unhappy with the communication from the ward and the discharge arrangements	Partially Upheld	•To scope potential new post (across all IPUs) for a permanent ‘communication liaison’ role. This would be a key point of contact for communication between relatives and the medical / nursing team. Role to be defined, but would include taking queries regarding care from relatives and resolving as appropriate with medical team. •? Action around sending of electronic discharge summary •Closer working with community matron team. Unit Manager to make contact and establish referral criteria to CM team and promote appropriate refrrals at board round •Research potential dehydration risk assessment forms for implementation across the unit to highlight at risk patients	Communication

ID	Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
7435	Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Low	Pt feels CMHT cancelled the psychology appt which was agreed as part of closing the informal complaint dating back to August	Not Upheld	CMHT and Professional Leads will make expectations of service clear	Discharge Arrangements
7447	Reading	Adult Acute Admissions - Daisy Ward	Low	Complainant believes factual inaccuracies and still little care. CQC concerns ORGINAL COMPLAINT Complainant feels there has been an extreme lack of care and empathy to the pt over the last few admissions to PPH and states if nothing is done for the patient 'its not if she dies, it's when'	Partially Upheld	See details in response	Care and Treatment
7574	Reading	Adult Acute Admissions - Bluebell Ward		Much feedback on the way the Trust handle different situations, clarity required on a couple of points ORIGINAL Historic complaint relating to the attitude of a ward Dr	Upheld	The wrong diagnosis was entered into the discharge paperwork to the GP (since rectified). There is learning about how patients are asked for the feedback as part of medical appraisals and about being more sensitive when asking personal questions.	Attitude of Staff
7550	West Berks	Health Visiting	Low	Re-Opened - Father unhappy with response ORIGINAL COMPLAINT Father unhappy with a statement made by HV	Not Upheld	Refer to complaint 7696 - complainant disagress with the notes from the meeting held with IO on 06.08.2020	Attitude of Staff
7616	West Berks	Health Visiting	Low	Complainant wishes entire complaint to be re looked at 20.8.2020 Pt 3 re DSA Further issues regarding a staff member in Point 1 &2 ORIGINAL Complainant believe West Berks HV are helping to move child to Newbury HV and communicate with spouse only when joint 50:50 custody has been awarded by the courts. Complainant concerned about impact on child 12 points raised	Partially Upheld	Learning around inappropriate open referrals the and correct provision of services to be disseminated through all relevant service leads. Clarification around “Duty Safeguarding HV” in the RiO records Improve staff documentation within RiO so that parent’s details are always clearly available and communication preferences documented. This will be disseminated through the service leads.	Access to Services
7654	Reading	A Place of Safety	Minor	Pt feels report does not reflect what they said in person	Not Upheld	Not upheld as BHFT not author of report. However, IO has identified some areas that can serve as a reminder to other staff.	Communication

Berkshire Healthcare
NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust

Performance Report to Council

December 2020

Chief Executive Highlights Report

Local

•Jane Nicholson has been appointed as Director of People. Jane was previously the Interim Director of People

•Talking Therapies are here to support everyone in Berkshire aged 17+ including our staff and carers who may be struggling with feeling low, anxious, stressed or struggling with your sleep. You don't need a GP referral to access support, you can self-refer online via the Trust's website or by telephoning 0300 365 2000.

•£10 million is being made available to regions to set up and run Long COVID clinics. The expectation is that each system will have access to a multidisciplinary team working to a new service specification which will be based on the Multi-Disciplinary Team approach pioneered at University College Hospital, London. The role of the first NHS Seacole Centre in Surrey which opened in May to provide community/ step down care to help manage demand and flow may be part of the solution for our region.

•The Trust has agreed a Recovery Strategy and an established COVID Recovery programme that 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.

•Young people with eating disorders such as anorexia and bulimia are to get rapid access to specialist NHS treatment across England. The NHS has announced that it will scale up an early intervention service to support young people in the early stages of eating disorders. The new NHS service to be rolled out in 18 sites across the country (including Berkshire Healthcare) builds on a successful scheme shown to help 16-25-year olds in London.

National

•The NHS has been returned to the highest level of risk on its emergency preparedness framework, a move which allows national leaders tighter control over local resources and decision making.

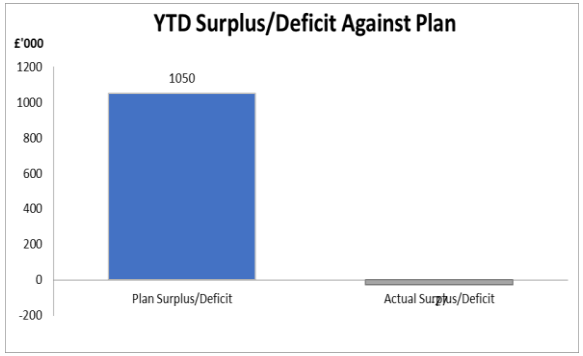
•NHS England has told NHS provider organisations and GPs to have plans in place to start vaccinating healthcare staff and the most vulnerable against COVID-19 from December 2020 if a vaccine has been approved

•The Royal College of Nursing has warned that widespread nursing shortages across the NHS could lead to staff burnout and risk patient safety this winter. The nursing union said a combination of staff absence due to the pandemic, and around 40,000 registered nursing vacancies in England was putting too much strain on the remaining workforce.

•The NHS becomes the world's first national health system to commit to become 'carbon net zero', backed by clear deliverables and milestones.

Performance Report to Council of Governors – Performance July to September 2020

YTD Surplus/Deficit Against Plan (£k's)



This surplus or deficit reflects the difference between the Trust spending and the income it receives.

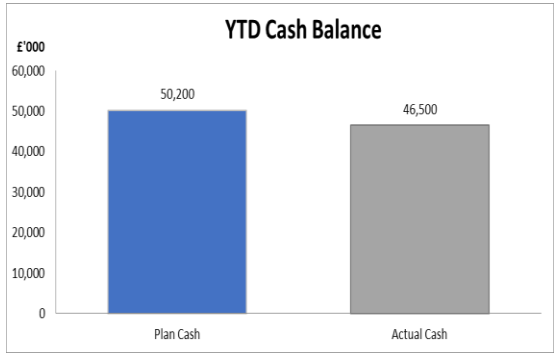
During quarter 2 we continued to operate in a COVID influenced financial regime, the overriding principle being that providers report a breakeven position during this period made possible by 'Top UP' payments, covering both additional costs incurred in response to COVID and underlying deficits. From October to the end of the financial year the trust spend will be monitored against our submitted NHSi forecast.

During this period

- Use of Resource rating is not being monitored
- There is no efficiency requirement, effectively putting our Cost Improvement Programme on hold
- CCG contract have been replaced by centrally calculated block allocations. Central allocations make provision for inflation only, no service development
- Expenditure is expected to continue per run rate at the end of 19/20 adjusted for inflation only.

YTD Covid costs were £5.1m and YTD top up payment of £5.6m was received. The YTD position was a deficit of £27k.

Latest Cash Position (£k's)

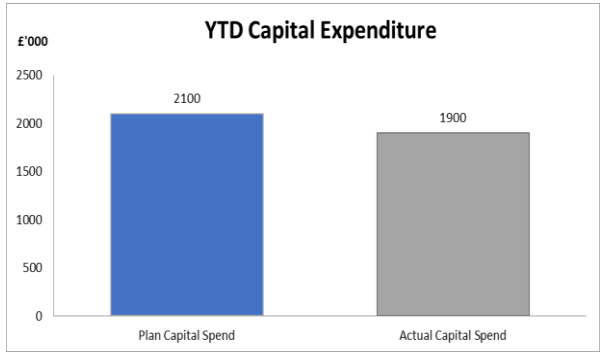


The cash surplus shown in the graph supports liquidity and capital expenditure.

Cash

In order to ease liquidity pressure on providers, one month's block allocations were made in advance in Q2, cash held is offset by increased deferred income.

YTD Capital (£k's)



Capital Spend is cash spent on items that last longer than 1 year and have a value of over £5,000. Examples of this are buildings and networked IT. It is important that the trust re-invests in capital items to provide good facilities and equipment for patient care.

Capital Spend

The YTD underspend against the planned capital programme was £0.2m. Estates spend accelerated in Q2 bringing it close to plan. The YTD underspend relates to the delay in IM & T refresh and replacement programme which is now expected to occur in Q3.

Performance Report to Council of Governors – Performance April to September 2020

Friends and Family Test

Indicator		Target
Recommendation Rate		-

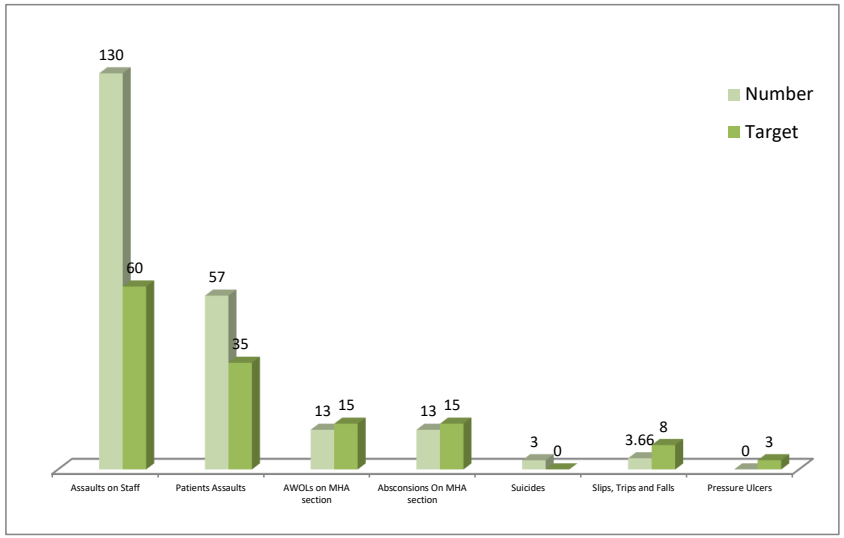
This has been suspended during Quarter 2. National reporting due to recommence in December 2020.

Safer Staffing

Indicator	RAG Rating
Safe Staffing	

There is a shortage of registered nursing staff available in the Thames Valley area and therefore registered nursing vacancies are hard to fill and good registered temporary nursing staff are equally hard to find. While we continue to actively advertise and take steps to recruit into the registered nursing vacancies on the wards we are using good temporary care staff who are available and know the wards to fill shift gaps because it is safer for patients. Whilst filling shifts with care staff maintains patient safety, having more registered nursing staff once recruited will improve staff morale as there will be greater peer support, more supervision of care staff and ultimately improved patient care.

User Safety



The above chart is showing the September 2020 rolling quarter Actual Vs target. Please note that lower than the stated target means KPI has achieved its target. There has been a increase in assaults on staff , AWOLS and Absconsions of those detained under the Mental Health Act. There has been an decrease in the number of apparent suicides, patient to patient assaults and falls in comparison to the rolling quarter to June 2020. Falls and Pressure Ulcers are breakthrough objectives for the Trust's Quality Improvement programme.

Performance Report to Council of Governors – People June to September 2020

Staff Turnover

Target	Actual
15.20%	13.6%

Agency Position

Target	Actual
< 6%	1.8%

No target during Q2 2020/21

Sickness

Target	Actual
< 3.5%	3.3%

Note: lower than the stated target means KPI has achieved its target

Appraisals

Target	Completed %
> 95%	95.56%

Days Taken For Recruitment

Target	55
Days Taken	78

Note: Equal or lower than the stated target means KPI has achieved its target

The Board Assurance Framework sets out the key risks to the Trust achieving its strategy.

Each risk has an action plan, key control and sources of assurance.

The risk summary sets out the risk description and key mitigations.

Risk Description	Mitigations
Risk 1 Failure to recruit, retain and develop the right people in the right roles at the right time and at the right cost could impact on our ability to meet our commitment to providing safe, compassionate, high quality care and a good patient experience for our service users.	•The Trust continues to through with the Integrated Care Systems to maximise the links we have with Health Education England and local universities to support the different pathways into nursing •The Trust participated in the COVID-19 Bring Back Staff Scheme through the Frimley Health and Care Integrated Care System and secured our highest ever number of student nurses •The Trust is working with the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System to develop the concept of an Integrated Care System Nursing School •An Apprentices Steering Group has been established to develop the Trust's new Apprenticeship Strategy •A new approach to workforce planning has been developed linking workforce, service demands and business forecasting
Risk 2 Failure to achieve national efficiency benchmarks could impact on the Trust's future sustainability and lead to increased regulatory scrutiny.	•NHS England/Improvement has published its new financial regime for September 2020 until the end of the financial year. The Trust has developed a financial forecast aligned to the new financial regime. •The Trust has introduced patient level costing. The working model of cost apportionments is now available, and the user summary reporting is currently being reviewed.
Risk 3 There is a risk that the Integrated Care Systems may not deliver the transformational change required to meet the healthcare needs of the population because of the need to focus on the COVID-19 response which would impact the pace of the Trust's work to re-model the way services are delivered.	•Buckinghamshire, Oxfordshire and Berkshire West and Frimley Health and Care Integrated Care Systems are both developing COVID-19 Recovery Strategies with the aim of capturing and embedding new way of working •The Trust is continuing to develop its links with Primary Care Networks and is having further discussions with Primary Care Networks on multi-disciplinary working •NHS England/Improvement has issued its COVID-19 Phase III guidance – the Trust is contributing to the Frimley and BOB systems' plans.
Risk 4 There is a risk that other providers may acquire the Trust's adult and children's community services which would impact organisational sustainability and reduce the Trust's scope to develop new models of out of hospital care.	• Agreed by Frimley Health that the Trust would lead the Chronic Pain pathway implementation. • The Trust has robust business and development and horizon scanning processes in place. • The Trust has regular meetings with the Commissioners and plays an active role in the East and West Integrated Care Systems. • Frimley Health and Care ICS has established Place Based Locality Boards with Placed based Local Directors in place
Risk 5 Failure to develop collaborative working relationships with key strategic partners could result in the Trust losing influence in key decisions leading to less effective services for local people.	• The Stakeholder Satisfaction Survey was repeated in the autumn. The Survey provided assurance that the Trust was well regarded as a partner by its stakeholders. • Locality and Regional Directors for East Berkshire have built a strong relationship with the East Commissioners and are members of the Mental Health Programme Board • The Regional Director West is now the responsible officer for Mental Health for the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System • The Trust is contributing to the mental health transformation programme of work in addition to the NHS Long Term Plan Mental Health priorities • The Trust is an active partner in the NHS COVID-19 Recovery and Phase III planning stages

Risk 6 There is a risk of a rise in demand for community and mental health services and a lack of available capacity due to – • failure of other health, social care and third sector providers to deliver their services leading to increase in referrals and higher acuity patients • demographic changes leading to increased patient numbers and greater need • financial constraints of commissioners limiting options for investment to meet growth • system developments and changes to patient pathways increase expectations and demands on Trust services • increase in vacancies due to high turnover and lack of available workforce reducing capacity in Trust services. This is a particular risk for Mental Health Inpatient, Community Nursing, Child and Adolescent Mental Health Services and Common Point of Entry currently.	• The Trust has good engagement with the developing Primary Care Networks. • Recruitment to challenged services remains good and the vacancy position is improving • Work on the Workforce Strategic Initiative using Quality Improvement methodology has started • COVID-19 Recovery planning has started including a review of wait lists and expected demand. • New ways of working will increase capacity • The Trust has continued to engage in weekly system meetings in both East and West Berkshire. The Trust is linking with partners on service recovery planning. The Trust is inputting to prioritisation of investments with both Integrated Care Systems
Risk 7 Trust network and infrastructure at risk of malware attack which could compromise systems leading to unavailability of clinical systems, loss of data, ransom demands for data and mass disruption.	• The Trust has attained national CyberEssentials+ certification in February 2020 • The Trust invited the Information Commissioners Office to conduct an external audit in April 2020. The Information Commissioners Office identified seven recommendations for improvement and these actions will be implemented over the next 12 months.
Risk 8 A There is a risk that the Trust may be unable to maintain the standards of safe and high-quality care for patients we aspire to as an organisation because of the challenges of responding to the active phase of COVID-19 and the challenges of responding to the 2nd wave of COIVD 19 winter pressures. 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 need for staff to self-isolate	• Weekly updates to staff through the Staff COVID-19 Recovery Briefings • Staff Flu Campaign has started • Establishment of a weekly Second Wave/Winter Planning Group

Risk 8 B 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 standing services back up during the recovery phase of COVID-19 whilst also responding to 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 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.	• COVID-19 Recovery Communications Plan is in development with external communications aligning with system expectations • BHFT website is regularly updated with the latest service provision information and is also shared with Healthwatch • A demand modelling tool has been built and it currently being populated with community services activity data

Performance Report to Council of Governors – Oversight Requirements June to September 2020

KPI	Target	Actual	Definition
7 day follow up	95%	96.0%	This is the percentage of Mental Health Patients discharged from our wards who were within 7 days.
DM01 Diagnostics Audiology - 6 weeks	99%	98.7%	This is the % of patients waiting 6 weeks or less for Audiology diagnostic tests. Service was initially closed during the pandemic but re-opened with a backlog. Service were back at target for October 2020.
A&E 4 Hour Waits	95%	97.67%	This is the percentage of patients waiting in the Trust's Minor Injury Unit to treat/discharge or transfer within 4 hours.
RTT Community: incomplete pathways	92%	100.00%	This is the percentage of patients waiting within 18 weeks for their first outpatient appointment in the Trust's Diabetes and Children's Community Paediatric teams.
Data Quality Maturity Index	95%	98.67%	This measures the Trust's completeness of Mental Health Services Data Set data in relation to the 29 fields including: - Ethnic Category, GMC Practice Code, NHS Number, Organisation Code, NHS Number, Organisation Code, Gender, and Postcode. This is the latest score.

Early Intervention in Psychosis New Cases - 2 week wait	56%	97.0%	This is the percentage of patients who present with first episode psychosis, who are assessed and accepted onto a caseload and receive a NICE Concordant package of care.
Out of Area Placements occupied bed days - East CCGs	76	224	The number of occupied bed days for acute, older adult or PICU patients, from East CCGs who were sent out of area as there was no bed available within the Trust. There was increased demand for beds during Q2, coupled with a reduction in trajectory target.
Out of Area Placements occupied bed days - West	76	194	The number of occupied bed days for acute, older adult or PICU patients, from West CCGs who were sent out of area as there was no bed available within the Trust. There was increased demand for beds during Q2, coupled with a reduction in trajectory target.
Improving Access to Psychological Therapies - waiting times for:- Assessment Treatment and Recovery	75% 95% 50%	96% 100% 56.8%	This measures the percentage of IAPT patients who were assessed within 6 weeks, started treatment within 18 weeks, and the percentage of those who have recovered.
Clostridium Difficile due to Lapse In Care - Year to Date	6	0	This measures the number of cases of Clostridium Difficile which were caused by a lapse in care in our inpatient services.

Cardio Metabolic CQUIN assessment and treatment for people with psychosis in the following settings:-			This CQUIN looks to improve health outcomes for those patients with psychosis by sampling a number of cases and calculating the percentage of clients who have received an assessment, and where risks are identified, intervention covering the following:
Inpatient settings	90%	42%	. smoking status
Early Intervention in Psychosis Services	90%	88%	. lifestyle (including exercise, diet, alcohol and drug use)
Community Mental Health Patients on CPA	65%	21%	. body mass index . blood pressure . glucose regulation (HbA1c or fasting glucose or random glucose, as appropriate) . blood lipids. This must be clearly recorded in the patients' records. This is the last published data.
MRSA	0	0	This is the number of cases of the infection methicillin-resistant Staphylococcus aureus identified on our wards as occurring due to lapse in care.
Gram Negative Bacteraemia	0	3	This is the number of cases of infection Gram Negative Bacteraemia cases including, E coli, Pseudomonas and Klebsiella identified on our wards as occurring due to lapse in care. 1 each occurred on Oakwood, Windsor and Henry Tudor wards.
MSSA	0	0	This is the number of cases of the infection Methicillin-sensitive Staphylococcus aureus identified on our wards as occurring due to lapse in care.