Berkshire Healthcare
NHS Foundation Trust

Quality Account 2020/21

caring for and about you is our top priority

committed to providing good quality, safe services

working together with you to develop innovative solutions

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

What is a Quality Account?

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

About the Trust

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

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

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

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

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

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

Contents

Quality Account Positive Highlights and Overall Summary 2020/21

Patient Experience Priorities

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

Patient Safety Priorities

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

Clinical Effectiveness Priorities

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

Supporting our Staff Priorities

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

Care Quality Commission (CQC) Rating

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

2021/22 Trust Priorities

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Julian Emms CEO

11th May 2021

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

2.1. Achievement of Priorities for Improvement for 2020/21

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

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

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

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

2.1.1. Patient Experience and Involvement

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

Our 2020/21 Patient Experience Priorities:

To provide good outcomes from treatment and care:

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

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

Using patient and carer feedback to drive improvements

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

Patient Friends and Family Test (FFT)

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

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

Learning from Complaints and Compliments

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

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

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

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

The remaining mental health complaints were spread across other services.

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

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

The remaining complaints were spread across other services.

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

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

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

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

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

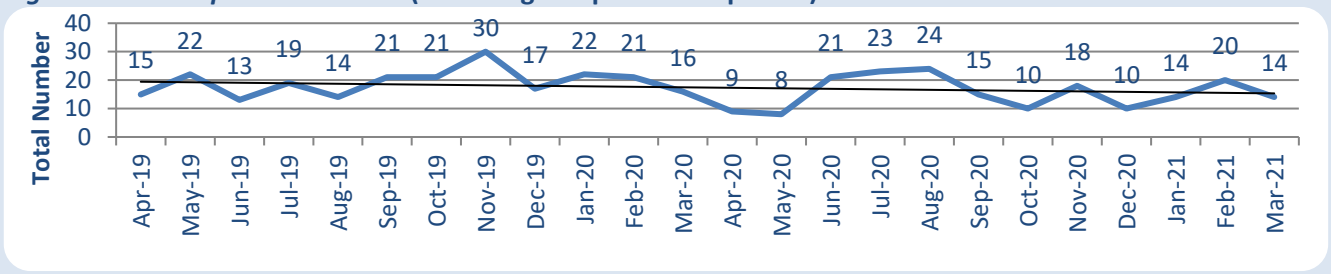
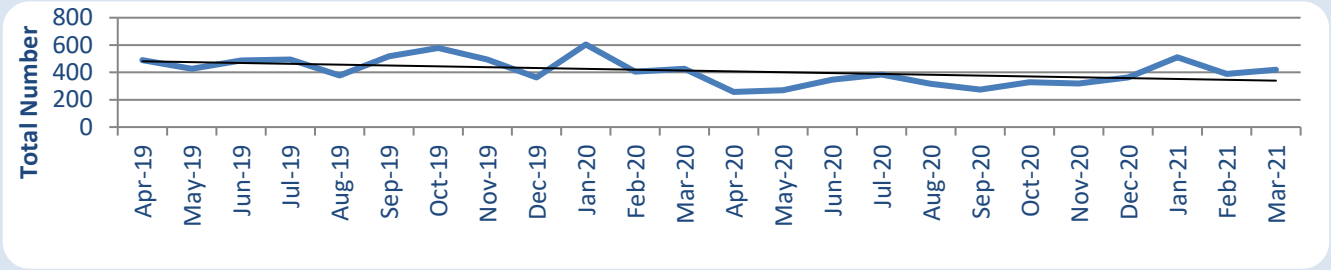


Figure 3- Compliments received



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

National NHS Community Mental Health Survey 2020

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

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

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

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

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

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

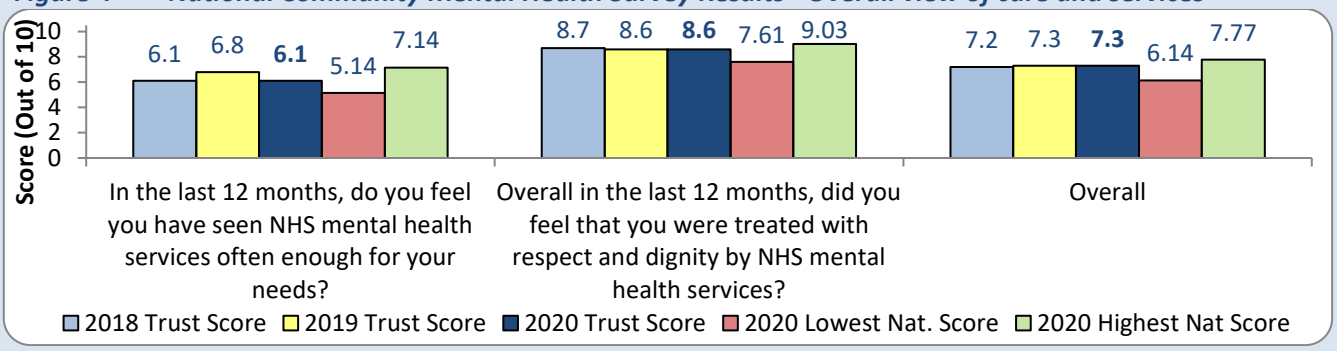
decline was seen for 16 questions and the result was the same for 4 questions.

Respondents' overall view of care and experience

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

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

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



Managing Patient Flow in Adult Inpatient Services

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

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

In West Community Health Services:

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

In East Community Health Services:

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

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

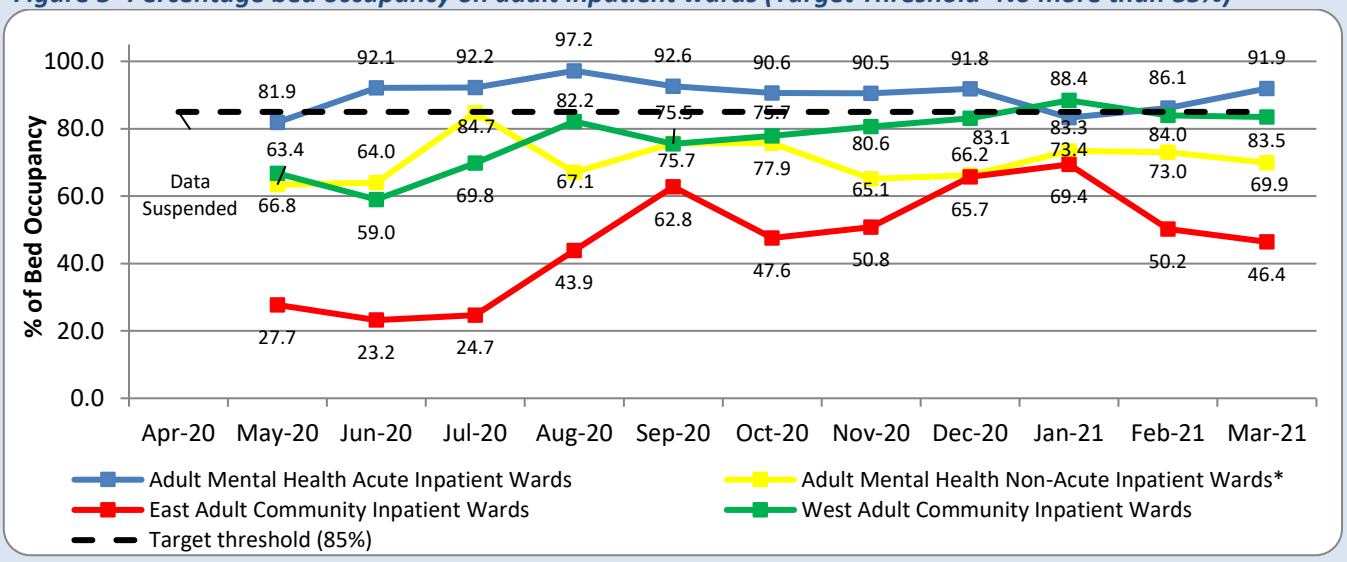
Achievement against this priority is measured with reference to three indicators:

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

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

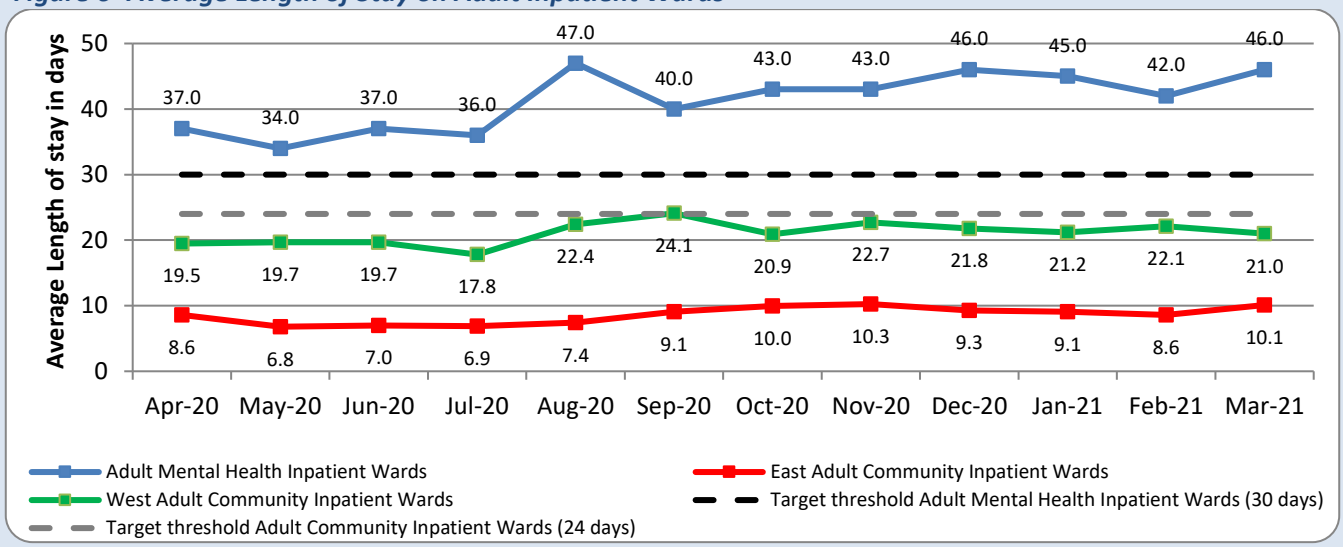
Community Inpatient services in the east of the county met both their bed occupancy and length of stay targets in all months of 2020/21, with west community inpatient services also meeting both of these targets in all but one of these months.

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



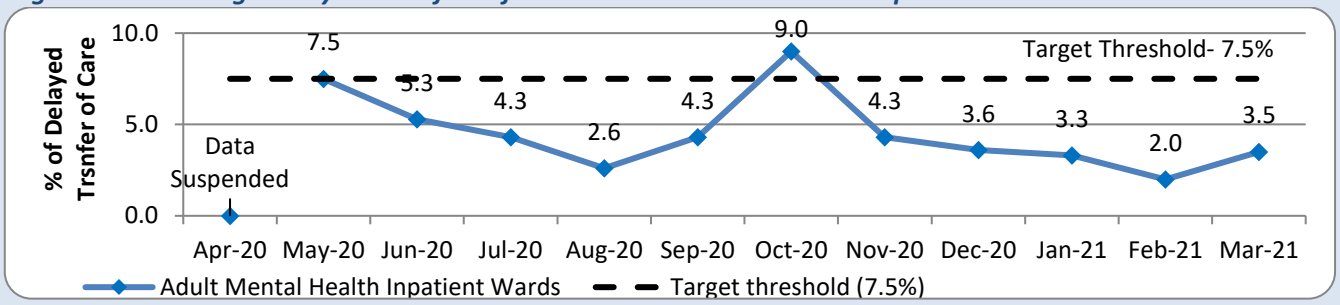
** Non-acute mental health inpatient wards include Older Adult Mental Health Wards*

Figure 6- Average Length of Stay on Adult Inpatient Wards



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

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



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

Sources for Data- Trust performance reports on Tableau

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

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

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

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

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

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

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

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

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

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

2.1.2. Harm-Free Care

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

Our 2020/21 Harm-Free Care Priorities:

To provide safe services by eliminating avoidable harm:

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

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

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

Protecting patients and staff from COVID-19

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

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

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

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

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

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

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

- Care of patients with confirmed or suspected COVID-19

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

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

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

Figure 8- Hand Hygiene Audit Results

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

Source- Infection Prevention and Control Monthly Reports

Ensuring safe levels of staffing to meet service demand

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

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

Update for the Period October 2020- March 2021.

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

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

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

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

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

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

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

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

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

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

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

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

Adult Community Health services

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

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

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

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

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

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

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

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

Adult Mental Health Services

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

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

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

Reducing Falls on Older People's Inpatient Wards

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

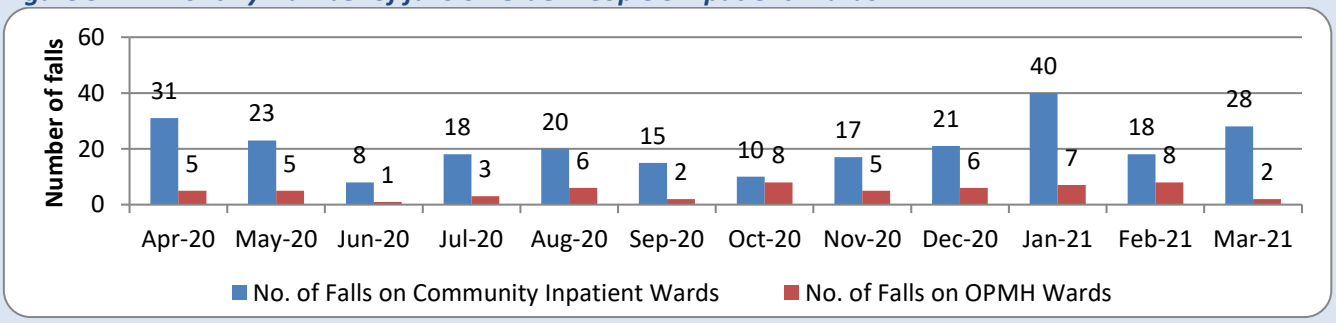
The Trust has set a priority to reduce falls on its older people's inpatient wards to no more than 8 falls per 1000 bed days on older adult mental health wards and no more than 4 falls per 1000 bed days on community health inpatient wards during 2020/21.

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

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

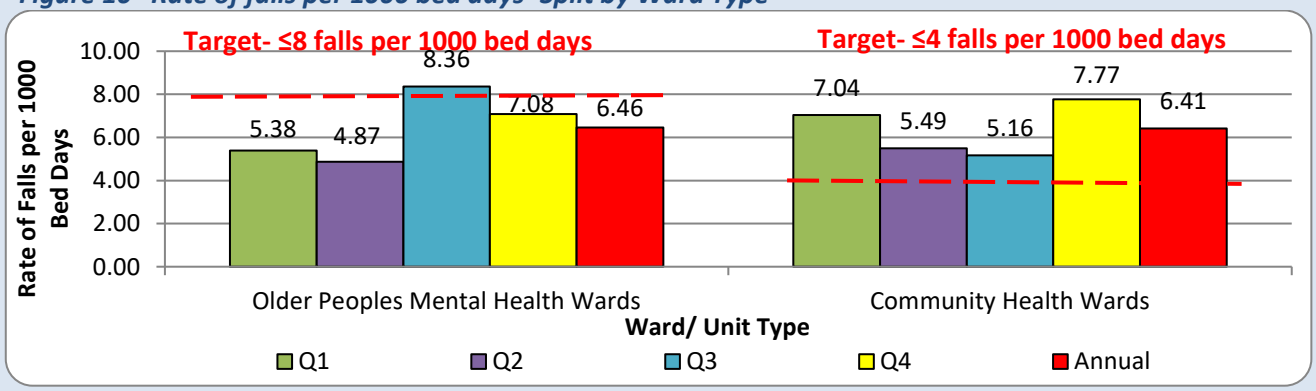
During the first and second peak of the COVID-19 outbreak there were a high number of very complex patients on these community health wards, as well as a number of redeployed staff during the first wave that were new to the falls risk documentation, and this may explain the breach . As a result, all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

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



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

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



Source for both figures: Trust Tableau Dashboards

Preventing Pressure Ulcers

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

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

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

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

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

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

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

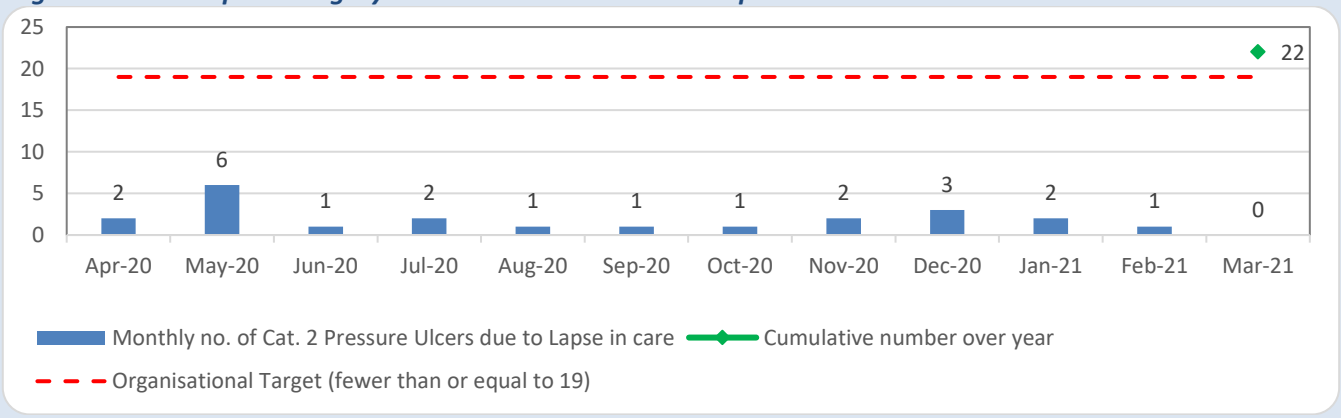
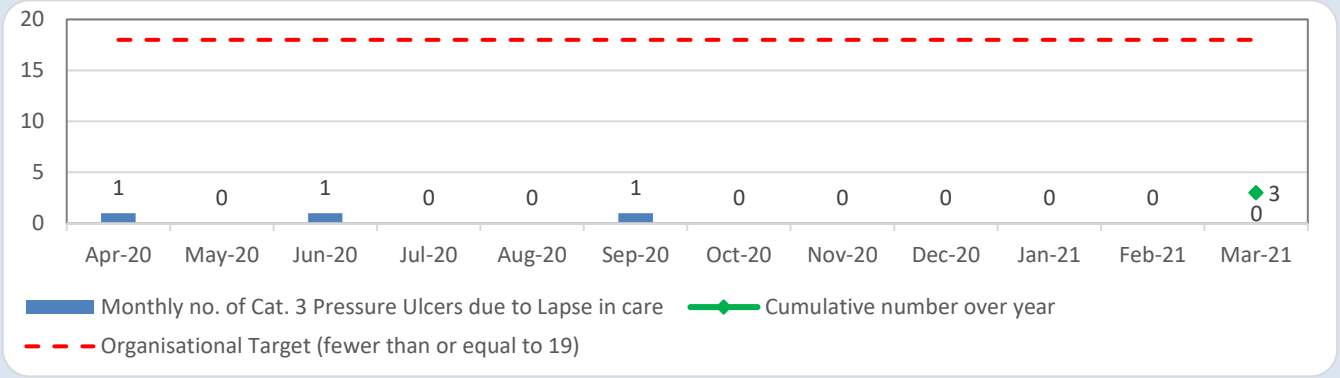


Figure 12- Developed Category 3 and 4 Pressure Ulcers due to a Lapse in Care



Sources: Trust Quarterly Pressure Ulcer Report

Reducing Self-Harm Incidents on Trust Mental Health Inpatient Ward

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

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

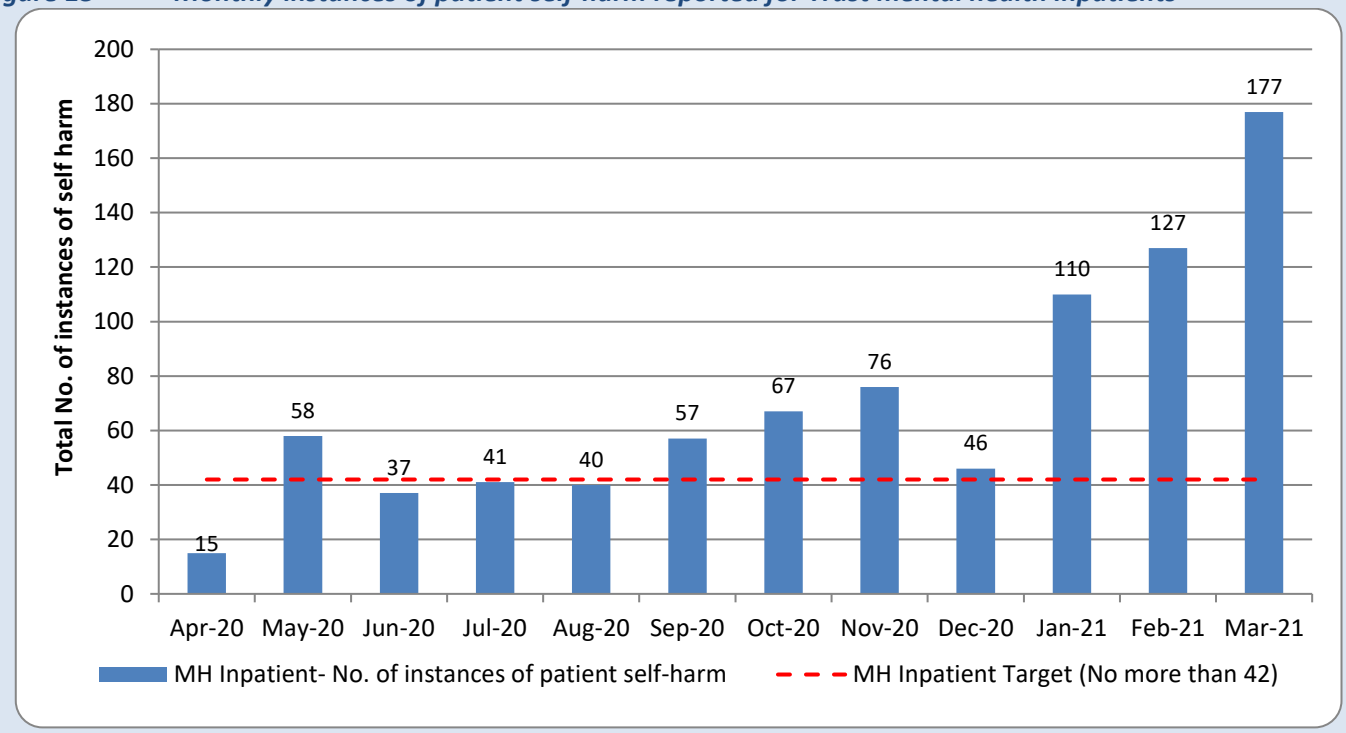
Two of the adult mental health wards are using Quality Improvement methodology to reduce self-harm incidents on their wards. One of these wards has been testing the use of activity co-ordinators during the early evening, which is when the data showed a higher incidence as well as having more self-directed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

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

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

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

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



Source- Trust Tableau Dashboard

Suicide Prevention- Zero Suicide

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

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

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

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

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

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

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

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

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

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

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

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

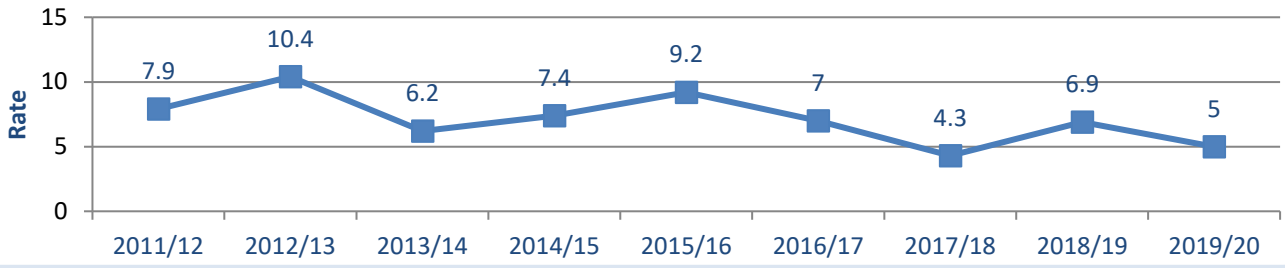
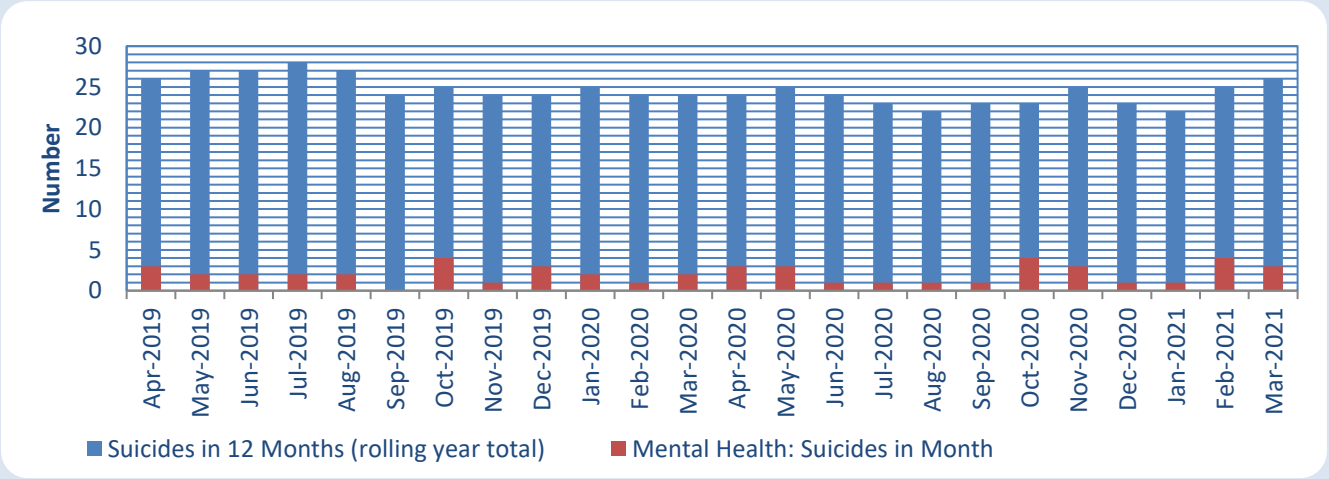


Figure 15- Suicides of patients under Berkshire Healthcare Trust mental healthcare



Source- Trust Tableau Dashboard

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

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

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

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

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

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

Source- Trust Learning from Deaths Report

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

Strengthening our Safety Culture

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

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

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

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

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

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

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

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

Never Events

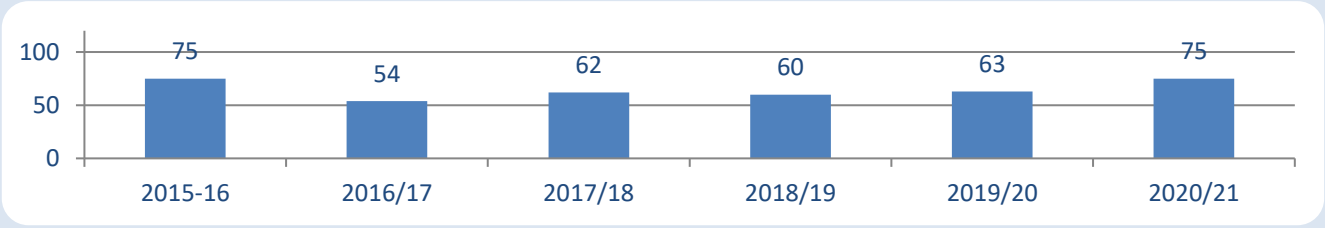
ⓘ Never events are a sub-set of Serious Incidents and are defined as 'serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers.

The Trust has reported 0 never events in 2020/21

Serious Incidents (SIs)

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

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



Source: Trust Serious Incident Report

Summary of findings from Serious Incident (SI) report

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

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

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

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

Quality Concerns

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

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

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

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

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

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

Duty of Candour (DOC)

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

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

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

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

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

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

2.1.3. Clinical Effectiveness

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

Our 2020/21 Clinical Effectiveness Priorities are as follows:

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

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

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

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

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

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

Areas not meeting recommendations include:

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

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

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

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

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

NHS Doctors in Training- Rota Gaps and Plans for Improvement

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

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

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

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

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

Source- Trust Medical Staffing Team

The Learning Disability Improvement Standards

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

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

The four standards concern:

- Respecting and protecting rights
- Inclusion and engagement
- Workforce

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

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

- Increasing awareness of health inequalities experienced by people with learning disabilities and autistic people across the Trust; and improving our ability to segment outcome data and patient experience feedback to help target future areas for prioritisation and actions (respecting and protecting rights)
- Increasing awareness and use of reasonable adjustments (inclusion and engagement)
- Supporting a cohort of staff to undertake the Advanced Practice Credential in Learning Disability and Autism with support from Health Education England to further develop specialist skills (workforce)
- Work with Commissioners to support the development of local Dynamic Support Registers which seek to identify those people at risk of admission to inpatient services and provide intervention in the community to avoid all but essential admission (learning disability services standard

2.1.4. Supporting our Staff

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

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

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

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

Sustaining and improving staff engagement

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

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

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

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

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

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

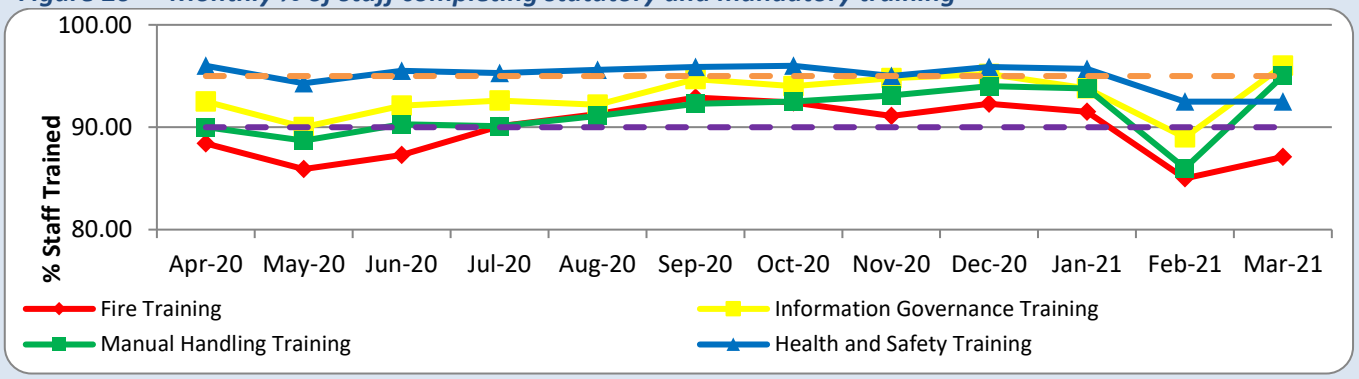
The COVID-19 pandemic has required the Trust to respond quickly to minimise the impact on patients and staff. This has resulted in the redeployment of many staff to meet the emerging needs of the situation. As a result, the Trust has ensured that all redeployed staff had the skills and support required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

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

Statutory and Mandatory Training

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

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



Source- Trust Tableau Dashboard

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

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

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

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

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

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

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

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

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

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

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

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

Reducing staff sickness

Quarter 1 of 2020/21 saw an increase in our levels of sickness absence due to COVID-19 related illness. The levels of COVID-19 related absence were at their highest during the latter part of March 2020, and throughout April 2020. This was partly because the testing systems were not fully functional at this stage and therefore anyone who was symptomatic was absent for at least 7 days (depending on their symptoms). In addition, if someone in their household was symptomatic, then staff needed to self-isolate for 14 days. Our COVID-19 absence peaked over the 2020 Easter period, when almost 10% of our workforce was absent and 57% of our total absence was COVID-19 related.

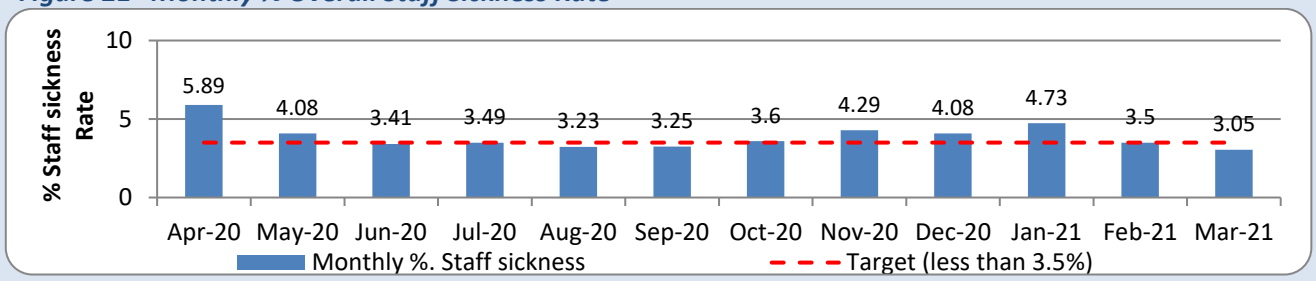
The trust target sickness rate was not breached between June and September 2020. As we moved towards business as usual at this time, we focused on long term sickness cases and staff with high frequent absence across the Trust. This resulted in a reduction in sickness rates, with further evidence that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

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

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

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

Figure 21- Monthly % Overall Staff Sickness Rate



Source- Trust Tableau Dashboard

Staff feeling they can influence how we work and make decisions

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

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

Staff recommending the Trust as a place to receive treatment

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

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

Improving staff recruitment, retention, and satisfaction

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

Staff Vacancies

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

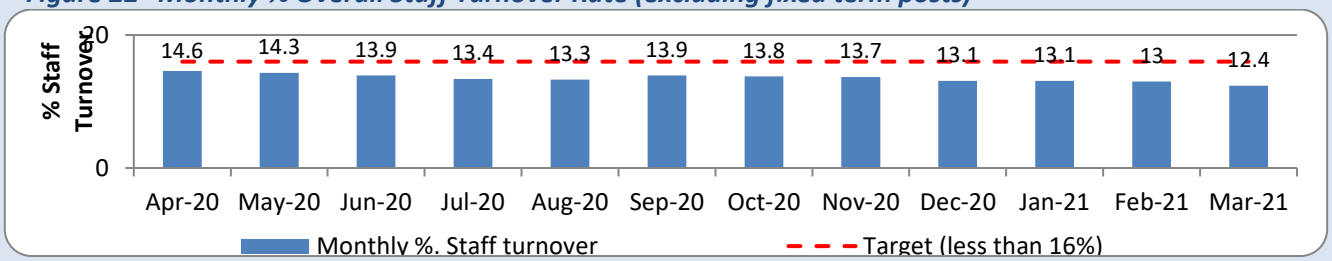
Staff Turnover

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

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

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

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



Source- Trust Tableau Dashboard

Zero Tolerance of Bullying and Harassment

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

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

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

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

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

Reducing mental health patient assaults on our staff

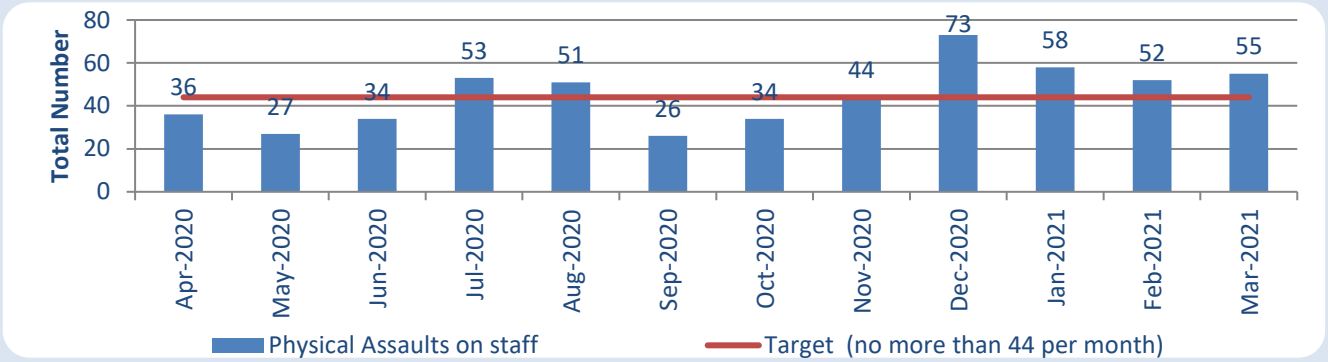
The Trust has set a target of reducing mental health patient assaults on staff to below 44 per month.

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

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

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

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



Source- Trust Tableau Dashboard

Freedom to Speak Up

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

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

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

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

How can staff speak up?

Staff are encouraged to raise concerns in several ways:

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

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

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

National NHS Staff Survey 2020

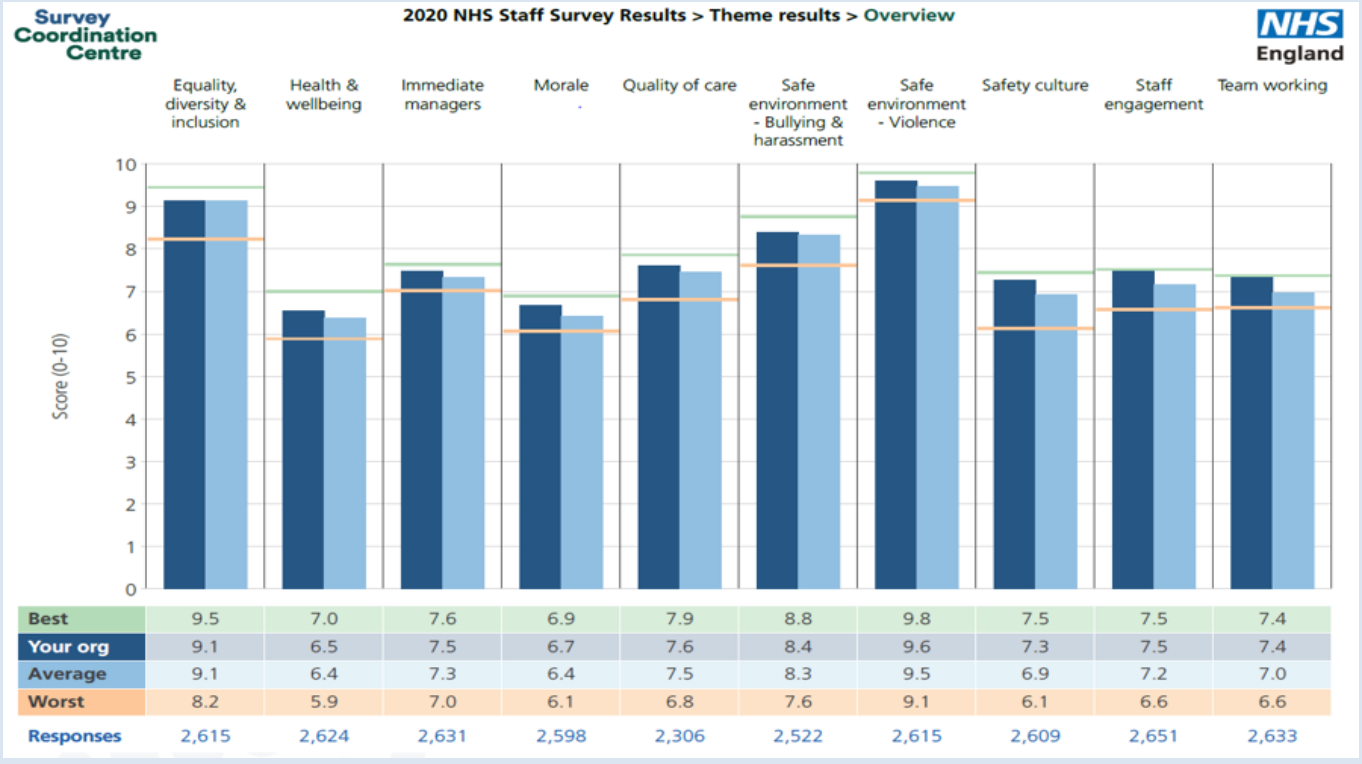
ⓘ The results from the National NHS Staff Survey are used by the Trust to inform local improvements in staff experience and wellbeing. This is important as a positive staff experience plays an important part not only in staff welfare, but also in helping to maintain and improve on patient safety and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

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

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

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

Figure 24- 2020 Trust NHS Staff Survey Results by theme



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

Source- 2019 NHS Staff Survey- Trust Benchmark Report

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

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

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

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

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

Source- 2020 National Staff Survey

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

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

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

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

Source- 2020 National Staff Survey

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

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

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

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

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

To achieve the WRES and WDES inspired ambitions above:

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

2.1.5. Other Service Improvement Highlights in 2020/21

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

2.1.6. Improvements in Community Physical Health Services for Adults

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Community Health Inpatient Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Child and Adolescent Mental Health (CAMH) Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Talking Therapies (TT)

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

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

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

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

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

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

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

Adult Mental Health Services

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

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

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

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

patients with Emotionally Unstable Personality Disorder (EUPD).

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

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

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

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

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

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

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

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

Older Peoples Mental Health Services (OPMH)

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

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

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

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

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

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

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

Mental Health Inpatients

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

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

2.2. Setting Priorities for Improvement for 2021/2022

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

2.2.1. Harm-Free Care Priorities

Providing Safe Services

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

2.2.2. Clinical Effectiveness Priorities

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

2.2.3. Patient Experience Priorities

Improving Outcomes

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

2.2.4. Supporting our Staff Priorities

A great place to work

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

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

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

2.2.5. Monitoring of Priorities for Improvement

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

2.3. Statements of Assurance from the Board

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

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

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

2.3.1. Clinical Audit

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

National Clinical Audits and Confidential Enquiries

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

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

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

Figure 27- National Clinical Audits and Confidential Enquiries

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

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

Local Clinical Audits

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

2.3.2. Research and Development (R&D)

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

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

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

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

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

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

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

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

2.3.3. CQUIN Framework

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

The CQUIN programme was paused for 2020/21 in response to the COVID-19 pandemic and therefore the following paragraphs will not be updated for this Quality Account report.

[A proportion of Berkshire Healthcare NHS Foundation Trust's income in (Year) was conditional upon achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for (Year) and for the following 12-month period can be found in (N/A).

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

2.3.4. Care Quality Commission (CQC)

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

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

The Care Quality Commission has not taken enforcement action against Berkshire Healthcare NHS Foundation Trust during 2020/21.
Berkshire Healthcare NHS Foundation Trust is subject to periodic reviews by the Care Quality Commission. Following our CQC inspection of our core services in November 2019, and a "Well Led" inspection in December 2019 the Trust is now rated as Outstanding overall. Both our Community Physical Health services for adults and our End of Life service have been recognised as Outstanding. They join our Learning Disability In-Patients and our Older Peoples Community Mental Health services who also hold an outstanding rating. All our services are now either outstanding or good.

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

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

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

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

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

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

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

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

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

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

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

2.3.5. Data Quality and Information Governance

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

The Secondary Uses Service (SUS)

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

The percentage of records in the published data:

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

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

Information Governance

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

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

Data Quality

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

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

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

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

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

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

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

2.3.6. Learning from Deaths

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

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

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

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

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

	1. Total number of Deaths	2. Total number of reviews and investigations carried out			3.Deaths more likely than not due to problems in care
Mandated Statement	During 2020/21 the following number of Berkshire Healthcare NHS Foundation Trust patients died	By 31st March 2021, the following number of case record reviews and investigations have been carried out in relation to 271 of the deaths included above.			The number and percentage of the patient deaths during the reporting period that are judged to be more likely than not to have been due to problems in the care provided to the patient are detailed below. (These numbers have been estimated using either Initial Findings Report or Root Cause Analysis methodology)
		1st Line Case Record Reviews (Datix)	2nd Line Review (IFR/ SJR)	Case Record Review & Investigation (SI)	
Total 20/21	**4664** ↓	**510**	**269** ↓	**47**	**1 representing 0.02%** ↓
Mandated Statement	This comprised of the following number of deaths which occurred in each quarter of that reporting period:	The number of deaths in each quarter for which a case record review or an investigation was carried out was:			In relation to each quarter, this consisted of:
Q1 20/21	**1478**	**170**	**72**	**7**	**1 representing 0.08%**
Q2 20/21	**915**	**101**	**48**	**9**	**0**
Q3 20/21	**1109**	**98**	**47**	**9**	**0**
Q4 20/21	**1162**	**141**	**102**	**22**	**0**

Source- Trust Learning from Deaths Reports

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

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

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

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

2.4. Reporting against core indicators

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

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

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

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

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

Source- Trust Tableau Dashboard

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

Source- Trust Tableau Dashboard

Figure 32	2018/19	2019/20	2020/21	National Average 2020/21	Highest and Lowest
The percentage of Mental Health patients aged— (i) 0 to 15; and (ii) 16 or over, readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	6.9%	6.1%	**6.3%**	**Not Available** (National Indicator last updated 2013)	
Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: The Trust focusses on managing patients at home wherever possible and has fewer mental health beds for the population than in most areas. Sometimes the judgement to send a patient home may be made prematurely or there may be deterioration in the patient's presentation at home due to unexpected events.					
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services, by: Work being undertaken around gatekeeping for admission to the hospital should start to ensure all admissions are appropriate and/or have greater consideration of their benefits and risks. A Post Admission Review (PAR) is now in place and embedded which takes place within 72 hours (wherever possible) and produces an intended discharge date (IDD). This is monitored at the daily bed management team so that plans are checked, and any concerns escalated.					

Source- Trust Tableau Dashboard

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

Source: National Staff Survey

Figure 34	2018/19	2019/20	2020/21	National Figures 2020/11	Highest and Lowest
Patient experience of community mental health services indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period	7.2	7.3	**7.3**	**7.1** (median figure for all participating Trusts)	**6.1-7.8**
Berkshire Healthcare NHS Foundation Trust considers that this score is as described for the following reasons: The Trusts score is in line with other similar Trusts.					
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this score, and so the quality of services, by: Being committed to improving the experience of all users of their services. Data is collected from a number of sources to show how our users feel about the service they have received. Actions are put in place through a number of initiatives to improve both an individual's experience and if required to change the service provision.					

Source: National Community Mental Health Survey

Figure 35	2018/19	2019/20	2020/21	National Figures **	Highest and Lowest
The number of patient safety incidents reported	**4518** *	**6294** *	**5510** *	**204307** **	**1107-9509** **
Rate of patient safety incidents reported within the Trust during the reporting period per 1000 bed days	**46.2** *	**62.9** *	**62.7** *	**53.2** ** (Median)	**18.1-145.5** **
The number and percentage of such patient safety incidents that resulted in severe harm or death	**40 (0.9%)** *	**58 (0.9%)** *	**37 (0.7%)** *	**1983 (0.97%)** **	**0-148** **
Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: The above data shows the reported incidents per 1,000 bed days based on Trust data reported to the NRLS. High levels of incident reporting are encouraged as learning from low level incidents is thought to reduce the likelihood of more serious incidents.					
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services, by: Bolstering the internal governance and scrutiny of serious incident reports, their recommendations and action plans. Implementation of strategies to address common findings in serious incident reports.					

Sources: ** Trust full year figures reported to the NRLS. Please note that these figures are representative of the number of incidents reported at the time the report is sent and are subject to change over time.*
*** NHS Digital- NHS Outcomes Framework - Indicator 5.6 – Patient safety incidents report- covering 6 months between October 2019- March 2020 relating to 52 Mental Health Organisations Only*

Part 3. Review of Quality Performance in 2020/21

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

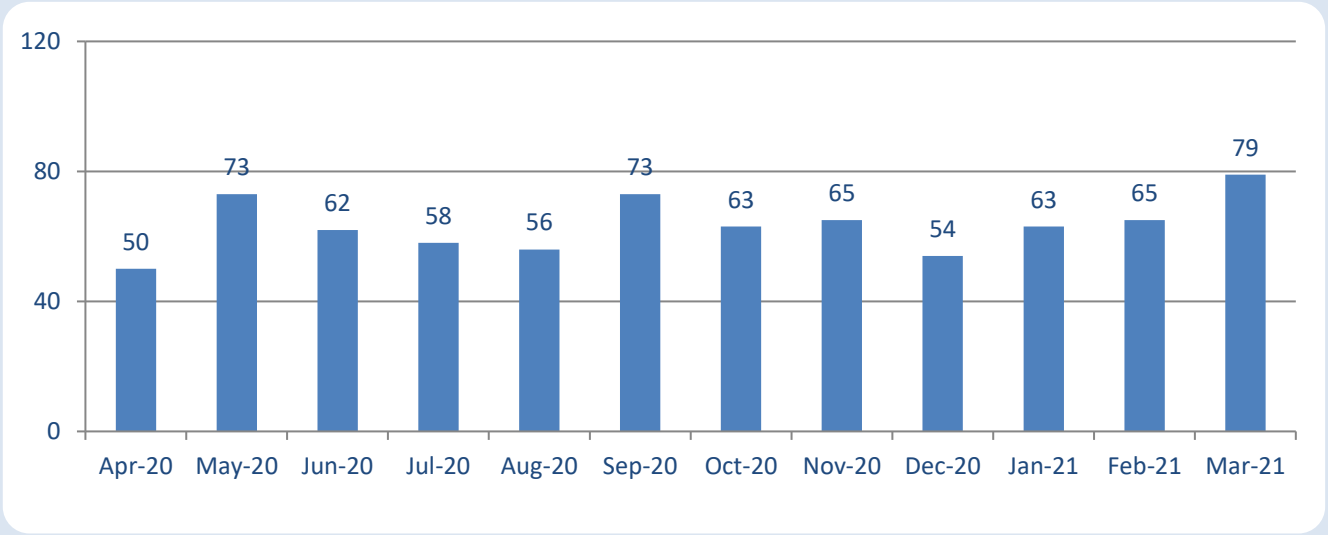
Medication errors

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

Figure 36 below details the total number of medication errors reported per month When interpreting this figure, it should be noted that a high and increasing rate of medication error reporting is a sign of a healthy learning culture in the organisation and that reporting of such errors is being encouraged as the first step in ensuring that a robust safety culture exists. The data reported also includes all the near misses and documentation errors, so they are not all actual incidents. There is also evidence to suggest that not all incidents and near misses that staff acted upon were reported, so any increase may be due to better reporting culture rather than a less safe organisation.

There was one potential medication error leading to harm reported in Q4 2020/21, and this is currently being reviewed using root cause analysis methodology. All medication errors are considered by the Trust's Medication Safety Officer(s) and the Medication Safety Group (MSG) who consider trends and educational interventions appropriate to the errors. This group is a formal sub-group of the Trust Drug and Therapeutics Committee (DTC).

Figure 36: Number of Medication Errors Reported Each Month



Source: Medicines Safety Quarterly Report

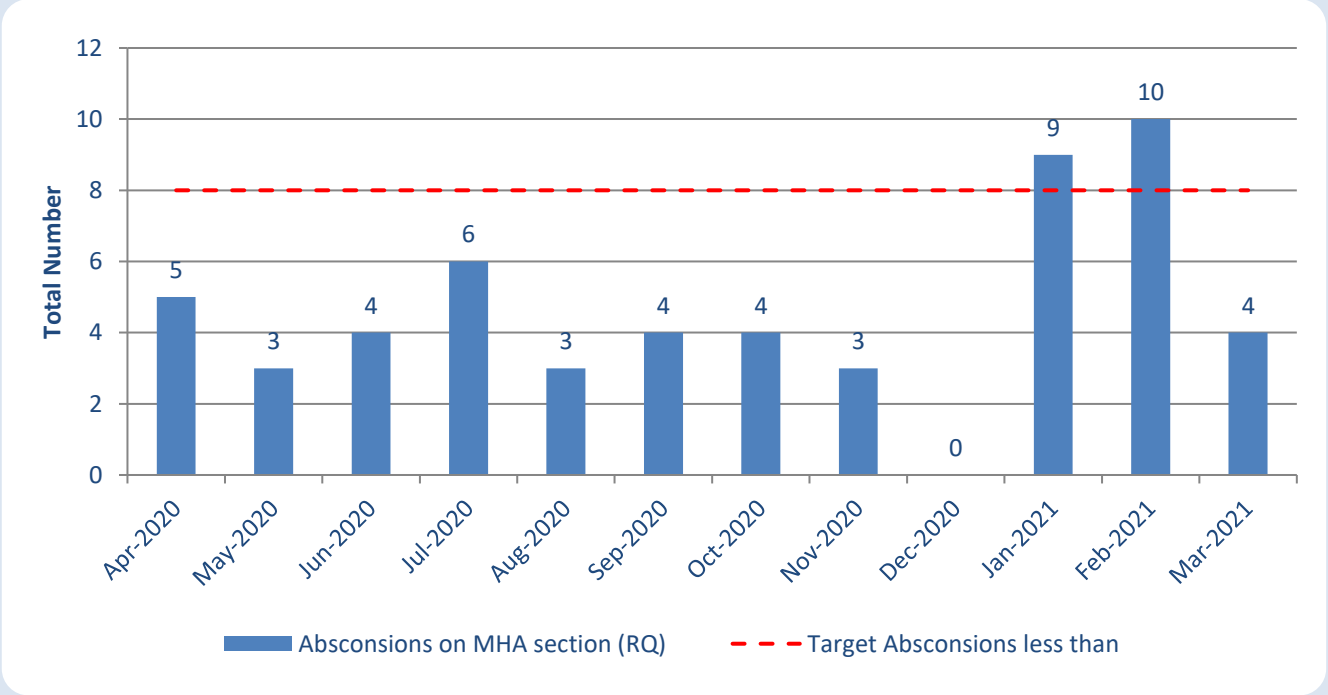
Absent without leave (AWOL) and absconsions

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

Figures 37 and 38 below detail the number of absconsions on a Mental Health Act Section and the number of patients absent without leave on a Mental Health section.

Figure 37- Absent without leave (AWOL) on a Mental Health Section- (Rolling quarters)

Figure 38- Absconsions on a Mental Health Act (MHA) Section- (Rolling Quarters)



Source- Trust Tableau Dashboard

Other Quality Indicators

Figure 39- Other Quality Indicators	Annual Target	2018/19	2019/20	2020/21	Commentary
Patient Safety					
Never Events	0	0	0	**0**	Total number of never events
Infection Control- MRSA bacteraemia	0	0	0	**0**	Total number of MRSA Cases *Source- Trust Inf. Control. Rept.*
Infection Control- C. difficile due to lapses in care	<6	1	1	**1 (0.012 per 1000 bed days)**	Total number & rate per 1000 occupied bed days of C. Diff due to lapse in care by Trust. *Source- Trust Infection Control Reports*
Medication errors	Increase Reporting	830	910	**761**	Total number of medication errors reported. *Source- Trust Medicines Management Report*
Admissions to adult facilities of patients under 16 yrs. old	0	0	0	**0**	Total number of patients <16 years of age admitted to adult Mental Health Inpatient Facilities
Inappropriate out-of-area placements (OAP) for adult mental health services (Occupied Bed days as OAP)	Reduce as per NHSI Target	185 (Target Met)	86 (Target Met)	**211 (Target not met)**	Average monthly total bed days spent out of area *Target not met due to high rate of acuity in patients and also patients requiring PICU
Mental Health minimising delayed transfers of care (Relates to Mental Health delays only- Health & Social Care).	<7.5%	11.3%	6.8%	**4.5%**	Average monthly %. Calculation = number of days delayed in month divided by Occupied Bed Days in month.
Clinical Effectiveness					
Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	53%	82.6%	91.7%	**93.9%**	Average monthly %
Improving access to psychological therapies (IAPT): proportion of people completing treatment who move to recovery	50%	57.4%	56.7%	**55.5%**	Average Monthly %
Improving access to psychological therapies (IAPT): People with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral	75%	98.3%	95.7%	**96.9%**	Average monthly %

Figure 39- Other Quality Indicators	Annual Target	2018/19	2019/20	2020/21	Commentary
Improving access to psychological therapies (IAPT): People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral	95%	100%	100%	**100%**	Average monthly %
A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge	95%	99.8%	98.1%	**97.7%**	Average monthly %
Data Quality Maturity Index (DQMI) – MHSDS dataset score (Revised Indicator)	95%	97.8%	96.5%	**98.3%**	Average monthly %
Patient Experience					
Community Paediatric Service- Referral to Treatment waiting times (RTT)- Incomplete pathways- How many within 18 weeks (%)	95% <18 weeks	99.4%	99.8%	**99.5%**	Average monthly %
Diabetes Service- Referral to Treatment waiting times (RTT)- Incomplete pathways- How many within 18 weeks (%)	95% <18 weeks	99.5%	100%	**99.7%**	Average monthly %
Complaints received		230	231	**186**	Total number of complaints
1. Complaint acknowledged within 3 working days	100%	100%	100%	**99.6%**	% meeting requirement
2. Complaint resolved within timescale of complainant	90%	100%	99.5%	**99.7%**	% meeting requirement

Source- Trust Tableau Dashboard except where indicated in commentary

Statement of Directors' responsibilities in respect of the Quality Report

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

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

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

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

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

By order of the Board

11th May 2021 **Martin Earwicker, Chairman**

11th May 2021 **Julian Emms, Chief Executive**

Appendix A- Annual Plan on a Page

Annual Plan on a Page- 2020-21

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

Recovery plan on a page 2020/21

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.**

Annual plan on a page 2021/22

NHS
Berkshire Healthcare
NHS Foundation Trust

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

Harm-free care

Providing safe services

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

Good patient experience

Improving outcomes

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

Supporting our people

A great place to work

- We will improve the mental and physical health and wellbeing of our people, reducing Musculoskeletal disorders and other sickness absences
- We will have a zero tolerance to bullying and harassment, and racism, taking action wherever we see or hear poor experience for our people
- We will support the growth and development of our people through high quality appraisal, supervision and training
- We will actively support our people to work flexibly, including remote working where appropriate, as part of our new offer
- We will act on feedback from the staff survey in order to further improve satisfaction and address any identified inequalities
- We will provide opportunities for our people to show initiative and make improvements for their colleagues and patients through great team working, Quality Improvement and Bright Ideas

Money matters

A financially sustainable organisation

- We will work as a team to manage spend within the financial plan for each service
- We will work as a team to identify opportunities for efficiencies
- We will transform our clinical and non-clinical services using a digital first / patient safe approach, to improve patient experience, streamline our estate, reduce our carbon footprint and support work-life balance for our people

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

Appendix B- National Clinical Audits- Actions to Improve Quality

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

National Audits Reported in 2020/21		Recommendation (taken from national report)	Actions to be Taken
NCAPOP Audits			
1	**National Clinical Audit of Psychosis (NCAP) – Early Intervention in Psychosis (EIP) report 2019/20**	The NCAP audit is a three-year programme which Berkshire Healthcare have submitted data for. The first year of the audit examined care provided to people with psychosis by inpatients and outpatient services. In years 2 (2018/19) and this current re audit (year 3: 2019/20), the audit looked at the care provided by EIP services.	Additional work and analysis were undertaken to allow the service to immediately review the data submission rather than wait for actions from the National Report. An action plan was agreed and implemented, which addressed the standards requiring improvement: - To provide more Friends and Family education courses in different formats to make the courses more accessible and ensure there is weekly attendance. - To Improve interaction between EIP Care Coordinators and Consultants. - To standardise the three physical health forms on the RiO patient record into one single form - To explore how Tableau can be utilised to support recording of and highlighting missing data.
2	**National Clinical Audit of Anxiety and Depression (NCAAD)– 2nd spotlight audit report -May 2020**	National Clinical Audit of Anxiety & Depression: This was an additional NCAAD report published following the main report and detailed the qualitative aspects of the patient survey results. This was presented to the August Quality Executive Group (QEG) and Quality Assurance Committee.	- The Trust has put in place actions to update information leaflets with data management, treatments, and treatment choices to be utilised by all services. Therapists have been reminded of the need for formulation to be documented and clearly linked to treatment and safety management planning. In addition, a Trust-wide piece of work is in progress on service user satisfaction which will also help identify any further issues. - A Supervision Task and Finish Group was set up to review competency assessment requirements to ensure practising clinicians are sufficiently skilled in the therapies they deliver where accreditation is either not available or not an essential requirement for the level of practise. This significant piece of work has been completed and supports the national recommendations - A recommendation from the main clinical audit was to establish a trust-wide Psychological Therapies Committee. This is being established and will meet on quarterly basis will ensure continued oversight of this work

National Audits Reported in 2020/21		Recommendation (taken from national report)	Actions to be Taken
3	**National Diabetes Audit (NDA) into Care Processes and Treatment Targets including Structured Education**	The National Diabetes Audit (NDA) measures the effectiveness of diabetes healthcare against NICE Clinical Guidelines and Quality Standards, in England and Wales. It collects and analyses data for use by a range of stakeholders to drive changes and improvements in the quality of services and health outcomes for people with diabetes.	The service has made significant changes in the past 18-24 months in terms of data collection and recording, which will enable an accurate reflection of the quality of care and outcomes being delivered and should positively influence results of future audits. It will also give the Diabetes service the ability to monitor their own activity more effectively from a service perspective and support effective quality improvement where applicable.
4	**National Asthma & COPD audit programme (NACAP) – Pulmonary Rehab Full report**	This is the first report of the National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme (NACAP) since it started continuous data collection. This report relates to pulmonary rehabilitation (PR). The report outlines three key National Quality Improvement priorities for providers of Pulmonary Rehabilitation (PR): Priority 1: Services should endeavour to enrol 85% of those referred for PR within 90 days Priority 2: Services should ensure all exercise assessments are performed to accepted technical standards, including ensuring all patients undertake a practice exercise test at their initial PR assessment Priority 3: Ensure 70% of patients enrolled for PR go on to complete the programme and have a discharge assessment.	The main area of improvement for the service is to be able to reduce the current waiting list to ensure patients are seen within 90 days of referral: - Increase the community venue hire per locality by 6 hours per week - Increase class size from 4 to 6 patients after Lockdown period – this will allow the programme size to increase by 6 patients per cohort and further reduce the waiting list. - Have an "Initial Assessment day" in each area which will; increase the total number of Initial Assessments by 9 patients per week across the localities; improve the quality of the Initial Assessment; allow patients to be invited from the waiting list to attend if there is a cancellation at short notice; and allow for an assessment slot to be saved for patients who have had an acute exacerbation of COPD to access Pulmonary Rehab within 30 days - Recruitment of 1WTE Respiratory Physiotherapist and 1WTE Integrated Rehabilitation Assistant - Fast track process for these patients: Immediate contact from Respiratory Physio following triage of referral; 1 initial assessment slot per locality reserved each week for these patients; Update SOP. - Develop the aerobic exercise component of PR: Initiate walking programme for patients to follow independently at home during their time on the programme. - Prioritise the Endurance Shuttle Walk Test (ESWT) during the class time - Create a rota of patients that will need to prioritise the ESWT during the class. - Utilise the exercise bikes present at venues with suitable patients. - Provide a virtual option of PR for those patients that are unable to attend a group session. - All patients that attend an initial assessment complete a practice walk test.

National Audits Reported in 2020/21		Recommendation (taken from national report)	Actions to be Taken
Non-NCAPOP Audits			
5	**Prescribing Observatory for Mental Health (POMH) 9d: Antipsychotic Prescribing in People with a Learning Disability**	This is a re-audit of a 2009, 2011 and 2015 POMH Antipsychotic prescribing audit of people with a learning disability under the care of mental health services. The aim of this national audit is to help mental health services improve prescribing practice in patients with learning disability. Although the use of antipsychotic medication for psychotic and related illnesses in people with a learning disability (LD) is supported by clinical guidelines, the common off-label use of these medicines for the management of behavioural problems unrelated to diagnosed mental illness has always been controversial. The difficulties faced by psychiatrists in balancing the risks and benefits of pharmacological strategies for the management of challenging behaviour in people with LD prompted the development of a good practice guideline by a group of experts in this field.	- A standard letter template has been developed for correspondence with the GP. This will include recording of the presence/absence of side effects, therapeutic effect of medication and compliance with Stopping Over-Medication of People with a Learning Disability (STOMP)- evidence of consideration of reduction in medication/discontinuing medication. - The Head of Learning Disabilities is writing to the learning disability Psychiatrists to outline the mandatory requirement for all clinical assessments and reviews to include assessment/ monitoring/ and recording of the presence/ absence of side effects following clinical assessment/ reviews. - Introduce an evidence-based tool for assessing extrapyramidal side effects. - The Head of Learning Disabilities is writing to the learning disability Psychiatrists to outline the mandatory requirement for all clinical assessments and reviews to ensure that there is a review of cardiometabolic screening and recording in order to inform clinical treatment plans and safe and effective monitoring of cardiometabolic factors. - To support with evidencing compliance the learning disability service will introduce and use the 'Physical Health & Lifestyle Assessment Form' once it is launched on RIO. - Increase the use of connected care to review physical health observations and blood test results and transfer these into the RIO 'Physical Health & Lifestyle Assessment Form.' - Quality Improvement methodology will be applied to further investigate low levels of recording of side effects and cardiometabolic screening. This will inform additional actions to address low levels of recording and to measure and ensure improvement/compliance.
6	**POMH Valproate Prescribing in adult mental health – (Woman of child-bearing age 'PREVENT' preliminary report)**	This is a new clinical audit which reviews both Community Mental Health patients and Mental Health Inpatients who are prescribed this medication. Although the national POMH publication for this audit is not due until March 2021, given the high priority and profile of this topic and the risk associated with prescribing valproate to women of childbearing age, an internal analysis was undertaken Looking at the findings relating to woman of child bearing age and whether the 'PREVENT' process was followed.	- All cases where the Risk Acknowledgment Form had not been completed or was over a year old and required a review were notified to the Medical Director and reviewed by the Medicine Safety Officers. The patient's consultants were written to, informing them of the need to review their patient and complete the Prevent risk assessment process. - Pharmacy now hold a register of all woman of child-bearing age that are currently prescribed valproate within Berkshire Healthcare Adult Mental Health services. This will support the monitoring of Women of child-bearing age prescribed Valproate and ensure we are is fulfilling the requirements and care for these patients in relation to the Pregnancy Prevention Programme. - All Consultant Psychiatrists have been written to by the Medical Director reminding them of their responsibilities to complete PREVENT for Woman of child-bearing age when prescribing valproate, as well as to inform them of the new database and their requirements to notify pharmacy of new initiations of valproate for woman of child bearing age.

Appendix C- Local Clinical Audits- Actions to Improve Quality

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

	Audit Title	Conclusion/Actions
4	(5904) Review of Implementation of Outcomes following Absent Without Leave (AWOL) Re-audit (2020)	The purpose of the 2019 further re-audit is to find out whether staff are continuing to follow Berkshire Healthcare's policy and procedures for patients who are missing/absent from mental health service (CCR144) and maintain the changes originally implemented as well using the new audit to determine whether further changes need to me made to the AWOL policy. - Staff should inform police if patient's return to ward and document on RiO. Staff should record the reporting of the incident to a member of the medical team and local authority, document on RiO and display Datix prompt sheet in staff office. - Discussions with Senior Management Team who are planning to review policy due to local authority procedural changes and clarify any unclear Crisis Resolution and Home Treatment Team (CRHTT) position in AWOL policy.
5	(5388) Comparison of existing Autism assessment service Multi - Agency Assessment Group (MAAG) versus new assessment pathway Report – Final	New autism assessment pathway Combined Assessment (CA) was introduced in view of increasing demand for Autism assessment. Objective was to compare the following: 1. Total waiting time from referral to diagnosis 2. Effective use of professionals' time per patient 3. Age at diagnosis - early diagnosis to ensure early intervention as per NICE guidance. - Both CA and MAAG pathways have their place in Autistic Spectrum Disorder (ASD) assessment - In CA, Paediatrician along with Speech and Language Therapist (SALT) is able to offer objective assessment, diagnosis, and discussion, all within 90 minutes. - Age at referral, clinical presentation, parental view and availability of Speech and Language therapist are some factors that need careful case-based consideration when deciding which pathway would be suitable.
6	(5644) Audit of Safeguarding Advice Lines Report March 2020	The purpose of the audit is to ensure consistency in the recording of safeguarding advice given by the named professionals and evidence of the advice given has been followed. - The two Safeguarding Advice Lines to continue to be promoted to staff via available platforms, including Team Brief, screensavers and the Safeguarding Team Newsletter and face to face training sessions. - The results of this audit to be shared with Named Professionals and Named Professionals to be reminded that the name of the adult/child (where known), or an NHS number is to be recorded on the Excel spreadsheet and the advice sheet. This will assist when reviewing or re auditing cases. - Improved documentation of patient identifiers on advice sheet and on master Excel spreadsheet. If an advice sheet is not being sent document this clearly on the Excel spreadsheet. - A scoping review of calls to the Children's Advice Line for a 3-month period to establish if Common Point of Entry (CPE) are using it. If data suggests that this is not the case, then offer targeted support to that team regarding risks to Children in home where adults have significant mental health concerns.

	Audit Title	Conclusion/Actions
7	(5765) Re-audit of Antimicrobial Prescribing (AMx) on all Berkshire Healthcare NHS Foundation Trust Inpatient Wards Project 2019-20	This audit is a re-audit of Project 4788. The audit aimed to determine how compliant the Trust was with nationally recognised standards of good antimicrobial stewardship (AMS) and practice, and whether local Trust prescribing guidelines for antimicrobial prescribing is followed by prescribers. - Reviewing reasons for omitted doses on wards - Continue staff engagement through continued staff training and awareness of AMS principles, in particular: - Documenting allergy status on all drug charts – applicable to the CHS wards - Documenting the indication of AMx on both the drug chart and in the medical notes. - Continuing to base AMx choice on BHFT guidelines, cultures and sensitivities or microbiology advice. - Documenting the duration of course on every drug chart (particular attention is needed for community wards). - Ensuring cultures that are requested for urine and blood infections are taken, or a reason is documented as to why not, and that results are reviewed and that this review is documented in the medical notes - Audit findings to be shared with the AMS group.
8	(5986) BASHH Gonorrhoea audit report 2019-20	To look at the adherence to national guidelines on our management of gonorrhoea, including time to care, test of cure and using first line antibiotics. - Check all patient contact details on every consult. - Document that information is given to patients. - Get permission to document the details of all contacts in known positive patients to enable partner notification. - Culture all three sites from all positive patients - Continue with other areas of care in which we are achieving the standards.
9	(4528) Audit on screening for dementia using 6CIT_Final Report June 2020	The aim is to ensure all patients who have undergone a 6CIT screening assessment for Dementia are referred for diagnosis if appropriate in line with NICE Clinical Guidelines NG97: Dementia: assessment, management and support for people living with dementia and their carers. - Re-educate team about the dementia assessment the with lectures or workshops. - Encourage staff involved in the assessment of dementia to have E-learning on dementia. - To discuss further about the online form with RIO team. - Process of screening for dementia, in rehab wards (Jubilee ward / Henry Tudor ward) of Berkshire Health care has been reviewed and a new flowchart has been suggested.

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

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

	Audit Title	Conclusion/Actions
15	(5974) Review Audit of Mental Capacity Act (MCA) Integration in Clinical Practice (2019/20)	The Mental Capacity Act (MCA) 2005 promotes and safeguards decision-making within a legal framework by empowering people to make decisions for themselves wherever possible and protect people who lack capacity by providing a flexible framework that places individuals at the heart of the decision-making process. The aims of this re-audit were to establish compliance with MCA 2005 and MCA Deprivation of Liberty Standards (DOLS) national and local policy and process in order to identify gaps with embedding the MCA into everyday clinical practice; establish the impact of specialist support and training on the integration of MCA to clinical practice; identify themes for further development. - Support services to ensure that admission processes include the documented patient consent to admission to improve compliance with the policy CCR045, policy CCR035 and policy CCR096. - Support mental health inpatient service to develop MCA DOLS knowledge and the changes required in process when patients are detained under MCA DOLS. - Support services to develop and improve compliance with record keeping policies and guidelines in line with the Trusts True North Goal 1. Harm free care.
16	(6962) A quality schedule audit of the appropriateness of referrals accepted to the Attention Deficit Hyperactivity Disorder (ADHD) pathway, CAMHS, Reading (Junior Doctor Project).	The aim of the audit is to examine current practice in reviewing and processing referrals to the ADHD pathway from out of area locality and from the private healthcare sector. - Findings of audit to be presented to Specialist CAMHS ADHD pathway to raise awareness regarding standards set by NICE guidelines and GMC Good Practice Guidance and the findings of the audit. - A letter can be written to all the GPs in the area about the importance of the referral letter and all the details which need to be covered - A checklist can be created to ensure that all relevant details are present in the referral note and depending on what the checklist shows, a letter can be sent to the referring service asking for details.
17	(6688) BHFT standards for the recording and maintenance of medical devices Audit Report Final Nov 2020	When the Children's Community Nursing (CCN) team moved over to BHFT from the Royal Berkshire Hospital NHS Foundation Trust, there was no up to date record of which equipment the families had and when it was last serviced. BHFT standard states that all equipment is to be serviced yearly and recorded on the medical devices inventory as well as a local spread sheet. This was placed on the risk register. The service is working to ensure BHFT standards are met. - The CCNs must ensure that any medical devices for a child on their caseload is brought in for servicing when due. - That all devices are recorded on the spread sheet along with servicing date and asset number. - Any device that is brought for repair, servicing or back into store is recorded. - Any new equipment must be given an asset number and recorded before it goes to the child. - Any device that is condemned must be recorded on the local spread sheet and the BHFT inventory.

	Audit Title	Conclusion/Actions
18	(7345) Continuation of Berkshire Eating Disorder Service (BEDS) Day Programme during COVID Pandemic	The aim of the audit is to reduce the incidence of people with Eating Disorder (ED) regressing in their treatment. Objectives: - To reduce the symptoms of ED- To minimise the exacerbation of anxiety and depression - To determine the effectiveness of the virtual clinic - Groups work best where the facilitator sets clear session objectives clear and leads the session - Group facilitators found it helpful to set an activity during the session that can be completed individually and then reflected on as a group. - Meal support via videoconferencing presented the biggest challenge to the continuation of care and remains somewhat challenging to ensure patients complete meals. - Some patients prioritise meals with their family or may need to attend to their children at mealtimes. - There was an increased need of clinicians to evaluate patients' physical health based on contact during videoconferencing, even if this evaluation is of limited accuracy. - At times, verification of a patient's accurate weight was sought through a family member, GP, or in a one-off face to face visit to the clinic. - Some patients nevertheless preferred waiting for face-to-face therapy. - New patients who require a lot of input have underlined how the virtual version is not as intensive as the face-to-face alternative. That is, attending the day programme from home leaves patients alone between meals and therapeutic groups and, as mentioned, meal support has limitations. - A fortnightly 'mentoring session' from a former patient who shares her experience and offers insights to questions posed by the group would be useful. - Services need to adapt to the changing needs of patients and their families.
19	(7372) Re-audit of capacity and competency assessments Dec 20	Assessments of the Competency (in under 16 years old) and Capacity (in over 16-year olds) are an essential part of admissions. The objective was to demonstrate that Willow House is compliant with the Mental Capacity Act code of practice. The expectation was for all admission cases to be compliant with Capacity/Competency assessments for admission and treatment. - Willow House are required to demonstrate 100% compliance. One of the two non-compliant case file was completed by the junior doctor during an on-call shift, whereas the other one was completed by a psychiatric trainee doctor who was working on the ward one day a week for a short period of time. - There appears to be a need to review the capacity and consent assessment and documents by the regular team after each admission, especially if the admission is out of hours and completed by a trainee or a junior on call doctor.

	Audit Title	Conclusion/Actions
20	(4661) Audit on Management of Non-Gonococcal Non-Chlamydial Urethritis (NGU)	The aim of this audit is to determine compliance in the management of non-gonococcal non-chlamydial urethritis against British Association of Sexual Health and HIV (BASHH) national audit results. All patients with NGU are screened for genital infection with C. trachomatis and N. gonorrhoeae. All patients with NGU receive first-line treatment or the reasons for not doing are documented. All patients identified with NGU should have a documented offer of written information about their condition or signposting to suitable online resources. All patients with NGU have partner notification carried out in accordance with the BASHH statement on partner notification. This will be achieved by: - Education & teaching seasons for clinical staff - Leaflets available in clinic or SMS link to Patient Information Leaflet on BASHH website - Template for partner notification on Electronic Patient Record
21	(5321) Digital engagement via mobile devices to reduce harm, suicide and improve safety and clinical outcomes in mental health	This service evaluation focused on the impact of utilizing a 'first of type' solution to deliver mental health safety plans to personal mobile devices through integration with Electronic Patient Records (EPR). Berkshire Healthcare implemented an EPR integrated mobile application to enable digital communication of a patient's mental health safety plan to a personal mobile device called The Mood Diary to provide an innovative new model for supporting patients with mental health concerns, specifically supporting the reduction of suicide and associated behaviours. The aim of this study was to understand the effectiveness and potential to reduce suicide rates and improve outcomes via improving the effectiveness of safety planning. To enable this, a review was carried out of the benefits of patient care from patient recorded moods and interventions being integrated with electronic clinical records to enable increased collaboration in safety planning. - The organisation should carefully expand the innovation to a larger cohort of service users and continue study over a longer period. - Clinical research should be considered with a comparative cohort. - Future study should be expanded to include effect on self-harm and other risk profiles. - Impact on staff and clinical practice from the use of real time analytics on service provision should be assessed.
22	(6964) Consent to Electroconvulsive Therapy (ECT) Re-Audit 2019/20 (Junior Doctor Project).	The aim of this re-audit was to monitor Berkshire Healthcare ECT Department's compliance with national guidelines for consent for ECT and to ensure that all patients have a robust capacity assessment with relevant documentation prior to ECT, to ensure the consent is valid. - All capacity assessments must be recorded on RIO as a lack of record keeping for capacity assessment regarding ECT could pose medico-legal issues in the future and fail to ensure good clinical practice. - All new staff due to be involved in ECT are to be made aware of the protocols, forms, and consent procedures at the time of induction and staff training sessions are to be arranged if necessary.

	Audit Title	Conclusion/Actions
23	(7260) Management of Women with Pelvic Inflammatory Disease	In January 2019, there were changes to the national British Association for Sexual Health & HIV (BASHH) guidance for Pelvic Inflammatory Disease (PID). An audit was undertaken to determine the extent to which current practices adhere to the new guidelines. - Teaching for clinicians to ensure antibiotic treatment is in line with BASHH guidelines, to increase the number of patients tested for M. gen, advise on follow-up, documenting pregnancy test results and partner notification. - Poster reminding clinicians of when to consider M. gen testing.
24	(6542) Examining utility of RCADS-C/P to identify adolescents with specific anxiety/depressive disorders in clinically referred sample	This service evaluation aimed primarily to examine the accuracy of the Revised Children's Anxiety & Depression Scale (RCADS) subscales (major depressive disorder, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, separation anxiety disorder and social phobia) in identifying their target disorder within a clinically referred population of adolescents. The purpose of this was to provide support for the use of the measure in clinical practice; and to validate it as a tool for identifying and diagnosing specific anxiety and depressive disorders. - There is a need to interpret responses with caution and to not automatically assign diagnoses on the basis of the RCADS-C/P report. - The subscales do not correctly classify all cases of a disorder, however in cases where it fails to classify where the disorder is present as a secondary diagnosis, clinicians can use the RCADS-C/P to inform diagnoses and be confident that their patient's primary concern will have met the threshold, then it will likely serve as a useful diagnostic tool. - Services must decide how tolerant they are to the RCADS-C/P's potential lack of accuracy, and how much clinicians can use their own judgement. If use of the RCADS-C/P causes treatment decisions to be made not based on patients' primary disorder, then treatment may be less effective and patients may need to re-present to the service for another intervention, which could undermine any of the time or resources saved through use of the measure to start. - There is some limited support for clinical applications of the RCADS-C/P, but there remains an important need for further investigations directly comparing against structured diagnostic interviews to properly establish the capabilities of the measure.

	Audit Title	Conclusion/Actions
25	(6703) Audit - CAMHS Training Experience in BHFT (Junior Doctor Audit).	The Royal College of Psychiatrists has guidance in place of basic CAMHS (Child and Adolescent Mental Health Services) training that all trainees in Psychiatry should be meeting in their Core Training. This audit wishes to understand how the training in CAMHS is experienced in Berkshire Healthcare Foundation Trust (BHFT) with a view of learning if the educational opportunities are adequate or need to be improved. - Results of this audit should be discussed with the audit supervisor. It would be beneficial to share findings of how useful the CAMHS on call experience is with all CAMHS consultants who support trainees on call and make them aware of how large a proportion of CAMHS training this experience is. - Results of this audit should be discussed with CAMHS Consultants working in BHFT, who oversee training experience in CAMHS of junior doctors by being supervisors on placements, providing on call support and providing CAMHS teaching. - Results of this audit should be discussed with Director of medical education, who oversees overall training experience amongst junior doctors in BHFT. It would be useful to share the experience of CAMHS training with her and discuss how we can move forward with improving experience for future trainees.
26	(7371) Trust Re-audit on Sharing of Safety Care Plans 20/21	In 2018-19, Berkshire Healthcare took part in a National Clinical Audit of Anxiety and Depression (NCAAD) established to improve the quality of mental health care for people who are admitted to hospital for the treatment of anxiety and depression. After actions were taken a re-audit was undertaken to look at the sharing of safety plans prior to discharge. - It is recognised by the service that ongoing work needs to continue to sustain the big improvement shown from this audit and ensure quality of the safety plan is monitored and reviewed. The nurse consultant and matrons carry out an audit of the risk document/safety plan every other month and then feed this back to the practitioners/teams on the alternate month. This is then reported on at the Patient Safety and Quality meeting and Quality and Patient Experience Group quarterly.

Appendix D- CQUIN 2020/21

CQUIN has been paused nationally for 2020/2021

Appendix E- CQUIN 2021/22

To be added when available- this will be after June 2021

Appendix F- Statements from Stakeholders

Berkshire Healthcare NHS Foundation Trust – Quality Account 2020/21 Response from Council of Governors or the Trust

This report provides an excellent account of Berkshire Healthcare Foundation Trust. The information is clearly expressed and with much of interest for all readers. The Governors feel that these figures reflect the actual performance of the Trust.

Governors are interested in trends which show year on year improvement in Trust performance. We recognise however that this year is exceptional because of the Covid pandemic and so we do not necessarily regard all figures reported this year as typical.

We note progress on the project to introduce a new patient satisfaction measure (as an improvement on the NHS 'Friends and Family Test'), and look forward to an initial look at results from this in a year's time, with a full year's report in 2022/23.

Governors are pleased about the improving trends in the performance of the Trust in relation to many of their patients. We recognise however that a good level of care this year does not automatically mean that it will be the same next year and management vigilance and hard work is necessary to maintain a level of excellence.

Last year I mentioned governors wanted further recognition of the important role carers play in a patients' recovery through trust policies and processes. We are still waiting for the fruits of a new initiative which started just over a year ago.

We are interested in the well-being of staff without which Trust services could not operate. The NHS has a mixed reputation in relation to looking after employees, and we are pleased that BHFT scores relatively highly when compared to its peers in the nationally mandated staff survey. This year we are pleased to learn of a new initiative for directing action against issues that the survey reveals.

We are happy that management keeps governors up to date on the rare occasions when service quality concerns are raised. Governors are free to question the executive in Governor Council meetings some of which are also open to the public.

These comments are based on the Quality Account for the third quarter of 2020-2021. The draft report was circulated to the 30 members of the Council of Governors for the Trust in March 2021. All governors were given the opportunity to comment. Feedback is passed on to the team responsible for the report.

Paul Myerscough, Lead Governor

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust Response:

The Trust welcomes this response from the Council of Governors to its 2020/21 Quality Account.

We thank Governors for the comments made and are grateful to those that have helped to contribute to the report during the year.

In relation to supporting carers, our plans for our carer strategy were impacted by the COVID-19 pandemic and we were not able to initially implement the recommendations as we would have liked. However, we are now in a position to do so and have appointed to a full time Trust Carer Lead role who will start with us on 3rd May 2021.

We appreciate the comments made in relation to the content of the account and the improvement in performance and acknowledge that vigilance and hard work is necessary to maintain and improve on these trends. We also appreciate the comments relating to the wellbeing of our staff. We have started improving our wellbeing offer to staff this year, and this aspect will remain one our Trust priorities over the coming year.

We look forward to keeping the Council of Governors appraised of our progress and thank you for your ongoing support.

Responses to individual queries have been included in a separate document and sent to the Chair of the Council of Governors.

Commissioners Response – BHFT Quality Account 2020/21

This statement has been prepared on behalf of Frimley CCG and Berkshire West CCG.

The Clinical Commissioning Groups (CCGs) are providing a response to the Quality Account 2020/21 submitted by Berkshire Healthcare Foundation Trust (BHFT).

The Quality Account provides information on the achievements of the priorities for improvement that were set for 2020/21 and gives an overview of the quality of care provided by the Trust during this period. The priorities for 2021/22 are also detailed in the report. The CCGs are committed to working with the Trust to achieve further improvements and successes in the areas identified within this Quality Account.

The Trust's Quality Priorities highlighted in the 2020/21 Quality Account were Patient Experience, Harm-Free Care, Clinical Effectiveness, Supporting Staff and Monitoring of Priorities for Improvement.

The CCGs would like to take this opportunity to commend BHFT for adapting their practices and pathways in order deliver effective services whilst maintaining the safety to staff, patients and partners.

Patient Experience and Involvement

We note that the Friends and Family Test was suspended nationally due to the COVID-19 pandemic.
The work that has been completed to improve flow in adult inpatient services; such as the Hospital Discharge Service, Admission and Discharge Co-ordinators, the GP hotline for GPs and South Central Ambulance Service and the system-wide Urgent and Emergency Care Board, has been important to implement and although this has not reflected in the adult inpatient bed occupancy being below 85%, or the average length of stay being below 30 days. The Commissioners would like to acknowledge that this has been a challenging year with Covid-19 and look forward to seeing what these initiatives will bring in the future.

Harm-Free Care

Despite having a very challenging year, particularly impacting on the numbers of staff that are able to be working, BHFT have achieved the targets that they had outlined for having less than 19 grade 2 pressure ulcers, and having less than 18 grade 3 or 4 pressure ulcers, both due to a lapse in care; Particularly for the grade 3 or 4 pressure ulcers of which there have only been three recorded this year.
Whilst it is disappointing to not see the rate of falls per 1000 bed days below the target in the community health inpatient wards, the work that is been embedded under the Quality Management Improvement System (QMIS) has shown a reduction over each quarter and has had an impact on achieving the rate of falls per 1000 bed days in the older people's inpatient wards.
Although the achievement of reducing self-harm incident on mental health inpatient wards has not been achieved consistently throughout the year, we look forward to seeing better results following the work that is being done on the wards; safety huddles, use of the sensory room, nurse care planning meetings and introducing Sundown meetings on wards where the most incidents are happening later in the day.

Clinical Effectiveness

It is reassuring to see that the Trust has reviewed their compliance with two NICE Covid-19 guidelines; Covid-19 Managing Symptoms in the Community and Covid-19 Community Based Care of Patients with Chronic Obstructive Pulmonary Disease (COPD); the latter of which the Trust has procedures in place to meet all 44 of the recommendations.

Supporting Staff

It is positive to see that 96% of staff are reporting that they are able to access all systems they need to now work from home and that 81% of staff are reporting that working from home is 'great' or 'good' given the short

notice that the Trust had to implement changes which enable staff to be able to work from home during the pandemic. We can see the impact that Covid-19 has had on the staff sickness levels and whilst this has caused BHFT to not achieve the target for this year, we look forward to seeing the improvement, following the focus on long term sickness cases for 2021/22.

The Quality Account does highlight a number of other service improvements that have been undertaken in 2020/21 and that this will be continued in 2021/22.

Priorities for 2021/22

The Trust has set out the priorities for 2021/22 which are as follows:

- Harm-Free Care
- Clinical Effectiveness
- Patient Experience
- Supporting Staff
- Monitoring of Priorities for Improvement

The Commissioners would like to continue to be informed of any new quality achievements or concerns identified during 2021/22 and for the opportunity to support the Trust with these. The Commissioners would like to continue to work with the Trust on service redesign to improve patient outcomes.

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust Response:

The Trust welcomes this response to its 2020/21 Quality Account, prepared on behalf of Frimley CCG and Berkshire West CCG.

The Trust appreciates all of the comments made in this statement and would like to thank the CCGs for their ongoing support, particularly during the COVID-19 pandemic.

We acknowledge the evolving health and social care needs of our shared population and look forward to working with the CCGs to deliver further system-wide improvements for the benefit of our patients.

Berkshire Healthcare NHS Foundation Trust Quality Accounts 2020-21:
Comments by Bracknell Forest Council's Overview & Scrutiny Commission

General Comments

1. We would never underestimate the challenge the Trust has faced supporting patients throughout the Covid-19 pandemic. The Quality Account details where necessity and innovation has meant adaptations to services to maintain provision at such a difficult time.

2. The Trust has performed very well in 2020/21, and we particularly congratulate you on the achievement of overall 'Outstanding' rating from the Care Quality Commission and that all your services were individually rated "Outstanding" or "Good". The Commission noted that NHS Improvement judged the Trust to have the highest level of performance for finance and use of resources.

Specific queries and comments

3. The Commission notes that the continuity of service provision has been maintained using a variety of methods including running appointments remotely – what is the timeline for face to face appointments to be reinstated or are you considering retaining this method for any of your services?

4. Page 8: We note that the Patient Friends and Family Test (FFT) was suspended nationally but support its restart.

5. We congratulate the Trust on the reduction in staff turnover rates – currently at 13.1% as this puts pressure on permanent staff, and it requires more expensive agency/bank staff, who are not able to give as good continuity of patient care. The Commission recognises this has been a particularly difficult year for healthcare staff and the requirement for many to work in different ways. The Commission noted the additional activities to redeploy staff and adapt provision during the pandemic. Ensuring that residents continue to feel safe and able to access services has been critical in maintaining confidence in services when in need.

6. Page 11 and 12: Could the Trust explain what actions are being taken to improve performance relating to Adult mental health acute impatient wards in relation to managing patient flow in terms of bed occupancy rate and average length of stay?

7. Page 19: The Commission congratulates you on the work undertaken to prevent pressure ulcers.

8. Page 20: The Commission was concerned about the level of self-harm incidents which are significantly higher than 2019-2020 and the targets set. What lessons have been learnt from the Quality Improvements methods applied?

9. Page 21: The Commission were reassured that there were no increase in observed suspected suicide deaths people aged 25 or under during lockdown. However, the Commission shares the reports concerns that impacts of the pandemic may be seen in coming years.

10. Page 24: This is recognised as a national issue however the Commission would be interested to understand more detail of the local action plans and programmes of work being implemented to reduce wait lists and times for residents.

11. Page 24: The Commission understand that you have a new workforce strategy to respond to the shortage of permanent nursing and therapy staff but it will take time for the strategy to take effect and filling gaps will be costly in the meantime.

12. Page 29: We recognise the impact of COVID-19 on staff absences and wondered how you plan to continue the positive impact of home working on absences going forward?

13. Page 31: Is there a timeframe for testing the success of countermeasures to protect staff from assaults on staff working on mental health inpatient wards?

14. Page 32: In relation to the scheme 'Freedom to Speak Up' – is it possible to know the outcome of 38 cases?

15. Page 41: The Commission commends you for the new SHaRON (Support, Hope and Resources Online Network) as its members are aware and concerned about the rising levels of anxiety amongst young people.

16. Page 43: Is it possible to provide any data on the number of couples referred to Couples Therapy for Depression as it is stated this is increasing but what is the scale of the issue?

In conclusion, the Panel considers that, on all important measures, the Trust is performing exceptionally well. On behalf of the residents of Bracknell Forest who we represent, we are very appreciative of the high-quality patient care and health services provided by the Trust.

Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust Response:

The Trust welcomes this response from Bracknell Forest Council's Overview & Scrutiny Commission to its 2020/21 Quality Account.

We thank Commission for the comments made in relation to our CQC rating and achievement against our objectives.

In relation to the questions raised, we have addressed each of them individually below:

- Remote and face-to-face contact with patients
  Where appropriate and necessary face to face appointments have never stopped. There has been a move to providing more care by remote consultation as this can offer many advantages such as more flexible appointment offers for service users, in terms of their location and time. For example, a service user would not need to take so much time off work for a remote consultation or may be able to access therapies whilst out of the country or fit the time in easier around childcare responsibilities. There are advantages for clinicians as well with reduced commuting times and more flexibility over working times.

  We have produced guidance to help clinicians decide whether a remote or face-to-face consultation would be the most appropriate. We are planning for a continued increase in the number of face-to-face consultations as the balance of risk changes as COVID becomes less prevalent. However, we do not expect a return to all consultations being face-to-face. A remote consultation group has been in place since the beginning of the lockdown to ensure staff have the right HR and digital support to make remote consultations as simple as possible.

- Managing patient flow on adult mental health inpatient wards
  The following actions are being undertaken to address patient flow in this area:
  1. The Bed Management Service continues to chair fortnightly "60 day Length of Stay " meetings attended by Community Mental Health Team (CMHT) representatives from each locality to review the reasons why the patients in question remain in hospital for over 60 days and detail the current plans to unlock any delays to discharge or transfer of care.
  2. CMHTs are working hard to support discharges wherever they can.
  3. The bed management team work very hard to help movement, by liaising with wards and CMHTs
  4. There is a threshold number assigned for each locality. If they go over this threshold then the bed management team hold twice weekly escalation meetings with the community team to make plans as to how to address this
  5. Each locality has a link person who links with bed management and ward teams to assist in discharges and improving flow.
  6. The wards hold post admission liaison meetings with community input, where it has been identified that there may be a risk of delayed discharge, to discuss how this can be prevented and any issues unblocked.
  7. A complex case forum is held fortnightly to support teams to take positive risks/ consider discharge plans where risks are high.

- Self- harm incidents
  This is a very complex area, and we have learnt that an increase in restrictive measures does not reduce self-harm and can actually escalate risks. However, it is difficult to reduce these restrictive measures in a hospital environment. We know that a small group of patients contribute to the high number of incidents. An increase in self-harm has been noted in other trusts, and we are linking with other organisations to learn from each other. Quality improvement work is focusing on the highest contributors to self-harm, which at the moment are ligatures.

- Waiting lists
  Services have been working on the impact of capacity and demand due to the pandemic. The picture is very different by service and is still dynamic as the lockdown eases – for example with schools reopening.

  Each service has reviewed its position and is managing any challenges to its delivery. Services are also closely monitoring demand patterns and any which have excessive waits from COVID impacts or forecasted increase in waits have addressed this or have plans for this.

  Examples of the different impacts on services are:
  1. Community Nursing – this service continued to operate as normal 24/7. There was an increase in referrals and level of acuity due to impact of pandemic on people and ability to access other services. The Service managed and maintained delivery, worked flexibly, and were supported.
  2. Hearing and Balance – this service was not able to operate normally. There was an increase in numbers waiting due to backlog. For paediatrics, by October 2020 our wait list grew to 887 people waiting an average of 6 weeks. By March 21 this had reduced to 210 people waiting an average of 2 weeks.
  3. Dental Services – this service was closed between March 2020 and July 2020 following national guidance. There was reduced capacity when the service reopened due to infection control measures and national guidance, which reduced capacity by 50%. Access to anaesthetists from Acute Trusts was severely limited. Wait lists have been impacted, but these are different depending on the type of service provided. All types of dental service saw an increase in wait times - some increased fourfold. Two are now lower than pre-COVID levels, one has halved the numbers waiting but is still double pre COVID levels and two continue to increase due to limited access to specialists and are at levels which are double pre COVID levels. Work continues in the service to reduce the impact and measures to increase support needed.

In addition to the work being undertaken in services the Trust continues to monitor the service challenges and the delivery of recovery measures to support our teams and patients.

- The Impact of COVID-19 on staff absences and continuing home working
  We have engaged with our staff to understand their experiences of home working. The majority of people have reported that home working had been a positive experience and given them a better work/life balance so they would like to continue with more home working. Home working has reduced stress for some people and enabled others to manage long-term health conditions better.

  Consequently, we have now launched a new Home Working Policy which will enable people to continue to work mainly or partly at home, where this is appropriate for their role and their service. Home working also enables people to work more flexibly and we will also be encouraging people to work more flexibly in accordance with our flexible working policy, again where this is appropriate to their role and service.

- Adult mental health inpatient assaults on staff
  We are using Quality Improvement methodology to address this area and promote continuous improvement and monitoring. This involves looking at what is being tested, seeing if it is working, making any changes that need to be made, and then looking to see if that change has helped. There is a lot of work being done to address this on the wards. For example, on one ward the countermeasures did make some improvement on staff assaults, however when looking at the data some of the root causes changed so they have had to relook at the root causes and think about some new countermeasures to test. This is an ongoing process and remains a priority for mental health inpatients.

- Freedom to Speak Up (FTSU)
  Of the 38 cases raised during Q1 to Q3 2020/21, none had an element of patient safety and 28 cases (74%) had an element of bullying and harassment. The remainder of cases concerned staff experience. There were no cases where the person reporting the concern experienced any detriment for doing so.

  All concerns raised with the Freedom to Speak Up Guardian are brought to the attention of the Chief Executive Officer, Executive Lead for FTSU and the Head of Human Resources on a monthly basis to ensure that the concerns are being addressed and appropriate feedback is given to the member of staff concerned in a timely fashion. The Freedom to Speak Up Guardian will also present a 6-monthly report to Trust Board highlighting any themes, hot spots, or types of concerns along with any learning outcomes for the Trust Leadership Team to be aware of and address.

  The role of the Freedom to Speak Up Guardian is to ensure that due process is carried out, that there is no detriment suffered towards any member of staff raising a concern and that any learning is shared with the Organisation. The Guardian does not get involved in any investigations around concerns raised.

  There is an internal audit process in place to ensure that all concerns raised are correctly and fully addressed, any learning is shared, and appropriate feedback is given to staff.

- Couples therapy for depression
  Talking Therapies continue to increase their capacity for couples therapy for depression and although numbers remain small referrals are up by 36% this year. The numbers receiving a primary intervention of couples therapy is as follows:
  - 2019/20 – 33 couples
  - 2020/21 – 45 couples

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

No requirement for external audit in 2020/21

Glossary of acronyms used in this report

Acronym	Full Name
ADHD	Attention Deficit/ Hyperactivity Disorder
AIRS	Adult Integrated Respiratory Team
ASLT	Adult Speech and Language Therapy
AMS	Anti-Microbial Stewardship
AQP	Any Qualified Provider
ARC	Assessment and Rehabilitation Centre
ASD	Autistic Spectrum Disorder
ASSIST	Assertive Intervention Stabilisation Team
AWOL	Absent Without Leave
BAF	Board Assurance Framework
BAME	Black Asian and Minority Ethnic
BAPEN	British Association for Parenteral and Enteral Nutrition
BASHH	British Association for Sexual Health and HIV
BSPI	Brief Suicide Specific Psychological Intervention
BTSS	Berkshire Traumatic Stress Service
CAMHS	Child and Adolescent Mental Health Service
CARRS	Cardiac and Respiratory Rehabilitation Service
CBT	Cognitive Behavioural Therapy
CCG	Clinical Commissioning Group
CCN	Community Children's Nursing
CDS	Commissioning Data Set
CDiff	Clostridium Difficile
CHOICE	Carbohydrate (CHO) and Insulin Calculation Education
CMHT	Community Mental Health Team
COPD	Chronic Obstructive Pulmonary Disease
COVID-19	Coronavirus disease 2019
CPA	Care Programme Approach
CPE	Common Point of Entry
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRHTT	Crisis Resolution and Home Treatment Team
CST	Cognitive Stimulation Therapy
CTPLD	Community Team for People with Learning Disabilities
CYPF	Children, Young People and Families
CYPIT	Children and Young People's Integrated Therapy Service

Acronym	Full Name
DBT	Dialectical Behavioural Therapy
DOC	Duty of Candour
DoLS	Deprivation of Liberty Standards
DQMI	Data Quality Maturity Index
DSPT	Data Security and Protection Toolkit
DTC	Drugs and Therapeutics Committee
DVLA	Diver and Vehicle Licensing Authority
ECG	Electrocardiogram
EHCP	Education Health and Care Plan
EIP	Early Intervention in Psychosis
EPMA	Electronic Prescribing and Medicines Administration
EPR	Electronic Patient Record
EPS	Electronic Prescription Service
ETP	Extended Trauma Pathway
EUPD	Emotionally Unstable Personality Disorder
FFT	Friends and Family Test
GASS	Glasgow Antipsychotic Side-effect Scale
GDE	Global Digital Exemplar
GMC	General Medical Council
HDS	Hospital Discharge Service
HTT	Home Treatment Team
HV	Health Visitor, Health Visiting
IAF	Information Assurance Framework
IAPT	Improving Access to Psychological Therapies
ICP	Integrated Care Partnership
ICR	Intensive Community Rehabilitation
ICS	Integrated Care System
IFR	Initial Findings Report
IHV	Institute of Health Visiting
IMPACTT	Intensive Management of Personality Disorders and Clinical Therapies Team
IPC	Infection Prevention and Control
IPS	Individual Placement and support (Employment Service)
IV	Intravenous
LAC	Looked After Children
LAI	Long Acting Injectable
LD	Learning Disability
LeDeR	Learning Disability Mortality Review Programme
LGBT+	Lesbian Gay Bisexual Transgender +
LIC	Lapse in Care
LoS	Length of Stay
MBT	Mentalization-Based Treatment
MCA	Mental Capacity Act

Acronym	Full Name
MDT	Multi-Disciplinary Team
MH	Mental Health
MHA	Mental Health Act
MHICS	Mental Health Integrated Community Health Service
MHSDS	Mental Health Service Data Set
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSK	Musculoskeletal
MSG	Medicines Safety Group
MUST	Malnutrition Universal Screening Tool
NACAP	National Asthma and COPD Audit Programme
NCAAD	National Clinical Audit of Anxiety and Depression
NCAP	National Clinical Audit of Psychosis
NCAPOP	National Clinical Audit and Patient Outcomes Programme
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NCISH	National Confidential Enquiry into Suicide and Homicide
NDA	National Diabetes Audit
NEWS	National Early Warning System
NHS	National Health Service
NHSE	NHS England
NHSI	NHS Improvement
NHSP	NHS Professionals
NICE	The National Institute of Health and Care Excellence
NIHR	National Institute of Health Research
NMHLDNDF	National Mental Health and Learning Disability Nurse Directors Forum
NRLS	National Reporting and Learning System
OAP	Out of Area Placement
OPMH	Older Peoples Mental Health
PALS	Patient Advice and Liaison Service
PCN	Primary Care Network
PFD	Preventing Future Deaths
PHE	Public Health England
PICC	Peripherally Inserted Central Catheter
PICT	Psychologically Informed Consultation and Training
PICU	Psychiatric Intensive Care Unit
PIPHAS	Psychiatric Inpatient Physical Health Assessment Sheet
PMS	Psychological Medicine Service
POCT	Point of Care Testing
POMH	Prescribing Observatory for Mental Health
PPE	Personal Protective Equipment
PPH	Prospect Park Hospital
PRN	Pro re nata (as required)
PRT	Placement Review Team

Acronym	Full Name
PTSD	Post-Traumatic Stress Disorder
PU	Pressure Ulcer
PWP	Psychological Wellbeing Practitioner
QI	Quality Improvement
QISMET	Quality Institute for Self Education and Training
QMIS	Quality Management and Improvement System
R&D	Research and Development
RHA	Review Health Assessment
RiO	Not an acronym- the name of the Trust patient record system
RTT	Referral to Treatment Time
SEND	Special Educational Needs and Disability
SHaRON	Support Hope & Recovery Online Network
SI	Serious Incident
SIRAN	Serious Incident Review Accreditation Network
SJR	Structured Judgement Review
SLT	Speech and Language Therapy
SMI	Severe or Significant Mental Illness
SOP	Standard Operating Procedure
SPIN	Suicide Prevention Intervention Network
SSN	Special Schools Nursing
STOMP	Stopping Over-Medication of People with a Learning Disability
SUN	Service User Network
SUS	Secondary Users Service
TT	Talking Therapies
TVRTS	Thames Valley Real Time Surveillance
UKLDCNN	United Kingdom Learning Disability Consultant Nurse Network
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard