

COUNCIL OF GOVERNORS

The next meeting will be held on Wednesday, 22 September 2021
starting at 10.30 am

(Conducted via MS Teams)

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

AGENDA

ITEM	DESCRIPTION	PRESENTER	TIME
1.	Welcome & introductions	Chair	2
2.	Apologies for Absence	Company Secretary	1
3.	Declarations of Interest	All	2
4.1	Minutes of Last Formal Meeting of the Council of Governors and Matters Arising	Chair	2
5.	External Auditors Report to the Council of Governors (<i>Enclosure</i>)	Deloitte, External Auditors	10
6.	Trust Annual Report and Accounts 2020-21 (Presentation)	Julian Emms, Chief Executive and Paul Gray, Acting Chief Financial Officer	10
7.	Committee/Steering Groups Reports: a) Living Life to the Full (<i>Enclosure</i>) b) Membership & Public Engagement and minor change to the Group's Terms of Reference (<i>Enclosure</i>) c) Quality Assurance meeting (<i>Enclosure</i>)	Committee Group Chairs and Members	10
8.	Executive Reports from the Trust 1. Patient Experience Quarter 1 Report (<i>Enclosure</i>) 2. Performance Report (<i>Enclosure</i>)	Heidi Ilsley, Deputy Director of Nursing Julian Emms, Chief Executive	10
9.	Carers Strategy Presentation (<i>Enclosure</i>)	Katie Humphreys, Carers Lead	15
10.	Appointment of Lead and Deputy Lead Governors Paul Myerscough – Lead Governor	Julie Hill, Company Secretary	5

	Jon Wellum – Deputy Lead Governor		
11.	Governor Feedback Session <i>This is an opportunity for governors to feedback relevant information from any (virtual) external meetings/events they have attended</i>	Martin Earwicker, Chair	5
12.	Any Other Business	Chair	2
13.	Dates of Next Meetings and Annual Schedule of Meetings for 2022 (Enclosure) <ul style="list-style-type: none"> 04 November 2021 (Joint Trust Board and Council of Governors meeting) 01 December 2021 – Formal Council Meeting 	Martin Earwicker, Chair	1
14.	CONFIDENTIAL ISSUE: To consider a resolution to exclude press and public from the remainder of the meeting, as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.	Martin Earwicker, Chair	
15.	There will be a confidential session of the meeting to discuss the recommendations of the Council of Governors' Appointments and Remuneration Committee	Martin Earwicker, Chair and Naomi Coxwell, Senior Independent Director	

Minutes of the Council of Governors Meeting held on

Wednesday, 16 June 2021 at 10.30 am

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

	<p>Present: Martin Earwicker, Chair</p> <p>Public Governors: Jon Wellum Ray Buckland John Barrett Andrew Horne Brian Wilson Graham Bridgman Cllr Jenny Cheng John Jarvis Madeline Diver Natasha Afful Raymond Buckland Richard Noakes Ros Crowder Rosie Stewart Verity Murrricane</p> <p>Staff Governors: June Carmichael Guy Dakin Natasha Berthollier Julia Prince</p> <p>Appointed Governors: Cllr Deborah Edwards Suzanna Rose Cllr Isobel Mattick</p> <p>In attendance: Julian Emms, Chief Executive Alex Gild, Deputy Chief Executive Julie Hill, Company Secretary Jennifer Knowles, Executive Office Manager & Assistant Company Secretary Naomi Coxwell, Non-Executive Director Linda Jacobs, Deputy Office Manager & Executive Assistant</p> <p>Guests: Kim Dellman - Complaints Manager Bridget Gemal - Head of Psychological Therapies & Consultant Psychologist</p>
1.	Welcome and Introductions
	Martin Earwicker, Chair welcomed everyone to the meeting and the new Governors.
2.	Apologies for absence

	June Carmichael, Joan Moles, Tom O'Kane, Mark Day, Aileen Feeney, Paul Myerscough, Ruffat Ali-Noor and Chris Fisher.
3.	Declarations of Interest
	<p>1) Annual Declarations of Interest None declared</p> <p>2) Agenda items None declared</p>
4.1	Minutes of Last Formal Meeting of the Council of Governors and Matters Arising - 10 March 2021
	<p>The minutes the meeting held on 10 March 2021 were approved as a correct record of the meeting.</p> <p>A few minor were amendments noted.</p>
5.	Election Results
	Julie Hill, Company Secretary advised that Elections have taken place and there are no vacancies and she thanked for their help in publicising the governor elections.
6.	Committee/Steering Groups
	<p>Reports:</p> <p>a) Living Life to the Full Group John Barrett advised that Tracey Slegg, Head of Operational HR for the Trust had attended the last meeting and updated the Group on the results of the national NHS Staff Survey. He noted that the Trust had learnt lessons from the pandemic which had driven modern ways of communication including the online All Staff Executive Briefings. The survey results echoed this and was appreciated by staff.</p> <p>It was noted that Mark Day, Non-Executive Director had been appointed as the Trust's Non-Executive Director Wellbeing Guardian.</p> <p>b) Membership & Public Engagement Group Tom Lake reported that membership was now at 12,380 and going well. It was noted that the Talking Therapies services played a key role in encouraging people to become members.</p> <p>Tom extended an invitation to the Trust's online AGM to all Governors.</p> <p>c) Quality Assurance Andrew Horne fed back on the meeting in February 2021. Amie Wilding, Senior Clinician and Katy Beckford, Lead for Community Inpatients had attended the meeting and had given a moving accounts of their experience of working on Covid Wards during the pandemic during which time the teams had worked well. The second wave was more difficult with a larger number of unwell patients. Dr Horne reported that the staff had reported that the Trust's staff support system was brilliant at providing individual and group support.</p> <p>Two members had joined the group that examined whether particular persistent complainants should continue to be subject to special treatment when they made repeated complaints on the same issue which had already been investigated. A member was joining a new steering group to look at developing a new patient experience measure. The Quarter 3 2020/21 Patient Experience & Complaints Report was reviewed.</p>

	<p>It was agreed to join NED's on virtual services visits and meetings.</p> <p>Andrew extended an invitation to new Governors to join the Committee.</p> <p>It was requested the Terms of Reference of all three Groups be sent to new Governors.</p> <p>The Chair noted that representation at online at these meetings had increased.</p>
7.	Executive Reports from the Trust
	<p>1. Patient Experience Quarter 4 Report</p> <p>The report was taken as read.</p> <p>The Chair welcomed Kim Dellman, Complaints Manager.</p> <p>Kim highlighted the following key points:</p> <ul style="list-style-type: none"> - There was a slight increase in the number of formal complaints received; 56 in Q4, 2 of which were Covid related, compared to 51 complaints in Q3. - Overall, there was a reduction from the year 2019/2020. - 1,319 compliments were recorded. - It was encouraging to see an increase in compliments. - I Want Great Care had been awarded the contract for the new patient experience tool. Planned to be rolled out to all services from January 2022, Governors would be kept updated. <p>John Barrett asked for more information on the WAM CMHT complaint about patient confidentiality.</p> <p>Julian Emms, introduced himself to the new Governors, advising that he signed off every complaint letter and that it was regarding a patient who was unhappy with sharing of information to agencies in line with the sharing protocol.</p> <p>Tom Lake asked which local authorities were involved in the family safeguarding mental health service. Kim Dellman advised that the local authority concerned was Bracknell.</p> <p>Tom Lake asked if rather than stating figures in the reports increasing/decreasing can the information be statistically validated and asked if I Want Great Care can do this.</p> <p>Julian Emms confirmed that I Want Great Care, survey of patients' experience, we will be able to provide this core component and benchmark against others.</p> <p>Tom Lake asked if in the case of the death of a patient from pneumonia will be investigated and was there mismatch of expectations on response times from different services.</p> <p>Julian Emms confirmed this death would be investigated through the Serious Incident Review. If a mismatch of expectations was confirmed as the cause then recommendations would be communicated. If this was due to a service failure to respond within accepted timeframes the response would indicate this.</p> <p>Graham Bridgman asked for clarification on the Table of the number of formal complaints received. The orange indicated improving and green worsening. Community Nursing Q3 19-20 - 13 and Q3 20-21 - 8 which indicates the numbers are increasing not worsening.</p> <p>The Chair noted a brief explanation would be provided with future reports.</p>

Jon Wellum commented on the issue of confidentiality and the need to share information across providers would increase and needs to be monitored to ensure a standard model can be applied to ensure protection from sharing of private information.

The Chair advised protecting information is a well managed service and noted Jon's point.

It was raised, and noted, that a name on the Formal Complaints closed during Q4 2020/21 Report was not anonymised and a typo in the table of Outcome of Formal Complaints closed where care and treatment was mentioned twice.

The Chair thanked Kim Dellman for her attendance.

2. Performance Report

The report was taken as read.

Guy Dakin noted the staff assaults was now below target and hoped that this would reduce further.

Guy raised a concern about the increase in the number of out of area placements of acute patients and asked how the Trust would reduce this.

Julian Emms advised during the first wave of the pandemic there was a significant reduction in the number of inpatients on our wards and that this may be due to the maximum capacity and social distancing in place. During summer 2020 we had a surge of new patients which had now reduced, and the Trust was now seeing patients with Covid related issues such as concerns around furlough, isolation, loss of jobs etc.

Tom Lake asked for an update on the Executive Director of Strategy role.

Julian Emms advised that Alex Gild, Deputy Chief Executive would continue his role as Deputy Chief Executive with the addition of Strategy and Partnerships and now has a broad portfolio including People Directorate, Transformation & Quality Improvement and Business Development. The recruitment of the Chief Financial Officer would be advertised with interviews likely in September 2021.

Tom Lake noted the Cardio Metabolic CQUIN of patients' assessments for physical fitness was being missed again and questioned if there was something we were missing.

Julian Emms explained there were three elements; breadth of tests are extensive, timeframe and comprehensive recording. These elements were not always carried out by the same provider and the information was not always shared. Julian advised we were improving this by upskilling and educating the workforce and had made this a priority on our Annual Plan on a Page.

John Barrett asked for more information about I Want Great Care.

Julian Emms advised that the Trust showed good outcomes in some of our services and that there was good information about financial costs. It had been difficult to have an overall view of the patient experience as each service carried out their own individual surveys. I Want Great Care can ask specific questions which will be relevant for both mental and physical health services and can pinpoint areas that can be improved.

Graham Bridgman noted the lack of mitigation risk in changes to the ICS and commissioning landscape and the effect on other providers and asked if the Trust had anticipated this as a risk.

Martin Earwicker advised the discussions of Frimley ICS were taking place and a paper to be sent to the Secretary of State for recommendations on the outcome. Martin said that there was a concern the outcome needed to work for all to maintain a good working

	<p>relationship with Frimley and the local authorities continuing to deliver a high quality of care without interruption.</p> <p>For the purpose of the new Governors, Julian Emms explained the ICS function and advised Secretary of State would make the final decision in relation to Frimley Health and Care ICS's boundaries.</p> <p>Tom Lake reported that at a Berkshire West CCG meeting it was mentioned that the BOB ICS was ready to appoint Managing Directors for Berkshire West and stakeholders would be consulted.</p> <p>Julian Emms said that he expected to be part of the selection process and that this would not take place until the Secretary of State's decision on ICS boundaries.</p> <p>Verity Murracane commented that it was good to see the Trust addressing the physical health of people with severe mental health issues but noted that health inequalities would have an impact on physical health.</p> <p>Julian Emms agreed and said that the health inequality issues needed to be addressed.</p> <p>John Barret asked for a reminder on the Bright Ideas scheme.</p> <p>Julian Emms provided a description of Bright Ideas which was set up 8-9 years ago for staff to submit their ideas for improvements which were considered by a panel to review.</p> <p>The most recent was put forward by the immunisation team to purchase a Bus to address health inequalities which will travel around to deprived communities within the Trust providing vaccinations.</p> <p>3. Annual Plan on a Page</p> <p>The Annual Plan on a Page was received noted.</p>
8.	<p>NHS Staff Survey Results</p>
	<p>Alex Gild, Deputy Chief Executive updated the Governors on the national NHS staff survey results which was an opportunity for staff to speak up and provide their thoughts. There was a high response with 60% sharing their experience/feedback which will be acted on. The overall engagement scores were 7.5. No other combined Trust has scored higher than this.</p> <p>Staff were asked what worked well during the pandemic and should be continued: working from home and flexibility in working hours, online meeting instead of travelling to attend in person, regular Trust briefings by senior management and increased Teams connectivity has improved working together.</p> <p>What did not work well about your experience of working through the pandemic and what lessons should be learned: the rapid redeployment of staff, this has been noted and learning and feedback has been noted for any future</p> <p>Alex highlighted the improved themes since the last survey in 2019. Safety Culture: we have developed a safe culture to speak up, learn and improve clinical practice. Morale: team working and support from middle management.</p> <p>Key areas for improvement are:</p> <ul style="list-style-type: none"> • Equality, diversity and inclusion / Safe working environment • Health and wellbeing of our people <ul style="list-style-type: none"> - 30% have experienced MSK problems as a result of work activities • Work pressures and workload

	<p>-66% of people work additional unpaid hours per week for this organisation, over and above contracted hours</p> <p>Our Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) data continued to show that our BAME and disabled staff have a disproportionate experience of bullying and harassment in comparison to their white and non-disabled colleagues.</p> <p>It was important we retained our diverse workforce and eliminate the differentials that some of our people experience. This would continue to be the focus of our work as there were still pockets of inequalities affecting our people with protected characteristics.</p> <p>Sexual Orientation</p> <p>In 2020 we relaunched our Pride network, and we were delighted that membership of this network had continued to grow. Our aim was to ensure that the voices of the whole LGBT community were represented and felt able to bring their whole self to work and felt accepted. We know there was some work to do to understand why not everyone felt comfortable and willing to disclose their sexual orientation.</p> <p>Workforce Disability Equality Standard (WDES)</p> <p>The experience of our disabled colleagues was not always positive, and this was not acceptable. In 2020 our Purple network continued to support staff with disabilities and those with caring responsibilities. Together with our Purple network we launched a new Reasonable Adjustments Policy to support colleagues with disabilities.</p> <p>Guy Dakin asked what the Trust are doing to help staff working from home and living alone feeling isolated and how helping the disabled staff who feel their work was not valued.</p> <p>Alex advised plans were in place for managers to discuss and design a WellBeing Plan for staff to return to offices safely. The Trust was working with the Purple Network to engage and support staff who do not feel valued.</p> <p>Isabel Mattick thanked the Trust and volunteers for their hard work.</p> <p>Tom Lake asked for Governors to have access to the current strategies. Alex confirmed this would be available to Governors.</p> <p>John Barrett asked for thoughts on any help we can give to staff declare their disability status.</p> <p>Alex Gild confirmed reasonable adjustments had been launched for disabled staff and to enable managers to provide support.</p> <p>Julia Prince commented that results were good and that we need to work on improvements and thanked the Trust for raising the issue of unpaid hours.</p>
9.	People Recovery Plan – Staff Health and Wellbeing
	<p>The paper was taken as read.</p> <p>Alex highlighted the appointment of Mark Day, Non-Executive Director as the WellBeing Guardian and why this was important to the Trust. The main purpose of this was to question decisions which might impact on the wellbeing of our NHS people and to challenge the Board to account for its decisions and their impact on the health and wellbeing of our NHS people.</p> <p>The Trust acknowledged that staff have dealt with many challenges during COVID-19 Which had heavily impacted on staff with many experiencing, exhaustion and burnout, Anxiety and stress and had had little time to reflect and compose.</p>

	<p>Alex welcomed Bridget Gemal to the meeting.</p> <p>Bridget advised the pandemic has affected staff in many ways. The Refresh and Reframe WellBeing Plan - Helping People to Recover Post-Covid</p> <ul style="list-style-type: none"> • Connection - Helping people decompress and reconnect with family, friends and normal life. • Control - Helping people to feel in control of their futures by involving them in local service recovery processes and plans. • Collaboration - Helping people to reconnect with their team and support new ways of working together effectively. • Communities - helping people to reconnect with their team and support new ways of working together effectively. <p>Bridget presented a slide on the other PPE: Psychologically Protective Environments and summarised the approach and offer which has been developed after discussions with managers and teams. The foundations are in place and is being developed a website is going live in the next few days for staff to access.</p> <p>The Chair thanked Alex, Bridget and their teams for their work on the People Recovery Plan.</p>
10.	Governor Feedback Session
	There was no feedback received from the Governors.
11.	Any Other Business
	<p>The Chair concluded by commenting on the Trust's outstanding performance. Having an open listening approach, always learning and improving but also acknowledged that there is work to be done and finding solutions.</p> <p>There had always been change and decisions we may not be able to influence but to continue to deliver excellent care to our patients and work with continue to work with our partners.</p> <p>The Chair thanked all for joining and closed the meeting.</p>
12.	Date of Next Meetings
	<p><i>28 July 2021 - a special formal meeting to appoint a new Non-Executive Director.</i></p> <p><i>28 July 2021 - after the formal meeting there will be a Joint NEDs and Governors Meeting.</i></p>

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Key Messages

Audit opinion on the financial statements We issued an unqualified opinion on the Trust's and group's financial statements on 14 June 2021.

The Trust's arrangements to secure Value for Money

Commentary on the Trust's arrangements

Financial Sustainability

How the body plans and manages its resources to ensure it can continue to deliver its services

The Trust recorded a surplus in 2020/21 of £0.9m, after receipt of £6.4m of top-up and reimbursement funding.

At 31 March 2021, the Trust had net assets of £82.0m, net current assets of £10.7m and cash of £39.1m.

Arrangements in respect of financial sustainability were in line with our expectation in the current operating environment as detailed on page 11.

Governance

How the body ensures that it makes informed decisions and properly manages its risks

The "Well Led" element of the last CQC report published on 26 March 2020 rated the Trust as 'Outstanding'. The overall CQC rating was also 'Outstanding'.

The Trust's Head of Internal Audit opinion for the year was "The organisation has an adequate and effective framework for risk management, governance and internal control. However, work identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective."

The Accounting Officer concluded from his annual review of the effectiveness of internal control that the Trust has a generally sound system of internal control and no significant internal control issues have been identified.

The Trust has adapted its governance arrangements to enable it to support an agile response to the pandemic.

Improving economy, efficiency and effectiveness

How the body uses information about its costs and performance to improve the way it manages and delivers its services

The Trust has adapted its processes for assessing financial and performance information, including identifying areas for improvement, in response to the pandemic. We concluded that these changes were appropriate in the context of the prevailing operating environment and national priorities.

The Trust plays an active part in two local Integrated Care Systems (ICS): Frimley Health and Care; and Berkshire West, Oxfordshire and Buckinghamshire; with a dedicated Berkshire West Integrated Care Partnership within this (although the focus is primarily at the ICS level, rather than the Berkshire West level). Being a part of two systems makes governance more complex for the Trust.

Purpose of the report

Our Auditor's Annual Report sets out the key findings arising from the work we have carried out at Berkshire Healthcare NHS Foundation Trust ("the Trust") for the year ended 31 March 2021.

This report is intended to bring together the results of our work over the year at the Trust, including commentary on the Trust's arrangements to secure economy, efficiency and effectiveness in the use of resources ("Value for Money", "VfM").

In preparing this report, we have followed the National Audit Office's ("NAO") Code of Audit Practice and its Auditor Guidance Note ("AGN") 03, Value for Money, and AGN 07, Auditor Reporting. These are available from the NAO website.

A key element of this report is our commentary on the Trust's arrangements to secure economy, efficiency and effectiveness in the use of resources. Our work considering these arrangements is based on our assessment of the adequacy of the arrangements the Trust has put in place, based on our risk assessment. The commentary does not consider the adequacy of every arrangement the Trust has in place, nor does it provide positive assurance that the Trust is delivering or represents value for money.

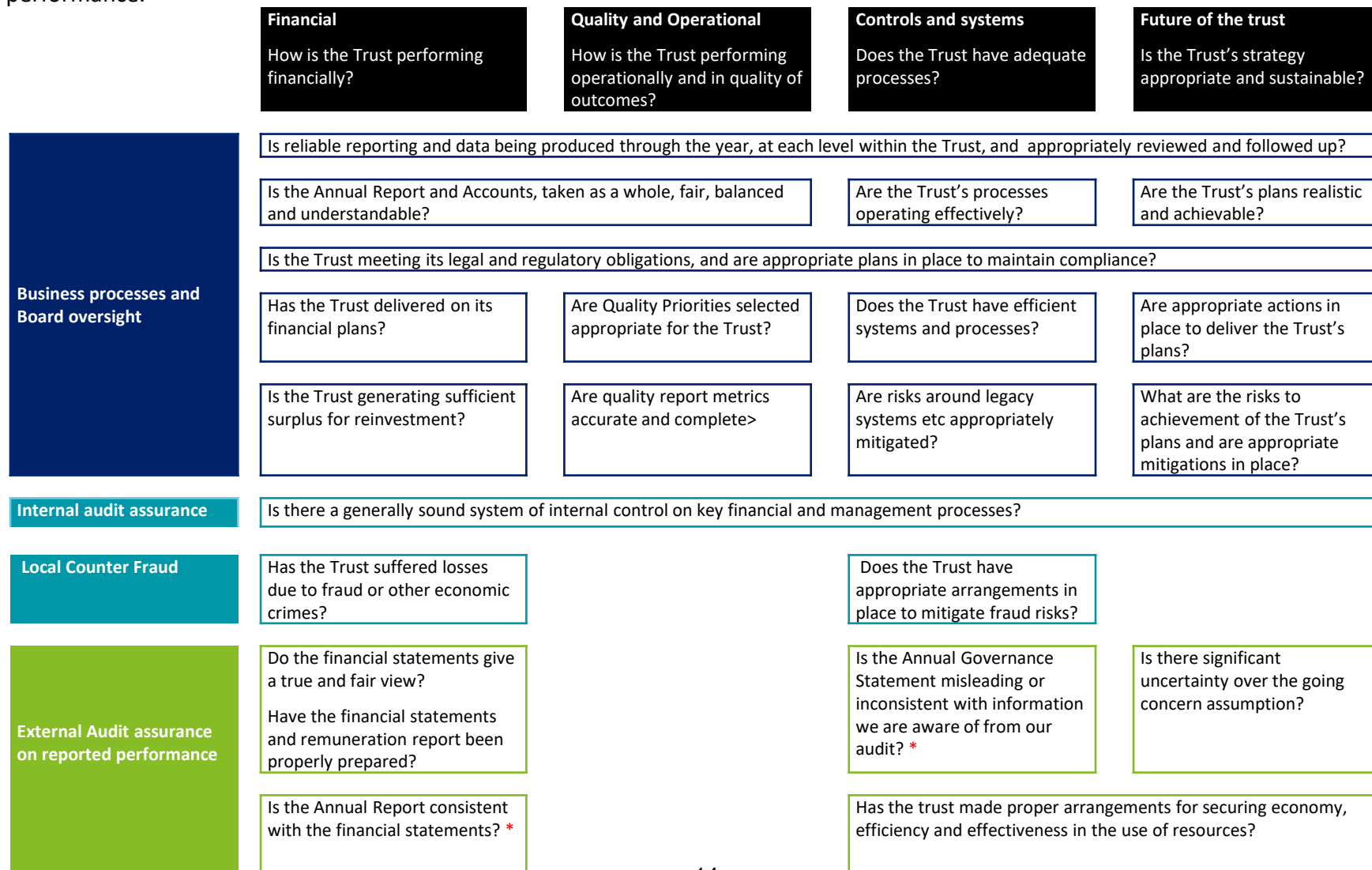
Where we identify recommendations, we indicate whether these are:

- Recommendations in respect of significant weaknesses in the Trust's VfM arrangements, which we are required to make in accordance with paragraph 54 of AGN 03 where we identify a significant weakness, or
- Other recommendations, which we have indicate as "Deloitte Insights"

We have not identified any significant weaknesses in the Trust's VfM arrangements, and so have not reported any recommendations in respect of significant weaknesses.

Assurance sources for the Trust

The diagram below illustrates how the assurances provided by external audit around finance, quality, controls and systems and the future of the Trust (in the green rows) and how this fits with some of the other assurances available over the Trust's position and performance.



Opinion on the financial statements

We provide an independent opinion whether the Trust's financial statements:

- Give a true and fair view of the state of the foundation trust's affairs as at 31 March 2021 and of its income and expenditure for the year then ended;
- Have been properly prepared in accordance with the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts; and
- Have been prepared in accordance with the requirements of the National Health Service Act 2006.

The full opinion and certificate are included in the Trust's Annual Report and Accounts, which can be obtained from the Trust's website.

We conduct our audit in accordance with the NAO's Code of Audit Practice, International Standards on Auditing (UK) ("ISAs (UK)") and applicable law.

We are independent of the Trust in accordance with applicable ethical requirements, including the Financial Reporting Council's Ethical Standard.

Audit opinion on the financial statements:	We issued an unqualified opinion on the Trust's financial statements on 14 June 2021. We did not identify any matters where, in our opinion, proper practices had not been observed in the compilation of the financial statements.
Remuneration and Staff Report:	We reported that the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the National Health Service Act 2006.
Annual Governance Statement:	We did not identify any matters where, in our opinion, the Annual Governance Statement did not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, was misleading, or was inconsistent with information of which we are aware from our audit; or Proper practices have not been observed in the compilation of the financial statements.
Annual Report:	We reported that the information given in the Annual Report for the year ended 31 March 2021 is consistent with the financial statements.
Reports in the public interest and reports to NHS Improvement:	We did not exercise any of our additional reporting powers in respect of the year ended 31 March 2021.
Reporting to the group auditor:	In line with the group audit instructions issued by the NAO, we reported on 14 June 2021 that the Trust's schedules that feed into the Consolidated NHS Provider Account and Department of Health and Social Care's group accounts were consistent with the audited financial statements.
Audit Certificate	We certified completion of the audit on 7 September 2021, following completion of our responsibilities in respect of the audit for the year ended 31 March 2021.

Our financial statement audit approach

An overview of the scope of the audit

Our audit was scoped by obtaining an understanding of the Trust and the environment it operates in, including internal control, and assessing the risks of material misstatement to the financial statements. Our risk assessment procedures include considering the size, composition and qualitative factors relating to account balances, classes of transactions and disclosures. This enables us to determine the scope of further audit procedures to address identified risks of material misstatement.

Audit work to respond to the risks of material misstatement was performed directly by the audit engagement team, led by the audit lead, Ben Sheriff. The audit team included integrated Deloitte specialists bringing specific skills and experience in property valuations and Information Technology systems. Full scope work was carried out on the Trust.

The Trust's Charity was not consolidated and is subject to a separate independent examination that is not included in this report.

Materiality

Our work is planned and performed to detect material misstatements. We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality both in planning the scope of our audit work and in evaluating the results of our work.

Based on our professional judgement, we determined materiality for the Trust to be £5.3m, on the basis of income.

We agreed with the Audit Committee that we would report to the Committee all audit differences in excess of £265k as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds. We also report to the Audit Committee on disclosure matters that we identified when assessing the overall presentation of the financial statements.

Procedures for auditing the Trust's financial statements

Our audit of the Trust's financial statements included:

- developing an understanding of the Trust, including its systems, processes, risks, challenges and opportunities and then using this understanding to focus audit procedures on areas where we consider there to be a higher risk of misstatement in the Trust's financial statements;
- interviewing members of the Trust's management team and reviewing documentation to test the design and implementation of the Trust's internal controls in certain key areas relevant to the financial statements; and
- performing sample tests on balances in the Trust's financial statements to supporting documentary evidence, as well as other analytical procedures, to test the validity, accuracy and completeness of those balances.

Data analytic techniques were used as part of audit testing, in particular to support profiling of populations to identify items of audit interest and in journal testing, using our Spotlight data analytics platform.

Approach to audit risks

We focused our work on areas where we considered there to be a higher risk of misstatement. We refer to these areas as significant audit risks.

We provided a detailed audit plan to the Trust's Audit Committee setting out what we considered to be the significant audit risks for the Trust, together with our planned approach to addressing those risks. We have provided a summary of each of the significant audit risks on the next page.

We have made recommendations in our Audit Committee reporting and to management for improvement in the Trust's policies, procedures and internal controls based on observations from our work. However, we do not consider these recommendations to reflect significant weaknesses in the Trust's VfM arrangements.

Financial statement audit significant risks

Risk identified	Deloitte response	Key observations
<p>Property valuations - Valuations are by nature significant estimates which are based on specialist and management assumptions and which can be subject to material changes in value.</p> <p>The Trust made a change to its valuation assumptions this year by reclassifying one property as a non-specialised asset. This lead to a net impairment of £1.2m in relation to this building.</p>	<ul style="list-style-type: none"> • We have tested the design and implementation of key controls in place around the property valuation. • We engaged our property specialists Deloitte Real Estate to review the assumptions and methodology used to value the estate. We have used their findings to challenge management's assumptions, including the potential impact of COVID-19 on property valuations. We note that: • the costs assumed for valuing buildings are consistent with the amounts reflected in the BCIS databases of building costs, and within the range we see elsewhere; and • the useful economic lives of certain assets have been reappraised. 	<p>The Trust's valuation assumptions are in line with other Trusts and fall within the expected range highlighted by our specialist Deloitte Real Estate.</p>
<p>Validity of accruals, provisions and deferred income - The changes to the NHS funding and monitoring regime in the current year have meant that there has been a significant increase in the overall level of revenue and capital funding available to NHS providers, and a reduction in the overall pressure to achieve specific control totals. The Trust's accruals have increased from £11.9m at 31 March 2020 to £16.1m at 31 March 2021, an increase of £4.2m (and £2.5m excluding the £1.7m increase in the holiday pay accrual to £2.3m reflecting the impact of the pandemic on staff leave).</p> <p>Deferred income has increased by £3.7m from £2.5m at 31 March 2020 to £6.2m at 31 March 2021 (a 149% increase). The majority of deferred income exists in relation to funders from whom revenue is earned under block contract arrangements, namely Health Education England, Berkshire West CCG and East Berkshire CCG.</p> <p>This may reduce the scrutiny of the validity of liabilities recognised at year-end and/or create an incentive to make overly prudent estimates and judgements so as to recognise expenditure in the current year and make future targets easier to achieve</p>	<p><i>Accrual</i></p> <ul style="list-style-type: none"> • We tested the design and implementation of controls over the year-end accrual process. • We tested a sample of accruals to supporting documentation to check whether they were valid liabilities, that the amount accrued was appropriately supported, and that the liability had been incurred as at 31 March 2021. • We have reviewed significant movements in accruals year on year and evaluated for consistency with our understanding of the Trust and, where considered appropriate, corroborated the reason for movement to supporting information. • We have performed testing for unrecorded liabilities based on payments made and expenses recorded in the period after year end up to the date of signing. We have also reviewed expenses recorded in the final months of the year against previous trends to identify if there are any inconsistencies. <p><i>Deferred income</i></p> <ul style="list-style-type: none"> • We tested the design and implementation of controls over the year-end deferred income process. • We tested a sample of deferred income recognised at year end, and challenged management as to why they could not be recognised as at 31 March 2021, and have corroborated these explanations to third party evidence. 	<p>Low priority control observations were communicated to the Trust in our final report following the conclusion of the audit. No significant impact on our VfM conclusion.</p>

Financial statement audit significant risks (continued)

Risk identified	Deloitte response	Key observations
<p>Management override of controls - In accordance with ISA 240 (UK) , management override is a significant risk. This risk area includes the potential for management to use their judgement to influence the financial statements as well as the potential to override the Trust's controls for specific transactions.</p>	<p>We considered the overall sensitivity of judgements made in preparation of the financial statements. The procedures we performed are set out below:</p> <ul style="list-style-type: none"> •We considered the overall control environment and 'tone at the top'. •We tested the design and implementation of controls in relation to journals and accounting estimates. •We used our Spotlight data analytics tools to test a sample of journals, based upon identification of items of potential audit interest. Our analysis covered all journals posted in the year. •We reviewed accounting estimates for biases that could result in material misstatements due to fraud. •We performed testing on key accounting estimates as discussed above, and considered or other accounting. •In addition to our work on key accounting estimates discussed above, our work included considering key areas of judgement for NHS providers (including those previously highlighted by NHS Improvement). In testing the principal accounting estimates, engagement team members were directed to consider their findings in the context of the identified fraud risk. Where relevant, the recognition and valuation criteria used were compared to the specific requirements of IFRS. 	<p>No issues were identified through this testing.</p>

Auditor's work on Value for Money (VfM) arrangements

The Accounting Officer and the Board are responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the use of resources. This includes taking properly informed decisions and managing key operational and financial risks so that they can deliver their objectives and safeguard public money.

The Accounting Officer reports on the Trust's arrangements, and the effectiveness with which the arrangements are operating as part of their annual governance statement.

Under the National Health Service Act 2006, we are required to be satisfied whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. Under the National Audit Office's Auditor Guidance Note 3, we are required to assess arrangements under three areas:

Financial Sustainability	<i>How the body plans and manages its resources to ensure it can continue to deliver its services</i>
Governance	<i>How the body ensures that it makes informed decisions and properly manages its risks</i>
Improving economy, efficiency and effectiveness	<i>How the body uses information about its costs and performance to improve the way it manages and delivers its services</i>

In this report, we set out the findings from the work we have undertaken. Where we have found significant weaknesses in arrangements, we are required to make recommendations so that the Trust can consider them and set out how it plans to make improvements. We have not identified any significant weaknesses in arrangements.

In planning and performing our work, we consider the arrangements that we expect bodies to have in place, and potential indicators of risks of significant weaknesses in those arrangements. As a result of the Covid-19 pandemic, there have been changes in nationally led processes, changes in expectations around Trust's arrangements, and events occurring outside of the Trust's control, which affect the relevance of some of these indicators. We have still considered whether these indicators are present, but have considered them in the context of the circumstances of 2020/21 in assessing whether they are indicative of a risk of significant weakness.

In addition to our financial statement audit, we performed a range of procedures to inform our VfM commentary, including:



Meeting with management.



Review of Board and committee reports and attendance at Audit Committee meetings.



Reviewing reports from third parties including Care Quality Commission.



Considering the findings from our audit work on the financial statements.



Review of the Trust's annual governance statement and annual report.

VfM arrangements: Financial Sustainability

Approach and considerations

We have considered how the Trust plans and manages its resources to ensure it can continue to deliver its services, including:

- How the Trust ensures it identifies all the significant financial pressures that are relevant to its short and medium-term plans and builds these into them;
- How the Trust plans to bridge its funding gaps and identifies achievable savings;
- How the Trust plans finances to support the sustainable delivery of services in accordance with strategic and statutory priorities;
- How the Trust ensures that its financial plan is consistent with other plans such as workforce, capital, investment, and other operational planning; and
- How the Trust identifies and manages risks to financial resilience, including challenge of the assumptions underlying its plans.

Commentary

- The Trust's recorded a surplus in 2020/21 of £0.9m (2019/20: £1.0m), after receipt of £6.4m of top-up and reimbursement funding. At 31 March 2021, the Trust had net assets of £82.0m (2020: £81.7m), net current assets of £10.7m (2020: £9.0m) and cash of £39.1m (2020: £26.4m).
- The timing and extent of the Trust's annual planning process and process around identification of significant pressures was significantly impacted by the Covid-19 pandemic and, as a result of the timing of national planning cycles, financial planning for 2021/22 was at a very early stage at 31 March 2021. This is in line with the national approach, and we saw evidence that the Trust had adopted its arrangements to respond to the ongoing challenges of Covid-19 and current operating environment. Historically the Trust had delivered its operations within forecast and had no large deficits.
- The Trust has a number of processes in place to monitor the financial position on an ongoing basis. The budget is monitored on a monthly basis by the Head of Financial Management and the Director of Finance. The financial position is then reported to the Board and Executive to ensure transparency and challenge of any significant deviations from the plan.
- The trust undertakes regular review of performance across all aspects of contractual delivery including its PFI arrangements, through periodic physical review in terms of Estate condition and monthly compliant and review process.

Deloitte insight – The Trust's has two PFI properties, with contracts due to expire in 2033. As the end of these contracts approaches, the Trust will need to consider whether changes are needed to the existing regular contract monitoring progresses to ensure value for money is achieved in the exit from the contracts. The Public Accounts Committee has recently made recommendations for bodies to consider in their report on "Managing the expiry of PFI contracts".

VfM arrangements: Governance

Approach and considerations

We have considered how the Trust ensures that it makes informed decisions and properly manages its risks, including:

- how the body monitors and assesses risk and how the body gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud;
- how the body approaches and carries out its annual budget setting process;
- how the body ensures effective processes and systems are in place to ensure budgetary control; to communicate relevant, accurate and timely management information (including non-financial information); supports its statutory financial reporting requirements; and ensures corrective action is taken where needed;
- how the body ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency; and
- how the body monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of officer behaviour.

Commentary

- The “Well Led” elements of the last CQC report published on 26 March 2020 rated the Trust as “Outstanding”.
- NHSI has assessed the Trust under the Single Oversight Framework in segment 1, which is “providers able to operate with the maximum level of autonomy and with the lowest level of perceived risk.”
- The Trust continued to manage risk under its risk management policy and identified new risks relating to Covid-19 and the recovery of services.
- The Trust needed to adapt its annual budget setting process for 2020/21 in response to changes in contractual and funding arrangements as a result of the pandemic and, as explained on the previous page, financial planning for 2021/22 was at a very early stage at 31 March 2021.
- The Trust maintained a focus on budgetary control during 2020/21, including tracking progress on pressures and mitigations to bridge the gap between its original forecast for the second half of the year and its final outturn surplus. The Trust adapted its business planning and investment process for Covid-19.
- The Trust’s Audit Committee approves the annual Internal Audit Plan and Counter Fraud Plan and receives updates at committee meetings through the year.
- The Trust's Head of Internal Audit opinion for the year was “The organisation has an adequate and effective framework for risk management, governance and internal control. However, work identified further enhancements to the framework of risk managements, governance and internal control to ensure that it remains adequate and effective.”
- The Chief Executive, as the Accounting Officer, concluded from his annual review of the effectiveness of internal control that the Trust has a generally sound system of internal control and no significant internal control issues have been identified.
- Board members are asked to make an annual declaration of being fit and proper. In addition there is a register of interests, including gifts and hospitality, for members to declare any interests of relevance. These practices ensure that the Board is regulated and responsible. We also note that the Board must adhere to the Code of Conduct which sets out appropriate behaviour for NHS Boards.

VfM arrangements: Improving economy, efficiency and effectiveness

Approach and considerations

We have considered how the body uses information

about its costs and performance to improve the way it manages and delivers its services, including:

- How financial and performance information has been used to assess performance to identify areas for improvement;
 - How the Trust evaluates the services it provides to assess performance and identify areas for improvement;
 - How the Trust ensures it delivers its role within significant partnerships, engages with stakeholders it has identified, monitors performance against expectations, and ensures action is taken where necessary to improve; and
 - Where the Trust commissions or procures services, how the Trust ensures that this is done in accordance with relevant legislation, professional standards and internal policies, and how the Trust assesses whether it is realising the expected benefits.
-

Commentary

• The Trust has adapted its processes for assessing financial and performance information, including identifying areas for improvement, to take account of the impact of the pandemic on expected performance and to introduce additional measures of particular pertinence during the pandemic, such as in relation to infection prevention and control and adapt the frequency of reporting – whilst maintaining the structure of performance reporting and action planning for improvements. We concluded that these changes were appropriate in the context of the prevailing operating environment and national priorities.

• The Trust's most recent CQC inspection was published on 26 March 2020, with an overall rating of "Outstanding". As is discussed in the Trust's Annual Governance Statement, the Care Quality Commission identified a number of "Must do" and "Should do" actions. The Trust has put in place an action plan which is reviewed on a monthly basis to monitor progress against these actions. Although the pandemic and practical implementation issues have delayed completion of some actions, plans are in place for each area.

• The Trust plays an active part two local Integrated Care Systems (ICS): Frimley Health and Care; and Berkshire West, Oxfordshire and Buckinghamshire. There are regular updates provided to the Board with updates discussed at Board meetings through the year. The Trust's Integrated Governance and Risk Management Committee received a report providing assurance over the Trust's governance arrangements over this arrangement. Being a part of two ICS increases the complexity of governance for the Trust. Therefore we recommend that the Trust continues to consider how best to engage with both of these ICS.

Deloitte insight - As the Trust moves forwards with ever closer partnership working within the ICS and the increasing focus on system wide objectives, it is important that the Trust adapts its arrangements appropriately to incorporate new duties and responsibilities whilst maintaining the existing rigour over the its current arrangements.

• The Trust adapted or extended its procurement arrangements in response to the pandemic to support a rapid response, including agreeing approval and tracking arrangements for expenditure relating to the Covid-19 response, adapting competitive selection requirements and adapting arrangements for the scrutiny and approval of investments during the recovery phase of the pandemic.

Purpose of our report and responsibility statement

What we report

Our report fulfils our obligations under the Code of Audit Practice to issue an Auditor's Annual Report that brings together all of our work over the year, including our commentary on arrangements to secure value for money, and recommendations in respect of identified significant weaknesses in the Trust's arrangements.

What we don't report

Our audit was not designed to identify all matters that may be relevant to the Trust.

Also, there will be further information the Council of Governors and Board of Directors need to discharge their governance responsibilities, such as matters reported on by management or by other specialist advisers.

Finally, our views on internal controls and business risk assessment should not be taken as comprehensive or as an opinion on effectiveness since they have been based solely on the audit procedures performed in the audit of the financial statements and work under the Code of Audit Practice in respect of Value for Money arrangements.

The scope of our work

Our observations are developed in the context of our audit of the financial statements.

We described the scope of our work in our audit plan.

Use of this report

This report is made solely to the Council of Governors and Board of Directors ("the Boards") of Berkshire Healthcare NHS Foundation Trust, as a body, in accordance with the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in our Auditor's Annual Report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Boards as a body, for our audit work, for this report, or for the opinions we have formed.



Appendix 1: Trust's responsibilities

Public bodies spending taxpayers' money are accountable for their stewardship of the resources entrusted to them. They should account properly for their use of resources and manage themselves well so that the public can be confident.

Financial statements are the main way in which local public bodies account for how they use their resources. Local public bodies are required to prepare and publish financial statements setting out their financial performance for the year. To do this, bodies need to maintain proper accounting records and ensure they have effective systems of internal control.

All local public bodies are responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness from their resources. This includes taking properly informed decisions and managing key operational and financial risks so that they can deliver their objectives and safeguard public money. Local public bodies report on their arrangements, and the effectiveness with which the arrangements are operating, as part of their annual governance statement.

The Chief Executive, as Accounting Officer of the Trust, is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The Accounting Officer is required to comply with the Accounts Direction issued by NHS Improvement, which requires the Trust to comply with the Department of Health & Social Care Group Accounting Manual and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another entity. In applying the going concern basis of accounting, the Accounting Officer has applied the 'continuing provision of services' approach set out in the Group Accounting Manual, as it is anticipated that the services the Trust provides will continue into the future.

The Accounting Officer is required to confirm that the Annual Report and Accounts, taken as a whole, is fair, balanced, and understandable, and provides the information necessary for patients, regulators and stakeholders to assess the Trust's performance, business model and strategy.

The Accounting Officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the use of the Trust's resources, for ensuring that the use of public funds complies with the relevant legislation, delegated authorities and guidance, for safeguarding the assets of the Trust, and for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Accounting Officer and the Board are responsible for ensuring proper stewardship and governance, and reviewing regularly the adequacy and effectiveness of these arrangements.

Appendix 2: Auditor's responsibilities

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Auditor's responsibilities relating to the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required under the Code of Audit Practice and the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We undertake our work in accordance with the Code of Audit Practice, having regard to the guidance, published by the Comptroller & Auditor General in April 2021, as to whether the Trust has proper arrangements for securing economy, efficiency and effectiveness in the use of resources against the specified criteria of financial sustainability, governance, and improving economy, efficiency and effectiveness.

The Comptroller & Auditor General has determined that under the Code of Audit Practice, we discharge this responsibility by reporting by exception if we have reported to the Trust a significant weakness in arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021. Other findings from our work, including our commentary on the Trust's arrangements, are reported in our Auditor's Annual Report.

Auditor's other responsibilities

We are also required to report to you if we exercise any of our additional reporting powers under the National Health Service Act 2006 to:

- make a referral to NHS Improvement if we believe that the Trust or an officer of the Trust is:
 - about to make, or has made, a decision which involves or would involve the Trust incurring unlawful expenditure;;
 - about to take, or has begun to take a course of action which, if pursued to its conclusion, would be unlawful and likely to cause a loss or deficiency.
- consider whether to issue a report in the public interest.



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Independent auditor's report to the Council of Governors and Board of Directors of

Berkshire Healthcare NHS Foundation Trust

Report on the audit of the financial statements

Opinion

In our opinion the financial statements of Berkshire Healthcare NHS Foundation Trust (the 'foundation trust'):

- give a true and fair view of the state of the foundation trust's affairs as at 31 March 2021 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

We have audited the financial statements which comprise:

- the statement of comprehensive income;
- the statement of financial position;
- the statement of changes in taxpayers' equity;
- the statement of cash flows; and
- the related notes 1 to 25.

We have also audited the information in the Remuneration Report and Staff Report that is subject to audit, being:

- the table of salaries and allowances of senior managers and related narrative notes on page 71;
- the table of pension benefits of senior managers on page 72;
- the table of pay multiples on page 74; and
- the table of exit packages on page 83.

The financial reporting framework that has been applied in their preparation is applicable law and the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)), the Code of Audit Practice and applicable law. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report.

We are independent of the foundation trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's (the 'FRC's') Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the accounting officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the foundation trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

The going concern basis of accounting for the foundation trust is adopted in consideration of the requirements set out in the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The accounting officer is responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Responsibilities of accounting officer

As explained more fully in the statement of accounting officer's responsibilities, the accounting officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the accounting officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the accounting officer is responsible for assessing the foundation trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the foundation trust without the transfer of the foundation trust's services to another public sector entity.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

A further description of our responsibilities for the audit of the financial statements is located on the FRC's website at: www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Extent to which the audit was considered capable of detecting non-compliance with laws and regulations, including fraud

We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of non-compliance with laws and regulations, including fraud. The extent to which our procedures are capable of detecting non-compliance with laws and regulations, including fraud is detailed below.

We considered the nature of the foundation trust and its control environment, and reviewed the foundation trust's documentation of their policies and procedures relating to fraud and compliance with laws and regulations. We also enquired of management, internal audit and local counter fraud about their own identification and assessment of the risks of non-compliance with laws and regulations.

We obtained an understanding of the legal and regulatory framework that the foundation trust operates in, and identified the key laws and regulations that:

- had a direct effect on the determination of material amounts and disclosures in the financial statements. This included the National Health Service Act 2006.
- do not have a direct effect on the financial statements but compliance with which may be fundamental to the foundation trust's ability to operate or to avoid a material penalty. These included the Data Protection Act 2018 and relevant employment legislation.

We discussed among the audit engagement team including relevant internal specialists such as valuations and IT specialists regarding the opportunities and incentives that may exist within the organisation for fraud and how and where fraud might occur in the financial statements.

As a result of performing the above, we identified the greatest potential for fraud in the following areas, and our specific procedures performed to address it are described below:

- accruals and deferred income recorded at 31 March 2021 and the timing of their recognition at year-end is subject to potential management bias: we tested a sample of accruals to supporting documentation to assess whether the liability had been incurred as at 31 March 2021; we reviewed movements in the largest accruals year on year and evaluated for consistency with our understanding of the Trust and, where considered appropriate, corroborated the reason for movement to supporting information; we performed testing for unrecorded liabilities based on payments made and expenses recorded in the period after year end up to the date of signing; we tested a sample of deferred income items to supporting documentation and evaluated management's assessment as to whether the criteria for revenue recognition had been met as at 31 March 2021 and the value to be deferred.

In common with all audits under ISAs (UK), we are also required to perform specific procedures to respond to the risk of management override. In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments; assessed whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluated the business rationale of any significant transactions that are unusual or outside the normal course of business.

In addition to the above, our procedures to respond to the risks identified included the following:

- reviewing financial statement disclosures by testing to supporting documentation to assess compliance with provisions of relevant laws and regulations described as having a direct effect on the financial statements;
- performing analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud;
- enquiring of management, internal audit and external legal counsel concerning actual and potential litigation and claims, and instances of non-compliance with laws and regulations;
- enquiring of the local counter fraud specialist and review of local counter fraud reports produced; and
- reading minutes of meetings of those charged with governance, and reviewing internal audit reports.

Report on other legal and regulatory requirements

Opinions on other matters prescribed by the National Health Service Act 2006

In our opinion:

- the parts of the Remuneration Report and Staff Report subject to audit have been prepared properly in accordance with the National Health Service Act 2006; and
- the information given in the Performance Report and the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Use of resources

Under the Code of Audit Practice and Schedule 10(1(d)) of the National Health Service Act 2006 , we are required to report to you if we have not been able to satisfy ourselves that the foundation trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Our work in respect of the foundation trust's arrangements is not complete at the date of our report on the financial statements. We will report the outcome of our work on the foundation trust's arrangements and include any additional exception reporting in respect of significant weaknesses in our audit completion certificate and our separate Auditor's Annual Report. We are satisfied that the remaining work is unlikely to have a material impact on the financial statements.

Respective responsibilities of the accounting officer and auditor relating to the foundation trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

The accounting officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the use of the foundation trust's resources.

We are required under the Code of Audit Practice and Schedule 10(1(d)) of the National Health Service Act 2006 to satisfy ourselves that the foundation trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

We are not required to consider, nor have we considered, whether all aspects of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We undertake our work in accordance with the Code of Audit Practice, having regard to the guidance, published by the Comptroller & Auditor General in April 2021, as to whether the foundation trust has proper arrangements for securing economy, efficiency and effectiveness in the use of resources against the specified criteria of financial sustainability, governance, and improving economy, efficiency and effectiveness.

The Comptroller & Auditor General has determined that under the Code of Audit Practice, we discharge this responsibility by reporting by exception if we have reported to the foundation trust a significant weakness in arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021 by the time of the issue of our audit report. Other findings from our work, including our commentary on the foundation trust's arrangements, will be reported in our separate Auditor's Annual Report.

Annual Governance Statement and compilation of financial statements

Under the Code of Audit Practice, we are required to report to you if, in our opinion:

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading, or is inconsistent with information of which we are aware from our audit; or
- proper practices have not been observed in the compilation of the financial statements.

We are not required to consider, nor have we considered, whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in respect of these matters.

Reports in the public interest or to the regulator

Under the Code of Audit Practice, we are also required to report to you if:

- any matters have been reported in the public interest under Schedule 10(3) of the National Health Service Act 2006 in the course of, or at the end of the audit; or
- any reports to the regulator have been made under Schedule 10(6) of the National Health Service Act 2006 because we have reason to believe that the foundation trust, or a director or officer of the foundation trust, is about to make, or has made, a decision involving unlawful expenditure, or is about to take, or has taken, unlawful action likely to cause a loss or deficiency.

We have nothing to report in respect of these matters.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have completed our work in respect of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources (as reported in the Matters on which we are required to report by exception – Use of resources section of our report). We are satisfied that our remaining work in this area is unlikely to have a material impact on the financial statements.

Use of our report

This report is made solely to the Council of Governors and the Board of Directors ("the Boards") of Berkshire Healthcare NHS Foundation Trust, as a body, in accordance with paragraph 4 of Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Boards those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Boards as a body, for our audit work, for this report, or for the opinions we have formed.

A handwritten signature in blue ink that reads "Ben Sheriff". The signature is written in a cursive style with a large 'B' and a long, sweeping 'S'.

Ben Sheriff FCA (Key Audit
Partner) For and on behalf of
Deloitte LLP Appointed Auditor
St Albans, United
Kingdom 14 June 2021

Independent auditor's certificate of completion of the audit to the council of governors and board of directors of Berkshire Healthcare NHS Foundation Trust

Issue of opinion on the audit of the financial statements

In our audit report for the year ended 31 March 2021 issued on 14 June 2021 we reported that, in our opinion, the financial statements:

- gave a true and fair view of the state of the foundation trust's affairs as at 31 March 2021 and income and expenditure for the year then ended;
- had been properly prepared in accordance with the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts; and
- had been prepared in accordance with the requirements of the National Health Service Act 2006.

Foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

As part of our audit, we are required to report to you if we are not able to satisfy ourselves that the foundation trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

As at the date of issue of our audit report for the year ended 31 March 2021 on 14 June 2021, we had not completed our work on the foundation trust's arrangements and had nothing to report in respect of this matter as at that date.

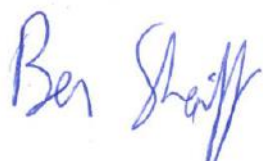
Certificate of completion of the audit

In our audit report for the year ended 31 March 2021 issued on 14 June 2021, we explained that we could not formally conclude the audit on that date until we had completed our work in respect of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. We have now completed our work in this area.

No matters have come to our attention since that date that would have a material impact on the financial statements on which we gave our opinion.

We have nothing to report in respect of the foundation trust's arrangements for securing economy, efficiency and effectiveness in its use of resources.

We certify that we have completed the audit of Berkshire Healthcare NHS Foundation Trust in accordance with requirements of Chapter 5 of Part 2 of the National Health Service Act 2006 and the Code of Audit Practice.



Ben Sheriff (Senior Statutory Auditor)
For and on behalf of Deloitte LLP
Appointed Auditor
St Albans, United Kingdom
7 September 2021



Berkshire Healthcare
NHS Foundation Trust

Name of Committee/Group:	Governor Living Life to the Full
Date of Meeting:	14 th July 2021
Chair:	John Barrett

Key Agenda Items:	Key Points	Action/decision
Context for this meeting:	<p>Linking themes and presentations to provide a linked narrative has become a key agenda objective of the 2021 LLTTF meetings.</p> <p>Both speakers at this July meeting attended the East Berks Awayday at The Barn, South Hill Park on 26th February 2020. Following discussions at that event they both agreed to talk to the LLTTF Group.</p>	<p>This was one of the last “in person” events before the Covid-19 crisis.</p> <p>As Chair of the LLTTF Group I have at last managed to get both of these enthusiastic ambassadors together on the same day, albeit a year later than originally planned.</p>
Presentation by Marcella Browne, Chair or Purple Network, BHFT	<p>Context for this discussion:</p> <p>Tracey Slegg had spoken to the LLTTF group in April 2021 and given an update on the Staff Survey Results.</p> <p>The report of that meeting in the CoG Papers of 16th June 2021 highlighted the links between the implementation of the Workforce Disability Equality Standard and the work of the Purple Network.</p>	

<p>Marcella Browne's Presentation</p>	<p>Marcella has been Chair of Purple Network since 2018. The Network provides a way for staff being able to speak up.</p> <p>Examples of how the Network engages with staff include such things as Deaf Awareness Week & Neurodiversity Week, making the most of your appraisal and Impact of Covid with home working.</p> <p>Purple collaboration awareness and learning have included HR Staff Meetings, Neurodiversity Strategy Meetings and Disabled Staff Network Chair & Leads Webinar.</p> <p>This works on such items as access to work and a Social Model of Disability.</p> <p>Collaboration work on Reasonable Adjustments Guide and participation in Reasonable Adjustments Roadshow.</p> <p>Plans for future include Managing pain in the workplace, Dyslexia, Carer Support & Dyspraxia.</p> <p>Marcella went through the 10 reportable measures comparing experiences of disabled with non-disabled staff contained in the Workforce Disability Equality Standard.</p>	<p>Marcella was asked how the Network had supported members over the past year.</p> <p>She replied that virtual coffee mornings had been held throughout Covid via MS Teams at which participants can choose to be on or off screen.</p> <p>These have usually been a presentation followed by time for general chat where members have asked for peer support.</p> <p>Asked about other impacts of Covid Marcella said that HNS England had found that some people were initially redeployed without reasonable adjustments.</p> <p>Within the Trust Purple Network many members had enjoyed working from home, although some did feel isolated and lonely.</p> <p>Joe Smart (Organisational Development Lead) had done a presentation on Health & Wellbeing in The Home at one of their coffee mornings.</p> <p>Julia Prince asked if Marcella had enough time for all these commitments on top of her day job. Marcella advised that all Network Chairs are now funded for 0.5 day/week & that time to attend other meetings was allowed.</p>
<p>Presentation by Karen Owen, Founder & Peer Support and Volunteer Co-ordinator HealthMakers, BHFT</p>	<p>Karen started HealthMakers in the Bracknell area in 2014. In 2016 BHFT won the contract to run the service which now covers the East Berks Area.</p>	

	<p>The service was just starting to build up across the 3 localities when the Covid-19 pandemic broke out. There were 27 volunteers at the beginning of Covid – now they have 17.</p> <p>Since April 2021 they have offered:</p> <p>Volunteer Hosted Peer Support Sessions & Virtual Pop-In Cafes</p> <p>Should start Online Self-Management Skills refresher courses and Online Health & Wellbeing Self-Management Course.</p> <p>Waiting to return when conditions allow are:</p> <p>Volunteer Hosted Peer Support Sessions</p> <p>Locality Pop-In Café</p> <p>6 Week Health & Wellbeing Management Course</p> <p>All Volunteers are given training in motivational interview techniques.</p> <p>Karen has worked with Marcella and her Purple Network colleagues to offer them peer support for themselves or to be able to get involved with HealthMakers in any way they want to.</p> <p>It is hoped that further collaborative work with other departments within the Trust will be developed in the future.</p> <p>Future aim would be to build hubs at Primary Care Network Level across East Berkshire.</p>	<p>Tom Lake asked about staffing levels:</p> <p>Karen works 4 days per week</p> <p>Admin support of 2.5 days and Junior Admin of 0.5 day.</p> <p>All other people in the service are volunteers who have Honorary Contracts with the Trust.</p> <p>Karen was not able to answer a further question from Tom Lake regarding the budget for HealthMakers.</p> <p>John Barrett asked if it was possible to give any timescale on in person sessions returning.</p> <p>Karen replied that the service follows Trust guidelines on face-to-face contact services. Especially with all people being volunteers it was not possible to predict when this might be.</p> <p>Asked who HealthMakers could support Karen replied that anyone over the age of 18 in East Berks Region struggling with physical or emotional health problems.</p>
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Report from Membership and Public Engagement Group to Council – 22 September 2021

The trust's membership is reported as 12,407 – 7694 public members and 4713 staff members, 3 fewer public members and 38 fewer staff than a year ago. However, this conceals losses of 133 in the Berkshire constituencies and a gain of 88 in the Rest of England and 14 more unplaceable. This might reflect activity over a wider area or recruitment of members at events which attract people from further afield.

We consider that some individual services have to work at engagement with the public more energetically than others. We will hear later from Talking Therapies. We have heard from the School Nursing Service about their lively engagement campaign – which of course has to cover vaccinations and child safety as well as keeping students, staff and parents aware of the services available to the children – especially during the Covid-19 pandemic.

The school nurses produced a video to explain the services available and used school email systems and social media to publicise it. They set up a phone line for parents, carers and young people in Year 9 and above to use to contact the service (now an 0800 number) and this proved very popular. They produce primary and secondary newsletters each term. They use local authority and wider NHS media channels to get their messages out and use surveys and per contact feedback for assessment. They worked with young people and youth leaders in Reading to produce a film on substance misuse using true stories and young people's feedback. Altogether we reckoned that the nature of this service generates an energetic engagement well beyond what can be achieved at the top corporate level, even if specific in its content.

Martin Earwicker has suggested that a Youth Council could be a practical way of involving young people in the governance of the trust than trying to recruit young trust members or governors. We shall be reviewing a report on the successful Young Ambassadors project that young people's counselling charity in Reading, No5, has been running over the past several years. This combines engaging young people in outreach on mental and relationship health and problems with involving them in decision-making in the charity.

We have examined out Terms of Reference and found only a minor simplification required. The revised terms are presented here for approval.

COUNCIL OF GOVERNORS

MEMBERSHIP AND PUBLIC ENGAGEMENT GROUP

TERMS OF REFERENCE

Authority

The group is established and authorised by the Council of Governors which is also responsible for approving these terms of reference and any amendments thereto.

Summary Purpose

The purpose of the group is to work with officers of the Trust and Governors to maintain and support Trust membership, to support Governor engagement with members and public and to offer support to the Trust in its public engagement. The group aims at the recruitment and maintenance of a representative Trust membership exceeding required numbers and the establishment of effective communication between the Council of Governors and the Trust membership, also between Governors and wider public where appropriate. The group will undertake specific scrutiny on relevant issues remitted to it by Council or by the Trust Board/Executive.

Membership

Membership of the group is open to all Governors. The number of members is not specified but the group will seek to have a membership that ensures good representation of Trust membership constituencies without being too large to exercise its function. The quorum shall be 3 governors.

To enable the group to work effectively the Trust company secretary or their nominated representative should attend when matters related to Governors' engagement are tabled and the head of the Marketing and Communications group or their nominated representative should attend when matters related to membership recruitment or communication with members are tabled. Other officers of the Trust may be invited as appropriate.

Responsibilities

1. Working with officers of the Trust, to develop, review, make recommendations and evolve the Trust's membership strategy.
2. To offer support to officers of the Trust in developing and reviewing the Trust's communications and engagement strategies.
3. To support the recruitment of members according to the Trust's membership strategy.

4. To support Governors in communicating and engaging with Trust members and the public.
5. In these activities to target the reduction of discrimination and health inequalities and to work towards parity of esteem for mental and physical health care.
6. To meet at least four times a year and to report on its work at every ordinary meeting of the Council of Governors.
7. To undertake specific scrutiny on relevant issues remitted to it by Council or by the Trust Board/Executive.
8. To review these terms of reference on a two-yearly basis.

Quality Assurance Group
Report for the Meeting of the Council of Governors on 22 September 2021

QAG met virtually on 13 September 2021.

Louise Noble, Head of Child and Adolescent Mental Health and the Berkshire Eating Disorders Service, spoke to the report that she had previously circulated. She gave us a very thorough presentation about waiting times and related issues for these services. This area has concerned governors for some time, and there has been much public concern about the pressure on CAHMS services across the country. Nationally numbers of referrals were rising before the pandemic and they have risen faster during it.

The service has a Common Point of Entry which feeds into a Rapid Response Team, an Eating Disorder Team, an Anxiety and Depression Team, and teams based in the six localities. There is enormous pressure from a rising rate of referrals, a substantial increase in the complexity of referrals, a ten-fold increase in referrals tagged as urgent (reflecting referrer anxiety,) long waiting times except for urgent referrals, and a lot of management effort going into re-structuring services to increase efficiency, utilise new funding which has been obtained for several parts of the service, and recruit staff. Recruiting staff is very slow and difficult because there is a national shortage. Staff take one to 12 years to train depending on their role, and here is a large shortage of trained staff nationally.

She emphasised at various points that the challenges our service is facing and the services provided are not out of line with other trusts in the South East Region.

The sample anonymised complaint was postponed to the next meeting as we did not have the time to do it justice.

Members of QAG normally visit the Trust's services in pairs and provide lay reports giving their impressions of the quality of services. These reports feed into the Trust's quality improvement system. This activity ceased during the pandemic and at the meeting we discussed re-starting it. Visits can be done virtually, and that is how the non-executive directors have been doing their visits. Further work needs to be done to get the process re-started.

QAG is open to all governors. It is a great way to learn about the work of the Trust, and no special expertise is required. The next meeting is on 22 November 2021. Anyone who wants to join should contact Jenni at Jennifer.Knowles@berkshire.nhs.uk. The next meeting is on 22 November 2021.

Dr Andrew Horne
14 September 2021

Patient Experience

Quarter One 2020-21 Report

Presented by: Heidi Ilsley, Deputy Director of Nursing

Quarter One – Patient Experience Report (April 2021 to June 2021)

1. Introduction

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

An internal audit of Patient Experience took place during Quarter four. A summary of the findings is detailed in section 13 of the report.

2. Complaints received

2.1 All formal complaints received

Table 1 below shows the number of formal complaints received into Berkshire Healthcare for years 2020-21 and 2021-22 by service, enabling a comparison. During Quarter one 2021-22 there were 59 complaints received (including re-opened complaints). This is an increase compared to 2020-21 where there were 56 for the same period.

There were 121,544 reported contacts and discharges from our inpatient wards, giving a complaint rate of 0.05%.

Table 1: Formal complaints received

Service	2020-2021						2021-22			
	Q1	Q2	Q3	Q4	Total for year	% of Total	Higher or lower than previous quarter	Q1	Total for year	% of Total
CMHT/Care Pathways	4	11	7	12	34	15.96	↓	5	5	8.47
CAMHS - Child and Adolescent Mental Health Services	2	3	3	6	14	6.57	↓	5	5	8.47
Crisis Resolution & Home Treatment Team (CRHTT)	4	2	3	4	13	6.10	↑	5	5	8.47
Acute Inpatient Admissions – Prospect Park Hospital	7	4	1	9	21	9.86	↑	11	11	18.64
Community Nursing	2	1	5	2	10	4.69	↑	4	4	6.78
Community Hospital Inpatient	5	6	3	4	18	8.45	↑	6	6	10.17
Common Point of Entry	1	1	3	1	6	2.82	↓	0	0	0.00
Out of Hours GP Services	4	0	3	1	8	3.76	=	1	1	1.69
PICU - Psychiatric Intensive Care Unit	2	0	0	2	4	1.88	↑	3	3	5.08
Urgent Treatment Centre	1	0	1	0	2	0.94	↑	1	1	1.69
Older Adults Community Mental Health Team	1	1	1	2	5	2.35	↓	0	0	0.00
18 other services in Q1	11	33	21	13	78	36.62	↑	18	18	30.51
Grand Total	44	62	51	56	213			59	59	

The 18 'other services' complaints were split over 16 different services, and there is nothing of note to report as these services only saw numbers of one or two complaints.

3 out of the 59 formal complaints received were about Covid, these were:

- A patient contracted Covid whilst on an inpatient ward, and the family are questioning why she was sent to a ward for rehabilitation rather than going home.
- A family are concerned around waiting times due to Covid.
- A patient attended the out of hours GP service following a reaction to the covid vaccine and felt the doctor said some concerning things about the vaccination.

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

2.2 Adult mental health service complaints received in Quarter one

30 of the 59 (51%) complaints received during Quarter one were related to adult mental health service provision.

Table 2: Adult mental health service complaints

Service	Geographical Locality						
	Bracknell	Reading	Slough	WAM	West Berks	Wokingham	Grand Total
Adult Acute Admissions - Bluebell Ward		4					4
Adult Acute Admissions - Daisy Ward		6					6
Adult Acute Admissions - Rose Ward							
Adult Acute Admissions - Snowdrop Ward		1					1
CMHT/Care Pathways		1		1	2	1	5
Crisis Resolution and Home Treatment Team (CRHTT)		4	1				5
IMPACTT							
Older adults inpatient service - Orchid Ward		1					1
Older adults inpatient service - Rowan Ward		2					2
PICU - Psychiatric Intensive Care - Sorrel Ward		3					3
Psychology Service		1					1
Talking Therapies	1					1	2
Traumatic stress service							
Other							
Grand Total	1	23	1	1	2	2	30

2.2.1 Number and type of complaints made about a CMHT

5 of the 59 complaints (8.5%) received during Quarter one related to the CMHT service provision, detail below. There were 11,428 reported attendances for CMHT and the ASSiST service during Quarter one, giving a complaint rate of 0.04%, compared to 0.10% in Quarter 4 and 0.04% in Quarter 3.

Table 3: CMHT complaints

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

Three of the complaints about the CMHT related to care and treatment, these were;

- Family concerned about the care and support the patient is receiving to prevent them being sectioned.
- A second opinion wanted.
- Care in an out of area placement.

There were no formal complaints received for the CMHT in the East.

2.2.2 Number and type of complaints made about CPE

There were no complaints received about CPE in quarter one out of 1,429 contacts.

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

During Quarter one, 14 of the 59 complaints (24%) related to Adult Acute mental health inpatient wards. This is an increase to numbers received in the previous three quarters. Six were for Daisy Ward, four for Bluebell one for Snowdrop ward and three for Sorrel ward.

There were 199 reported discharges from mental health inpatient wards (including Sorrel Ward) during Quarter one giving a complaint rate of 7%, which is a noticeable increased to the 4.5% for Quarter 4 and 0.9% in Quarter three.

Table 4: Mental Health Inpatient Complaints

Main subject of complaint	Bluebell Ward	Daisy Ward	Rose Ward	Snowdrop Ward	Sorrel Ward	Grand Total
Abuse, Bullying, Physical, Sexual, Verbal		1			1	2
Attitude of Staff	1				1	2
Care and Treatment	2	1		1	1	5
Communication	1	3				4
Medication		1				1
Grand Total	4	6	0	1	3	14

There were 14 complaints raised for Mental health Inpatients, and six of these were raised by patients contacting the CQC helpline. Of the 14, five complaints related to Care and Treatment. Four of the complaints have been investigated and were found to be not upheld. In one case, there were also concerns raised around a patient's lack of privacy and dignity, but the investigation showed that staff followed correct processes when they did not hear the patient respond to the door of his room being knocked. One complaint investigation is still ongoing.

Daisy Ward received six complaints during quarter one. Three of these complaints related to communication, which have been either fully or partially upheld, and learning identified, where appropriate. A focus to ensure all staff are up to date on Information Governance training and Mental Health Act training is in place across the ward.

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

In Quarter one, 5 of the 59 complaints (8%) were attributed to CRHTT, an increase from 4 in Quarter four.

There were 16,766 reported contacts for CRHTT during Quarter one giving a complaint rate of 0.03%, compared to 0.02% reported for Quarters three and two and 0.01% in Quarter two and 0.02% in Quarter one.

Table 5: CRHTT complaints

Main subject of complaint	Geographic Locality						Grand Total
	Bracknell	Reading	Slough	West Berks	WAM	Wokingham	
Attitude of Staff		2	1				3
Care and Treatment		1					1
Communication		1					1
Grand Total		4	1				5

Four of the five complaints received were for the service based in Reading, one of these being an SI, which was investigated and reported on in quarter four 2020/21, but further issues have been raised by the family. A further one was from a patient who was unhappy about being informed that swearing to staff was not acceptable.

2.3 Community Health Service Complaints received in Quarter one

During Quarter one, 17 of the 59 complaints (29%) related to community health service provision. The table below shows further details.

Table 6: Community Health service complaints

Service	Geographical Locality					Grand Total
	Reading	Slough	West Berks	WAM	Wokingham	
Ascot Ward					1	1
Henry Tudor Ward				1		1
Oakwood Ward	4					4
Community Respiratory	1					1
Community Physiotherapy						0
District Nursing (Community Nursing)	3				1	4
East Berks Wheelchair Service				1		1
IPASS					1	1
Out of Hours GP	1					1
Rapid Response					1	1
Sexual Health		1				1
Urgent Treatment Centre			1			1
Grand Total	9	1	1	2	4	17

2.3.1 Community Health Inpatient Ward Complaints

During Quarter one, 6 of the 59 complaints (7%) received related to inpatient wards. This is compared to 4 in Q4 2020/21, 3 in Q3 and 5 in Q2. There were 566 reported discharges from community health inpatient wards during Quarter one giving a complaint rate of 1%, compared to 0.6% for quarters four and three, and to 1.10% in Quarter two and 0.81% in Quarter one.

Table 7: Community Health Inpatient complaints

Main subject of complaint	Ward			Grand Total
	Ascot Ward	Henry Tudor Ward	Oakwood Ward	
Care and Treatment			2	2
Discharge Arrangements	1		1	2
Medication		1		1
Patients Property/valuables			1	1
Grand Total	1	1	4	6

From the seven community health inpatient wards, complaints were received for three wards. The top themes were care and treatment and discharge arrangements.

Four of the six community health inpatient complaints were for Oakwood; two for care and treatment, one regarding medication and one for property (engagement and wedding ring) that has been mislaid.

2.3.2 Community Nursing Service Complaints

District Nursing received four complaints in Quarter one, equal to Quarter 4 and five complaints in Quarter 3, 20/21. There was one complaint regarding confidentiality, which was from a family complaining that staff had talked loudly about the patient within earshot of neighbours.

There were 74,019 reported attendances for the Community Nursing Service during Quarter one giving a complaint rate of 0.005%. Complaints against the Community Nursing Service continues to be a very small complaint rate, which is well below the Trust overall rate of complaints per contact.

Table 8: Community Nursing Service complaints

Main subject of complaint	Geographic Locality		Grand Total
	Reading	Wokingham	
Care and Treatment	2	1	3
Confidentiality	1		1
Grand Total	3	1	4

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

There was one complaint in Quarter one for Westcall, out of 18,819 reported attendances, giving a complaint rate of 0.005%, compared to 0.01% for Quarter 4, 0.02% for Quarter three and 0% in Quarter two.

The one complaint in Quarter one related to a doctor's comments regarding the Covid vaccination, which has been investigated by the service manager.

There were no complaints for the Urgent Care Centre, which had 4,931 attendances.

2.4 Children, Young People and Family service Complaints

2.4.1 Physical Health services for children complaints

During Quarter one, 4 of the 59 complaints (8%) were about children's physical health services, which are listed by service and geographic locality below. There were no themes as all four complaints covered different services.

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

Service	Geographical Locality			Grand Total
	Reading	Slough	West Berks	
Children's Occupational Therapy		1		1
Community Paediatrics		1		1
Health Visiting	1			1
Immunisation	1			1
Grand Total	2	2	0	4

2.4.2 CAMHS complaints

During Quarter one, 5 of the 59 complaints (8%) were about CAMHS services. There were 7,936 reported attendances for CAMHS during Quarter one giving a complaint rate of 0.06% compared to 0.07% for Quarter 4 and 0.034% for Quarter 3.

Table 10: CAMHS Complaints

Service	Main subject of complaint				Grand Total
	Care and Treatment	Communication	Confidentiality	Waiting Times	
CAMHS - Anxiety and Depression Pathway				1	1
CAMHS - Specialist Community Teams	2	1	1		4
Grand Total	2	1	1	1	5

Care and Treatment was the most common reason for the complaints within CAMHS, with two of the five falling into this category. Waiting times was the cause for the complaint received regarding the CAMHS Anxiety and Depression Pathway.

2.5 Learning Disabilities

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

3. KO41A return

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

The return looks at the number of new formal complaints that have been received by profession, category, age, and outcome. The information is published a quarter behind. The table below shows the information for Mental Health Trusts, up to and including Quarter four 2020-21. Information for Quarter one 2021/22 will be provided in Quarter two.

Table 11: KO41A Return

	2018-19				2019-20				2020-21			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Mental Health complaints - nationally reported	3,598	3,651	3,391	3,450	3,507	3,502	3,335	3,303	2,058	3,049	2,753	2,854
2Gether NHS Foundation Trust	17	14	21	20	24	16
Avon and Wiltshire Mental Health Partnership NHS Trust	78	72	77	51	56	67	59	63	42	67	48	65
Berkshire Healthcare NHS Foundation Trust	49	45	38	51	47	52	56	51	40	47	37	51
Cornwall Partnership NHS Foundation Trust	31	28	20	30	24	22	23	19	12	27	15	8
Devon Partnership NHS Trust	44	56	33	45	52	46	56	49	15	31	49	40
Dorset Healthcare University NHS Foundation Trust	91	90	92	54	61	60	64	88	60	109	98	95
Kent and Medway NHS and Social Care Partnership Trust	87	115	121	118	121	128	124	90	70	111	78	80
Oxford Health NHS Foundation Trust	50	56	58	56	52	61	72	68	44	54	54	55
Somerset Partnership NHS Foundation Trust	17	14	24	18	24	24	17	19	45	90	NA	NA
Southern Health NHS Foundation Trust	91	95	82	68	73	51	52	51	29	51	40	31
Surrey and Borders Partnership NHS Foundation Trust	26	36	16	26	22	28	32	27	9	27	24	17
Sussex Partnership NHS Foundation Trust	209	192	181	173	178	217	219	194	99	164	154	198

4. Complaints closed

As part of the process of closing a formal complaint, a decision is made around whether the complaint is found to have been upheld, or well-founded (referred to as an outcome). During Quarter one there were 55 complaints closed.

Appendix one contains a listing of the formal complaints **closed** during Quarter one.

4.1 Outcome of closed formal complaints

Table 12: Outcome of formal complaints closed

Outcome	2020-2021						2021-2022		
	Q1	Q2	Q3	Q4	Total	% of 20/21	Higher or lower than previous quarter	Q1	% of 21/22
Not Upheld	9	25	19	18	71	36%	↑	27	49%
Partially Upheld	13	34	20	28	95	48%	↓	19	35%
Upheld	12	6	0	7	25	12.50%	↑	9	16%
Disciplinary Action required	0	0	0	0	0	0	-	0	0
Grand Total	34	65	39	53	191			55	

51% of complaints closed were either partly or fully upheld in the quarter, these were spread across several differing services. Of these, 6 were about staff attitude, 5 were in relation to communication and 12 related to care and treatment received. This equates to 21% for staff attitude, 18% for communication and 43% for care and treatment in Quarter one.

Table 13: Complaints upheld and partially upheld

Service	Main Subject of Complaint								Grand Total
	Abuse, Bullying, Physical, Sexual, Verbal	Attitude of Staff	Care and Treatment	Communication	Confidentiality	Discharge Arrangements	Discrimination, Cultural Issues	Medication	
Adult Acute Admissions - Bluebell Ward				1					1
Adult Acute Admissions - Daisy Ward				3					3
Adult Acute Admissions - Rose Ward	1								1
CAMHS - Specialist Community Teams			3	1					4
Children's Occupational Therapy - CYPIT			1						1
CMHT/Care Pathways		1	2			1			4
Community Hospital Inpatient Service - Henry Tudor Ward			1					1	2
Community Physiotherapy			1						1
Crisis Resolution and Home Treatment Team (CRHTT)		1							1
District Nursing			1		1				2
Health Visiting			1						1
Immunisation			1						1
Older Adults Inpatient Service - Orchid ward			1						1
Other							1		1

Rapid Response		2							2
Sexual Health		1							1
Urgent Treatment Centre		1							1
Grand Total	1	6	12	5	1	1	1	1	28

4.2 Response Rate

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

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

Table 14: Percentage response rate within timescale negotiated with complainant

2021-22	2020-21				2019-20			
Q1	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
100	100	100	99	100	100	98	100	100

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

5. Characteristic data

5.1 Ethnicity

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

The tables below show the characteristics of patients who have had complaints raised about their care between 1 April and 30 June 2021. This does not include where a different organisation was leading the investigation but does include re-opened complaints. The population data has been aligned to the information provided by the Trust Business Intelligence Team and is based on the characteristics of attendances during quarter 4 2020/21

Table 15: Ethnicity

Ethnicity	Number of patients	% complaints received	% breakdown of attendance in previous quarter
Asian or Asian British	5	8.47	9.67
Black or Black British	4	6.78	2.67
Mixed	3	5.08	3.49
Not Stated	8	13.56	15.89
Other Ethnic Group	2	3.38	1.62
White	37	62.71	66.66
Grand Total	59		

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

5.2 Gender

There were no patient complaints where the person identified as anything other than male or female during Quarter one (there was one case where gender was not stated).

Table 16: Gender

Gender	Number of patients	% complaints received	% breakdown of attendance in previous quarter
Female	34	57.63	53
Male	24	40.68	46.98
Not stated	1	1.69	0.009
Grand Total	59		

5.3 Age

Table 17: Age

Age Group	Number of patients	% complaints received	% breakdown of attendance in previous quarter
0 to 4	3	5.08	18.41
5 to 9	1	1.69	4.14
10 to 14	6	10.17	4.34
15 to 19	4	6.78	4.52
20 to 24	4	6.78	2.87
25 to 29	8	13.56	3.14
30 to 34	2	3.39	3.56
35 to 39	1	1.69	3.58
40 to 44	5	8.47	3.52
45 to 49	1	1.69	3.73
50 to 54	4	6.78	4.32
55 to 59	5	8.47	4.46
60 to 64	3	5.08	4.63
65 to 69	0	0	4.53
70 to 74	3	5.08	5.56
75 to 79	3	5.08	6.16
80 to 84	2	3.39	6.55
85 +	2	3.39	11.98
Not known	2	3.39	0
Grand Total	59		

6. Parliamentary and Health Service Ombudsman

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

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

There have been no new formal investigations taken on by the PHSO in Quarter one, but we have received three enquiries where they have asked for further information.

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

The PHSO have advised that the COVID-19 pandemic continues to have a significant impact on their workforce, service and delays by Trusts in responding to enquiries. For other complaints (where someone has faced less of an impact) they will consider whether there is anything they can do to help resolve things quickly, but if not, they will close the complaint.

7. Multi-agency working

In addition to the complaints detailed in the report, the Trust monitors the number of multi-agency complaints they are involved in but are not the lead organisation (main area of complaint is about another organisation and therefore that organisation takes the lead). There were seven complaints received that were led by another organisation during Quarter one, three led by SCAS and four through the CCG.

8. MP enquiries, locally resolved complaints and PALS

8.1 MP enquiries

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

Table 18: MP Enquiries

Service	Main theme of enquiry						Grand Total
	Access to Services	Care and Treatment	Communication	Discrimination, Cultural Issues	Other	Waiting Times for Treatment	
CAMHS - AAT		1				1	2
CAMHS - ADHD						1	1
CAMHS - Specialist Community Teams						3	3
CMHT/Care Pathways	2	4	1				7

Common Point of Entry						1	1
Community Hospital Inpatient Service - Jubilee Ward			1				1
Immunisation					1		1
Other				1			1
Grand total	2	5	2	1	1	6	17

There was a noticeable increase in the number of enquiries raised through MP Offices in Quarter 1. The total received was 17, compared to the 5 received for the same period in 2020-21.

Seven of the MP enquiries related to care and treatment and communication in the CMHT (2 for Reading and Wokingham teams and 3 for West Berkshire). Six were spread across CAMHS services and these were primarily regarding waiting times.

8.2 Local resolution complaints

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

Table 19: Concerns managed by services – Local Resolution complaints

Service	Number of concerns resolved locally
Adult Acute Admissions - Rose Ward	1
Berkshire Integrated Hub	1
CAMHS - Rapid Response	1
Children's Speech and Language Therapy - CYPIT	3
CMHT/Care Pathways	1
CMHTOA/COAMHS - Older Adults Community Mental Health Team	1
Common Point of Entry	1
Community Hospital Inpatient Service - Oakwood Ward	1
District Nursing	2
Health Visiting	2
Immunisation	6
IMPACTT	1
Intermediate Care	1
Out of Hours GP Services	1
Physiotherapy Musculoskeletal	2
PICU - Psychiatric Intensive Care - Sorrel Ward	1
Podiatry	4
Respite Care	1
School Nursing	1
Grand Total	32

There were 32 local resolution complaints logged in Quarter one, down by one from Quarter 4 2020/21. Care and treatment was the most common theme for the local resolutions that were logged with 11 relating to this subject. 10 of the complaints logged related to communication, 7 related to mental health services and 25 to physical health services continuing the theme that more concerns are resolved through local resolution within physical health services compared with mental health services.

Of the six concerns logged by the Immunisation service, three were regarding consent with vaccinations.

The four podiatry concerns were regarding care and treatment.

8.3 Informal complaints received

An informal complaint is managed locally by the service through discussion with the Complaints Office. It is a concern raised through the complaints office but can be resolved without the need of a full investigation. Complainants are offered the option to resolve informally, but the option to escalate to a formal complaint remains.

There have been 32 informal complaints received in Quarter one. compared to 31 in Quarter 4.

Table 20: Informal complaints

Service	Main theme of concern								Grand Total
	Attitude of Staff	Care and Treatment	Communication	Confidentiality	Discharge Arrangements	Other	Patients Property and Valuables	Waiting Times for Treatment	
Adult Acute Admissions - Bluebell Ward			1						1
Adult Acute Admissions - Daisy Ward		1	1						2
Adult Acute Admissions - Rose Ward							1		1
CAMHS - AAT		1						1	2
CAMHS - ADHD		1						4	5
CAMHS - Anxiety and Depression Pathway		1						1	2
CAMHS - Rapid Response		1							1
CAMHS - Specialist Community Teams								1	1
CMHT/Care Pathways	2	1	2						5
Community Dental Services								1	1
Community Dietetics		1							1
Community Hospital Inpatient Service - Windsor Ward		1			1	1			3
Community Physiotherapy	1								1
Complaints			1						1
Crisis Resolution and Home Treatment Team (CRHTT)				1					1
District Nursing						1			1
Physiotherapy (Adult)								1	1
PICU - Psychiatric Intensive Care - Sorrel Ward							1		1
Talking Therapies - Admin/Ops Team			1						1
Grand Total	3	8	6	1	1	2	2	9	32

8.4 NHS Choices

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

Table 21: NHS Choices

Service	No of postings	Positive	Negative
Urgent Treatment Centre, West Berkshire Community Hospital	4	<p><i>I was looked after today by a very skilled, caring and compassionate paramedic practitioner and matron in the urgent care unit. I had a particularly trying and frustrating day trying to access healthcare and was directed there by 111. Thank you so much I felt safe and cared for. You are a fabulous team thank you so much.</i></p> <p><i>I am really impressed with the service I received today after spraining my ankle. I had an appointment and was seen promptly. The Nurse Practitioner was very thorough and explained to me about ankle sprains and fractures. She sent me for an x-ray, again, very prompt and efficient service. Very efficient and friendly service.</i></p> <p><i>Very caring. All the team in this department were very kind, efficient and helpful. Felt very confident about my procedure.</i></p>	<p><i>I went in for a muscular injury to my shoulder and back, was told I may need an x-ray booked for the next day, the doctor who saw me barely checked anything, just made me raise my arm a few times (whilst still in a baggy hoodie so couldn't see my muscles working) placed my arm in a sling and told me to buy painkillers. I had been in so much pain I literally could not breathe and could hardly move. They never felt along the muscles or gave much advice. It felt very rushed and I was not assured, had to book an appointment with my local GP just so i could get it checked out correctly. Felt like the doctor could not be bothered to do their job properly and just wanted me gone as soon as possible.</i></p>
Talking Therapies	2	<p><i>During a difficult time in my life, my doctor suggested that I seek out some extra help from talking therapies Berkshire. I was able to start of with CBT, whilst this was useful both me and the therapist decided I needed an alternative therapy which was IPT Therapy, this therapy has been the most effective I have had over 10 years in and out of counselling and I have grown to be in such a better place now, my therapist was amazing and so helpful and I built a great relationship with her, this was hands down the best thing I</i></p>	<p><i>Very let down</i></p> <p><i>Referred and was told would hear within a certain time frame, its now been 10 months, just got an email from a 'Psychological Wellbeing Practitioner' basically say its seems we forgot you, email back if you need help or we are discharging you.</i></p> <p><i>What a joke.</i></p> <p><i>I'm lucky I have a very supportive family who have helped me because otherwise, with just talking therapies I would have topped myself a long time ago.</i></p> <p><i>Disgusting service.</i></p>

		<i>have done and I am so grateful. If you are thinking about getting extra help I would highly suggest talking therapies.</i>	
Westcall OOH GP	2		<p><i>Don't know what they are doing</i></p> <p><i>Rang 111 on the Saturday morning as I had a temperature after finishing a course of antibiotics for a urine infection they put me through to west call and I spoke with a doctor who advised that I see a doctor at the royal Berkshire hospital but that was going to be at 6:30 that evening. So I turned up on time as requested but had to wait half an hour before I was called to go in. Things just seemed to go downhill rapidly from there the doctor was ok did what he had to then he said that he wanted to run some tests on the urine sample I had provided. I was just left in there for what seemed like an age then a nursing assistant came in saying she needed to do a blood test she then used one of those prickers for blood sugar test then started to squeeze the blood out without much success but she persisted till she was satisfied she had enough in the small syringe she had and of she went only to come back a short while later saying that she had been using the little syringe incorrectly so she was going to have another go. We went through the whole process again with similar results so she decided to take blood from my arm imagine my dismay when she came back with the necessary equipment only to look at it obviously with no idea how to use it fortunately she broke the needle before trying put it in my arm so she went to get the doctor who gave me a prescription for more antibiotics. When I then presented it in my local pharmacy I was told that it could not be dispensed as the script was incorrectly filled out so I then had to get in touch with west call to get a new script which they sent directly to the pharmacy but when I picked it up the dosage was different from the original and the amount of tablets is incorrect so I don't have enough to complete the course so will now have get back in touch later when there back at the royal Berkshire hospital. (This has been followed up with WestCall)</i></p> <p><i>My son had come out in a rash ALL over his body. As I was about to go to A&E, it was suggested by a friend that I try the 111 service, as once I'd been through this service, they would let A&E know I was coming. The 111 service was sadly just an operator who took me through a very long winded series of questions, and then told me a Dr would phone me back in 2 hours. I should have realised at this point given it was late evening, that driving to A&E was now a better option. 3 hours later and when my child said I just want to go to sleep now,</i></p>

			<p><i>we gave up on receiving a call. After nursing my phone for 3 hours I finally put him to bed after giving him allergy medicine and putting cream all over him. It was at this moment the call finally came and I missed it by about 2 seconds. Sadly that was it. No repeated call. Nothing. Beyond disappointing the entire service and I would never use it again. The next day I got an immediate appointment at my local Dr's. He said it was the worst case of urticaria he had ever seen.</i></p>
New Horizons Slough CMHT	1		<p><i>I have had cause to use Slough mental health services from New Horizons on three separate occasions. On all three occasions because I was not a classic text book case and couldn't be placed into this or that category the treatment was ended somewhat abruptly. The first occasion was definitely the worst of the three because I didn't see eye to eye with the occupational therapist it was they who gave the recommendation that I be discharged from the mental health services. To keep this short the other two occasions fared just as badly but maybe not as bad. They say they can work with complex cases but I say that is not the case. They have let me down three times out of three. In all honesty I got more help from my GP than I ever did from the mental health team based in Slough. It was my GP and my wife who provided the support at the times I most needed it. If the CMHT have improved within the past 12 months then that would be a step in the right direction. However if they haven't then providing you are a text book case you should gain some benefit from their services; for anyone with a more complex situation be prepared to find support from additional avenues.</i></p>
CRHTT	1		<p><i>No connection with my health or understanding.</i></p> <p><i>I stopped using the crisis team because I felt I was on a timer, ran out of credit and they put the phone down on me as busy! I was told by government rep I would be cared for! But lost in the conversation between them. I felt that not appreciated at all in crisis, secondary to other patients, even that need support. So found alternative suicide charity that would support me and not put the phone down on me as chronic pain and disability. Over time got to know the services why so frustrated as seem work on their needs and mine just secondary and screaming out for care planning central to self-care, but that neither happens finding kept being told services there for me but just a mirage and now completely on my own fending for myself in isolation. I get the feeling more about conforming as a patient than service than sitting down me writing any care plan safeguard me. The problem don't end there as finding myself outside the system for being late diagnosis of autism only after many mental health labels only find Autistic, on my</i></p>

			<i>own, no mental health as just about conforming than my care as a disabled person in crisis.</i>
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8.4.1 PALS Activity

PALS has continued to provide a signposting and information service throughout the pandemic response. PALS has continued to facilitate the 'Message to a loved one' service, which involves collating messages for patients, which are then delivered on the ward. This was available across all inpatient areas. PALS has held regular meetings with advocates, with those working at Prospect Park Hospital having returned on a reduced basis.

There were 506 queries received during Quarter one, compared with 533 during Quarter four. In addition, there were 309 contacts which were related to non-trust services. The main reasons for contacting PALS were:

- Concerns and queries around communication. This included queries from external organisations.
- Access to services. People needing information on eligibility criteria and referral pathways across a range of services.
- Information requests.
- Concerns around waiting times. Particularly with regard to CAMHS and children's services.

Of the 506 queries, 17 were Covid-19 related. There is concern about visiting restrictions at Wokingham Community Hospital and how this is affecting patients. A general feeling that this needs to be reviewed as comparisons are being made with Prospect Park Hospital arrangements. Inpatient visitor guidelines were reviewed in line with the government roadmap. Since the closure of the vaccination clinic at Wokingham Hospital, enquirers have been signposted to external bodies for information and resolution.

Of the 506 contacts, 16 were escalated to the formal complaints process.

9. The Friends and Family Test

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

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

FFT reporting to NHSE started again from January 2021 with the new FFT question (rating of care rather than recommendation to others) which was due to be launched from 1 April 2020 (and paused). The Trust started the new FFT locally from 1 September 2020 in readiness for the NHSE launch.

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

9.1.1 Overall responses

During the 2020/21 -2021/22 reporting period figures have dropped considerably due to the pandemic and a pause of the FFT service. The SMS tool continues to be the most popular method of collection mode, the Patient Experience Team are continuing to work with to support those services who use RiO. Due to the pandemic, the transformation team have had reduced resources from a reporting perspective, which means that some non-RiO services have not been able to utilise SMS as a way to gather feedback.

Table 22: FFT Response Rate

		Number of responses	Response Rate
2021-22	Q1	5788	5.66%
2020-21	Q4	4259	4.66%
	Q3	4597	4.66%
	Q2	3018	3.33%
	Q1	3572	4.66%
2019-20	Q4	10,083	9.29%
	Q3	10,933	10.69%
	Q2	11,095	10.86%
	Q1	11,721	12.20%
2018-19	Q4	11,919	22%
	Q3	7631	12.82%
	Q2	5443	14.82%
	Q1	6625	11.64%

Table 23: Recommendation rate

	2020-21				2021-22
	Q1	Q2	Q3	Q4	Q1
Community Mental Health Services	70%	90%	85%	89%	93%
Mental Health Services	60%	85%	81%	83%	75%
Trust Total	59%	90%	85%	89%	87%

Table 24: Recommendation rate for inpatient wards

Ward	Ward type	2021/2022	2020/2021				2019/20			
		Q1%	Q4%	Q3%	Q2%	Q1%	Q4%	Q3%	Q2%	Q1%
Oakwood Ward	Community Inpatient Ward	52%	100%	0%	0%	0.00%	100%	100%	100%	95.83%
Highclere Ward		81%	0%	67%	50%	0%	100%	100%	100%	100%
Donnington Ward		70.66	100	93%	100.00%	98.30%	-	85%	90.48%	97.44%
Henry Tudor Ward		100%	100%	93%	0%	100%	-	-	91.89	-
Windsor Ward		95%	100%	100%	90%	100%	-	-	100%	-
Ascot Ward		100%	98%	50%	100%	0%	89.13%	99%	96.34%	95.45%
Jubilee Ward		75%	0%	100%	0%	0%	56.25%	53%	65.22%	60%
Bluebell Ward	Mental Health Inpatient Ward	67%	100%	100%	100%	50%	50%	87%	62.50%	75%
Daisy Ward		100%	85%	67%	0%	100%	80.76%	67%	74.49%	71.11%
Snowdrop Ward		92%	0%	75%	100%	0%	76.66%	76%	77.78%	84.48%
Orchid Ward		100%	0%	100%	0%	100%	87.50%	70%	76.92%	62.50%
Rose Ward		100%	0%	0%	0%	0%	54.16%	80%	86.67%	93.33%
Rowan Ward		100%	0%	100%	0%	100%	50%	29%	-	-
Sorrel Ward										

Table 25: Carer FFT

	2020/21	2019/20	2018/19	2017/18
Q1	18	335	67	111
Q2		408	201	32
Q3		242	314	39
Q4		411	258	86

The Trust has appointed a designated Carer Lead who will be working alongside the Patient Experience Team and services to increase the response rate for the FFT question. As the new patient experience measure tool does not include capturing carer feedback, a specific card and methodologies (such as our website) will be used to capture this vital feedback.

10. Our internal patient survey

The existing patient survey programme was paused in response to the pandemic from mid-March 2020, alongside the collection and reporting of the FFT. Some services have continued to collect this information for internal service monitoring and development use.

I Want Great Care have been awarded to develop the new Patient Experience Measurement tool, and the aim of this is to improve Berkshire Healthcare's measurement, analysis and dissemination of patient feedback across all Community and Mental Health Services. They have been working with services and other stakeholder to design and build the surveys and reports, and a soft launch is scheduled for the end of October 2021.

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

There is no activity to report for Always Events, Patient Participation and Involvement Champions and 15 Steps as these were not carried out as part of the pandemic response. The 15 Steps Programme has restarted during Q2.

There continues to be open and regular channels of communication between the Patient Experience Team and the Healthwatch organisations across Berkshire, on individual cases and for sharing communication with communities and meeting on a monthly basis. The Healthwatch organisations in the East of Berkshire have been awarded to one provider and there is work underway to link the new teams to our clinical Divisions.

12. Compliments

There were 1076 compliments reported during Quarter one. The services with the highest number of recorded compliments are in the table below.

Table 26: Compliments

Service	Number of compliments
Talking Therapies - Admin/Ops Team	418
District Nursing	147
Intermediate Care	59
Community Matron	38
CMHTOA/COAMHS - Older Adults Community Mental Health Team	31
Other	29
Community Dietetics	24
Community Based Neuro Rehab - CBNRT	24
Diabetes	22
Physiotherapy Musculoskeletal	20
Community Respiratory Service	20

Table 28: Examples of compliments received during Quarter one

Community Respiratory Care service <i>The PR Team have been amazing and supportive and I feel so much more positive now. The reassurance you have given me has really helped and I feel more capable. The exercise sessions were very enjoyable and she made me laugh and smile. Thank you to all the team.</i>	CRHTT <i>The client thanked Support Worker for “caring about their child* as well as the client*” The client said Hub Manager explained the medication, CPN and Support Worker gave constant support and care, now feels well to deal with the future and life stressors. Was very grateful for our support.</i>
Children’s SALT <i>‘Please may I take this opportunity to say a big ‘Thank You’ for your help and support with x. He has come on leaps and bounds with your help, as well as the help from other Wokingham Healthcare Services. It’s very comforting to know</i>	LD Intensive Support Service <i>‘Thank you so much for being there for x and the family at today’s EHCP meeting. I know you didn’t get to say much but what you did say was great and very much appreciated. I did use your pearls of wisdom as best as I could! As you can see I am a woman on a mission and will not stop until I</i>

<p><i>that x will be in your Teams care as he starts his journey on finding his little voice.'</i></p>	<p><i>have got the best outcomes for x. Hope it works in getting x back to college - He does work hard and he has done academically well. I want him to be offered an ASD college place where he can be supported and thrive again from September.</i></p> <p><i>Thanks in advance for saying you'd forward a report to his case officer (if you haven't done already!).'</i></p>
<p>MSK Physiotherapy</p> <p><i>'I feel much better after your advice on which exercises to do and how to do them properly. A few weeks ago I wondered if I would be in pain for the rest of my life, which was miserable, and now the pain is nearly gone. I can't thank you enough for that.'</i></p>	<p>Perinatal Mental Health Service</p> <p><i>'Gosh I am so sorry too we never got to say goodbye properly. Thank you so much for incredible support and care (and patience) over the course of our time together.</i></p> <p><i>Take good care of yourself and your family.</i></p> <p><i>Very very best wishes.'</i></p>
<p>Covid Vaccination Clinic</p> <p><i>'Brilliantly quick but friendly service they are managing to provide.</i></p> <p><i>The nurse that vaccinated was one of those nurses who have that old school disarming smiling manner, so relaxing for people. It's good to know we still have this kind of nurse in the NHS.</i></p> <p><i>Well done to all concerned, even the lady signing people in was lovely.'</i></p>	<p>Community Matrons</p> <p><i>'Thank you for taking time to sort out my husbands PEG issues, been problematic for a long time and finally someone has listened to me.'</i></p>
<p>Community Respiratory Service</p> <p><i>'1) Very thorough and helpful</i></p> <p><i>2) The care the Nurse took in explaining everything to me.</i></p> <p><i>3) All questions answered with clear information.</i></p> <p><i>4) Helpful in so many ways, ie information telephone calls, tips.</i></p> <p><i>5) Always there when needed questions.</i></p> <p><i>6) Everyone is very supportive in the program.</i></p> <p><i>7) Makes me feel positive – makes me feel good, look forward to doing the exercise.</i></p> <p><i>Everyone very helpful, clear, easy to understand. People are nice, friendly and committed. If I didn't understand, someone available to clarify things. Just thank you, this course and the people have made a huge difference.'</i></p>	<p>CAMHS Specialist Community Team</p> <p><i>'I hope this finds you well.</i></p> <p><i>I wish to express my gratitude towards all your help and support for the two young girls that are in my care.</i></p> <p><i>Your support through CAMHS has been invaluable.'</i></p>

MSK Physiotherapy

'My wife and I would like to bring to your attention the exceptional support we feel we have received from x. From the initial telephone consultation he came across succinctly, understanding and supportive. He has carried out everything he has said he would, phoning to discuss the next steps, checking we were happy with proposed plans etc and explaining the rationale behind them.

It has been a huge relief to have someone professional and understanding, as I don't feel I have been listened to in the past and this time I am desperate! Not only have I suffered considerable knee pain since the beginning of December and the inactivity this has caused, but I have found as time has progressed it has affected my mood and I have been feeling very down. I've not suffered from depression in the past so can only put the low mood down to the strain of the knee issue and inactivity. I couldn't even go to an appointment with SpecSavers in Broad Street as I was unable to walk from the nearest drop off point to the shop. x has been understanding in what I am going through and was sympathetic and supportive in what he said - which mentally helps one a great deal.

I've suffered from painful hips for a good ten years now and when I've brought this to the attention of my doctor I have been turned away saying I was too young to be referred. I expected to be dismissed on this occasion so it was really encouraging to feel that what I was feeling and reporting to x was taken seriously and being analysed accordingly and that something would be done. My other concern is that my "gait" is so bad when I do walk that further damage will be done to my frame - thus time is of an essence!

But this is not to bring my issues to your attention, it is to ask you to say a huge thank you to x. He has given us hope and we really do feel he is working alongside us. I feel "valued" as an individual and not just another patient. That's a huge gift to give someone - and a quality which not every practitioner possesses. We know your workload is heavy and stressful, but x has never rushed us with our queries and told us to make contact if we had further questions.

I feel very lucky to have x as my practitioner and intermediary - he is exceptional in his role.'

Table 28: Compliments, comparison by quarter

	2019/20					2020/21					2021/22
	Q1	Q2	Q3	Q4	2019/20	Q1	Q2	Q3	Q4	2020/21	Q1
Compliments	1,404	1,389	1,437	1,436	5,666	873	975	1,010	1,319	4,177	1076

13. Feedback on the complaints process

13.1 Internal audit

Our internal auditors undertook an audit of Patient Experience processes in quarter 4 as part of the Trust 2020/21 Internal Audit plan. The review looked at the mechanisms in place for the monitoring and management of feedback received from patients and carers of the Trust and how the Trust use this information to improve patient experience. The audit was positive providing reasonable assurance, with 2 low and one medium recommendation made.

Positive assurance was received in relation to:

	Complaints Policy
	Reporting and Managing Complaints
	Complaint Timeframe
	Complaint training
	Complaint Feedback/Resolution
	Patient Advice and Liaison Service (PALS)
	Working with Patient-led Groups - Healthwatch
	Reporting of patient experience internally and to the Board

Recommendations:

The 2 low recommendations were in relation to continuing to improve capture of ethnicity data in relation to complaints and to continue to strengthen existing processes for demonstrating actions taken across the trust as a result of feedback(building on the current processes in place)

The medium recommendation was in relation to undertaking deep dive analysis across services to identify wider themes providing opportunity to make further improvements to the patient experience. The report recognised that this already takes place at divisional level and that a process led by the patient safety team to look across incidents, safeguarding and patient experience has already commenced. The Trust's new patient experience tool in development will also support improvement in this area.

13.2 Feedback from complainants

During quarter one the following feedback was received on the complaints process

'Thank you for your letter. I was pleased with the thorough way in which you and your staff dealt with the complaint. I appreciated the call from the Investigating Officer and felt that she understood my concerns. She impressed me with her caring attitude and I am confident that she will make substantial improvements to the service.'

'Firstly I would like to apologise for not coming back to you sooner but has been a busy week and wanted to have time to reflect and read through the report in full.'

Having read through I am thoroughly satisfied with the report and the diligence to review the situation to make improvements. Although it was a distressing experience we appreciate that was not anyone's intention. We accept the apology in relation to how it was handled and are pleased that the event can perhaps in some way improve and enhance the policy moving forward which is all we wanted to see.'

Thanks so much to yourself and the Investigating Officer for managing this investigation and providing such a satisfactory report it really is very much appreciated.'

'I refer to my letter of x regarding the diagnosis report for my son and wanted to pass my heartfelt thanks for you, and your team for the swift resolution and provision of these reports.

I have now been able to pass these onto the school and health providers which will enable us to access the help and support our child needs.'

Elizabeth Chapman

Head of Service Engagement and Experience

Formal Complaints closed during Quarter one 2021/22

Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
Bracknell	Other	Low	Pt believes EB/CCG made a funding request disseminated to BHFT but there is nothing on the pts records regarding this matter	Not Upheld		Medical Records
Reading	Talking Therapies - Admin/Ops Team	Low	pt was told GP would not be informed of contact with TT service verbally and in the policy on the website plus delays in DPA requests	Not Upheld		Communication
Wokingham	Rapid Response	Low	Complainant wishes an appropriate apology for the severe emotional impact inflicted on the family ORIGINAL COMPLAINT DECEASED PT: Complainant unhappy with a staff member's care and attitude	Partially Upheld	Team to receive additional training regarding safeguarding processes and informing patients/family members Team assessment form to now include section regarding social situation to ensure the team gather all information needed regarding a patient's care and any family involvement Team to be reminded to only contact patients/family members within team operation hours Team session to be carried out regarding trust expectations r.e. documentation writing and timescales to enter information onto RIO Internal processes to be followed in regards to team member that Ms De Meyer raised concerns about	Attitude of Staff
Reading	PICU - Psychiatric Intensive Care - Sorrel Ward	Low	Pt attacked by female staff member who also took the pt's training shoes	Not Upheld		Abuse, Bullying, Physical, Sexual, Verbal
Reading	Adult Acute Admissions - Rose Ward	Minor	Pt feels staff member was overly heavy handed when restraining them holding them round the neck and then being told to strip	Partially Upheld	Ward teams to ensure decisions and actions from MDT are communicated to patients so that they are aware of their care and treatment. Actions to be assigned to identified staff members to ensure a named person takes responsibility Debriefs with patients to happen after episodes of seclusion to support patients	Abuse, Bullying, Physical, Sexual, Verbal
Reading	Adult Acute Admissions - Daisy Ward	Minor	Pt feels she was assaulted and abused on the ward by 3 to 4 female staff members in her room at night	Not Upheld	Staff are to take gently care when assisting patients with personal care and ensuring they always communicate empathetically.	Abuse, Bullying, Physical, Sexual, Verbal
Windsor, Ascot and Maidenhead	Community Hospital Inpatient Service - Henry Tudor Ward		Following previous investigation family feel there are some discrepancies, 4 additional points to answer	Partially Upheld	Previous complaint 7674 was upheld, this complaint is seeking clarification on some points, but one new service failure was acknowledged, so this is partially upheld	Care and Treatment
West Berks	CMHT/Care Pathways	Moderate	CPN on long term absence, someone found to support but they went on annual leave. Pt feels left with no support	Not Upheld	Given patient's level of distress it is acknowledged that we, as a service, alongside Adult Social Care, need to work collaboratively with pt to highlight the most appropriate support in a timely manner. A professionals meeting will be planned to develop strategies to support Richard in an attempt to reduce his distress	Care and Treatment

Reading	PICU - Psychiatric Intensive Care - Sorrel Ward	Low	Patient is unhappy with his care, his leave and says staff are racist	Not Upheld		Care and Treatment
Windsor, Ascot and Maidenhead	Community Hospital Inpatient Service - Henry Tudor Ward	Low	Family feel there was a lack of physio on the ward. Felt bullied to sign a DNR when the pt does not want one, unhappy a statements recorded about the pt being stubborn and challenging	Not Upheld	Share incident with staff Staff to be aware that patients in pain should have painkillers routinely prior to physio sessions Ward Doctors to try and engage next of kin in DNACPR discussion with consent of the patient	Care and Treatment
Windsor, Ascot and Maidenhead	IMPACTT	Minor	Family wish the pt to be funded for an EUPD Inpt facility	Not Upheld	Community Mental Health Team (CMHT) in WAM will formally accept transfer of care from Bethnal Green CMHT, East London Foundation Trust	Care and Treatment
Bracknell	CMHT/Care Pathways	Low	Patient unhappy with phone consultation and what has been written. Dr said husband was threatening.	Partially Upheld	Another follow up review be scheduled ASAP	Attitude of Staff
Reading	Health Visiting	Low	Complainant has submitted 11 points of complaint against Health Visitor. However, nine of these will not be responded to under the UPC status, but two relate to domestic violence allegations and the complaint is about what evidence the HV had to make the allegations she did	Not Upheld		Communication
Reading	Community Physiotherapy	Minor	Friend of patient is complaining about care from community OT. Friend alleges that the OT failed to recognise the severity of the patient's illness or knew he had a terminal diagnosis	Partially Upheld	For staff to be reminded that if equipment patients and or carers request is not available from NRS and there is not a clinical need for it that support should be given to explore private purchase options, and this is clearly documented For staff to receive additional training in recognising the deteriorating patient For the name of the allocated senior clinician for the Integrated Care Home Service and Rapid Response/Home First services at the weekend to be shared with the Reading DN triage team For staff knowledge regarding care for patients with a terminal illness/at end of life to be considered as part of the team's gap analysis	Care and Treatment
West Berks	CMHT/Care Pathways	Low	Family dispute appt's have happened and wish a referral to UCL Queen Sq Institue of Neurology ORIGINAL - Poor transition from CAMHS to adults. Complainant feels they have to keep chasing in order to get any form of service and states the complaint is that there is NO treatment for the patient	Partially Upheld	Service Manager to discuss further with medical staff to ensure that appropriate medical input is in place. Discuss content of concerns with CC. This will help both to be aware of treatment plans and goals. Transition between CAMHS and CMHT to be considered with clear information given regarding what Adult Mental Health Services are able to offer.	Care and Treatment
West Berks	CAMHS - ADHD	Moderate	Complainant wishes to know why we are not providing an assessment or a date when this will happen and why we are not keeping in contact with them	Not Upheld	There are no specific actions identified to prevent recurrence. However, the team is working closely with the CCG on a project to model demand and capacity, workforce and transformation in order to compare and cost options for the service. In addition, caseload management continues supported by the Team Lead and the team has a driver metric of reducing DNAs to try to improve capacity and reduce waits.	Waiting Times for Treatment

Reading	Adult Acute Admissions - Daisy Ward	Minor	Pt admitted to PPH then Cygnet then back to PPH - no communication to family to say any of these moves had happened. PPt went AWOL and family not communicated again, pt turned up at home having walked a long distance	Upheld	<p>All broken front ward door mechanisms must be raised immediately when discovered with ISS and on call ISS manager/ PPH on call manager and whilst waiting for repair must have a member of staff allocated to sit by the door and support safe entrance/ exit.</p> <p>Bed management team will use the standard work developed about maintaining communication with families for patients in OOA beds and review at the end of month 1 adapting accordingly.</p> <p>Communication with carers/ families is timely and invites to meetings take due consideration of working families and their needs. The CDLs on the wards will develop an email address for each ward and also be in contact with them on admission ensuring they know of this communication channel.</p> <p>Installation of solenoid bolts into the walls of the front doors of the wards (rather than the floors and ceilings) will be commenced in June 2021</p>	Communication
Windsor, Ascot and Maidenhead	Community Hospital Inpatient Service - Henry Tudor Ward	Minor	<p>Pt looking for financial redress for costs incurred for private physio etc</p> <p>ORIGINAL COMPLAINT - Pt discharged from the ward without blood thinning meds. Needed to go back into hospital via paramedic. Pt had a care plan in place involving carers which was discontinued and has meant the pt has had to wait in hospital till put in place. Pt & family have found this very traumatic</p>	Upheld	<p>Indication for anti-coagulant medication to be included on the drug chart e.g. treatment/surgical prophylaxis. This may help to avoid assumptions</p> <p>Stop date of medication to be recorded in clerking notes & on handover sheet.</p> <p>Medication conversations can / should be had prior to discharge – once medication is on the ward</p> <p>Identified improvement to consider push back to support safety and state the ward team need longer to co-ordinate a discharge safely</p> <p>To request Acute trusts to provide the full course of LMWH. Further investigation regarding use of one medical prophylaxis on wards.</p>	Medication
Reading	District Nursing		Deceased pt: Family feel the pt was left to die without adequate pain relief and without dignity	Not Upheld	No consent obtained	Care and Treatment
Wokingham	CAMHS - Specialist Community Teams		Family unhappy with the care and treatment received from Psychiatrist	Upheld	Local resolution	Care and Treatment
Reading	CAMHS - Specialist Community Teams	Minor	Transition from CAMHS to CMHT	Partially Upheld	<p>Ensure Rapid Response update their processes to ensure that young people are not discharged when they turn 18 until ongoing care plan is devised from Adult Services or other relevant agency.</p> <p>Also ensure Patients are given the Adult Crisis Team number once they turn 18.</p>	Care and Treatment
Reading	Older Adults Inpatient Service - Orchid ward	Minor	Friend of pt is generally unhappy with the care, communication and compassion from the staff on the ward. Believes admission stemmed from a medication issue that the ward has exasperated.	Partially Upheld	<p>Key nurses to review family contact and documentation. Consider weekly family contact with intent to update them on patient progress. Team to device a Standard operation for meetings</p> <p>PALS to improve on feed back and communication with complainants. Ward manager to liase with PALS for a discussion over strategies to enhance communication</p> <p>All attendees of best interest meeting to be communicated with all relevant prior to meeting.</p> <p>Team to device a Standard operation for meetings</p>	Care and Treatment

West Berks	CMHT/Care Pathways	Moderate	Family of patient have sent their complaint regarding their sister's care in OAP. She has been there for two years (since May 2019) and they have had concerns about her care but now the Dr there is saying patient does not need to go to NPU, which goes against the long standing plan.	Upheld	<p>Point of contact to be identified from within the family for liaison with patient's key nurse</p> <p>Family members to be offered the opportunity to attend CPA meetings in accordance with CPA policy regarding the rights of families and carers</p> <p>CMHT to attend CPA meetings and to be invited to Ward Rounds monthly for updates.</p> <p>CMHT to take responsibility for liaison with NPU and facilitating admission when a bed becomes available.</p> <p>To confirm date of completion for Patients bathroom to improve living conditions.</p>	Care and Treatment
Reading	Community Respiratory Service	Minor	pt called service to enquire how to make contact with the stop smoking service and the person who called back became rude and derogatory toward the patient leaving them feeling quite horrified. Pt no longer feels able to contact the service. Pt is also very upset at comments that the person read out from their notes. pt hopes the call was recorded and wishes a full apology.	Not Upheld	<p>Service lead to ensure that all staff are reminded to upload referrals to Rio soon after the activity in line with record keeping requirements.</p> <p>To ensure all administrator staff have undertaken conflict resolution training for effective management of difficult telephone conversations.</p>	Attitude of Staff
Reading	Health Visiting	Moderate	Father is complaining about how things were handled by health visitor when she found bruising on his son. She informed them she would have to report to social services and made parents feel they had done something to unintentionally hurt the baby. Later discovered the bruising was mongolian blue spot. Father wants a full review of the HV's conduct.	Upheld	<p>All health visitors to carry a crib card with bruising protocol process plus telephone numbers for Safeguarding Named Nurses, Safeguarding Duty line, health visiting managers Royal Berkshire Hospital to ensure advice is sought before leaving the family home</p> <p>All health visitors to carry a What Happens Next leaflet to give to parents when bruising policy evoked</p> <p>All health visitors including those employed by NHSP to have attended or watch a recording of training given on 22/2/21 & 22/3/21 by consultant in Children's Specialist Services, regarding the presentation of Mongolian Blue Spots & Naevi</p> <p>Named Nurses Children's Safeguarding to discuss with practitioner how they will have the difficult conversation with the family when evoking bruising policy, no matter what the level of practitioner's experience.</p> <p>Training update on the bruising protocol to be given to all Berkshire Healthcare and NHSP staff</p> <p>Review of bruising protocol</p> <p>Safeguarding team to feedback to pan Berkshire safeguarding policies to consider whether social care only informed/involved if bruising considered to be abuse when examined by medical professional rather than before this examination. (Unless social care already involved).</p> <p>Include a section on compassion and how to have discussion with parent/carer</p>	Care and Treatment

Slough	Sexual Health	Minor	Unhappy with the attitude of the member of staff who kept questioning the pt's life choices.	Upheld	Clinician to explore opportunities the Trust can provide on motivational interviews Reflect on wording used during consultations	Attitude of Staff
Slough	Children's Occupational Therapy - CYPIT		OT f2f assessment, needed to rearrange due to COVID and was told no future appt available. It has now been 2yrs 3 mths since the referral. Family feels this is now an unacceptable time lapse.	Partially Upheld	closed as local res - appt given	Care and Treatment
West Berks	CAMHS - Specialist Community Teams	Moderate	Further concerns and questions raised from response. Family feel urgent action is required as they feel the pt has been left without care for a significant time ORIGINAL COMPLAINT Parents complaining regarding the care their daughter has received from CAMHS and A&E. They feel there has been a lack of age appropriate treatment from August 2020 to date and CAMHS contact has been minimal. They have asked for an urgent review, which we have asked the service to do	Partially Upheld	To ensure that there is a system in place for the suggestion of therapeutic input/support from external agencies, so that this may be shared with families at the relevant time in the care pathway	Care and Treatment
Wokingham	Rapid Response	Low	Complainant wishes an appropriate apology for the severe emotional impact inflicted on the family ORIGINAL COMPLAINT DECEASED PT: Complainant unhappy with a staff member's care and attitude	Partially Upheld	Team to receive additional training regarding safeguarding processes and informing patients/family members Team assessment form to now include section regarding social situation to ensure the team gather all information needed regarding a patient's care and any family involvement Team to be reminded to only contact patients/family members within team operation hours Team session to be carried out regarding trust expectations r.e. documentation writing and timescales to enter information onto RIO Internal processes to be followed in regards to team member that complainant raised concerns about	Attitude of Staff
Wokingham	Talking Therapies - PWP Team	Low	Pt wishes to know why they were only given help lines and on line forums by Talking Therapies when presenting with depression and expressing suicidal feelings. Why did Eating Disorders only offer group sessions when already known pt had mild Asperger's and would have difficulty engaging?	Not Upheld	Patient was given information and clear guidance on who to contact and how to get support.	Care and Treatment
West Berks	CMHT/Care Pathways	Low	Complainant feels there is no accountability from the Trust, no ownership of failings, no empathy and no clear indication of the way forward. ORIGINAL COMPLAINT:- Family unhappy with pt discharge and no communication with them before this happened. Family also unhappy in the lack of support for them as a family	Partially Upheld	Further emphasis on carer involvement during treatment and at the point of discharge will be discussed with CMHT Discharge audit to ensure carer involvement becomes embedded into practice Pt will be offered a further out-patient appointment to explore diagnosis. This will inform any further intervention needed by secondary mental health services, including psychological input as well as the need for medication.	Discharge Arrangements

Reading	Adult Acute Admissions - Daisy Ward	Moderate	Unhappy with response, believes Dr fabricated information and wants it taken off the records, also wanting disciplinary action on Dr's and nurses. ORIGINAL COMPLAINT Pt unhappy with reports written for tribunal hearing. Pt feels we have given their contact details to someone and they are demanding to be moved to a different address.	Partially Upheld	All staff to ensure that they are up to date with Information Governance and Mental Health Act training. Reading Borough Council to meet with pt and look at options re Nearest Relative displacement if appropriate Revisit information re access to Independent Mental Health Advocate Await outcome of formal complaint made to Catalyst Housing- Feedback to pt	Communication
Bracknell	Complaints		Pt feels an investigation, no matter how small needs to be conducted. ORIGINAL BELOW Documentation recorded on East CCG system by their PALS officers stating BHFT involvement with the pt which is factually incorrect	Not Upheld	no consent granted to discuss	Medical Records
Reading	PICU - Psychiatric Intensive Care - Sorrel Ward		pt states physically assaulted by a fellow pt, reported to police. Pt also says they were verbally abused by a night staff member a while ago and says nothing has come of it	Not Upheld	Complaint withdrawn	Abuse, Bullying, Physical, Sexual, Verbal
West Berks	Urgent Treatment Centre	Minor	Complainant attended UTC with young pt, staff refused to see them as no appt booked, eventually a Dr did see the pt but did not examine, advised UTI. Later family took pt basingstoke A&E to find there was an issue with the pt's bowl.	Upheld	Reflections • Receptionist • Nurse Practitioner • GP Nurse Practitioner To attend Compassionate Leadership course Nurse Practitioner To complete online modules "Spotting the sick child" https://spottingthesickchild.com/ Doctor Recommend online modules "Spotting the sick child" https://spottingthesickchild.com/ Doctor Offer a clinical one to one with GP Lead To distribute this complaint anonymously through the clinical governance newsletter, which is disseminated across all staff groups in Urgent Care. To discuss at individual team meetings for GP's and Practitioners, Nurses and HCA's	Attitude of Staff
Wokingham	Rapid Response	Minor	Complainant wishes an appropriate apology for the severe emotional impact inflicted on the family	Not Upheld	as learning identified in original complaint	Attitude of Staff

Wokingham	Health Visiting		Mother wishes the report written for child protection case to be amended, unhappy that HV made a Dr's appt without asking mother first, report states they just left services	Not Upheld	Complainant withdrew complaint	Communication
Reading	District Nursing	Low	Family unhappy with response ORIGINAL Family unhappy at the lack of care for the pt	Not Upheld	Meeting arranged with family	Care and Treatment
Reading	Adult Acute Admissions - Bluebell Ward		Pt unhappy with care and treatment from Bluebell Ward, dating back over time, also unhappy with care from Bracknell CMHT	Not Upheld	IO unable to speak with complainant. S17 leave was appropriate (on one occasion delayed due to a fire on site but reinstated shortly after). Not able to investigate/substantiate concerns relating to incidents on the ward as no evidence found.	Care and Treatment
Bracknell	Talking Therapies - Admin/Ops Team		pt states they did not miss an appt but did not have the right technology, feels there is a lack of support	Not Upheld	Local resolution	Care and Treatment
Wokingham	Talking Therapies - PWP Team		Pt unhappy with previous 2 response and has 2 further questions for clarity Pt wishes to know why they were only given help lines and on line forums by TT when presenting with depression & expressing suicidal feelings	Not Upheld	as providing clarity on previous responses	Care and Treatment
Reading	Adult Acute Admissions - Bluebell Ward	Minor	Complainant still unhappy with communication from the ward and wishes to understand what happened when the pt was attacked by another pt	Upheld	The ward have recruited more staffing enable the to provide consistent care and support of our patients, their families and carer Carer's contact letter will be sent to families /NOK of the patient at the point of admission with all the appropriate phone numbers for the ward. The second and the third family contact will take place 72hrs and one week after the admission by the ward to inform the carer about their loved ones progress and any treatment plan and to inform and invite them to carer's group. Introduction of Daily safety Huddle after the handover to identify any risks, incidents or safeguarding issues to put appropriate actions in place to mitigate any risk to patient or staff Introduction of MS Teams group for the ward to improve communication between the medical and nursing team	Communication
Reading	Crisis Resolution and Home Treatment Team (CRHTT)		phone kept ringing, ansafone said full, when they got through pt says they were made to feel it was all their fault, complainant feels there was no manners or human decency in the way they were treated and feels training needs to take place.	Partially Upheld	Patient was misadvised that CRHTT is a suicide hotline. There were telephone line issues which meant that some calls did not connect. Advice was appropriate and the patient acknowledged that they may have misinterpreted the staff they spoke with as they were unwell.	Attitude of Staff

Reading	Immunisation	Low	Pt vaccinated when fasting due to Ramadan, family unhappy as the pt requested for this not to be done despite consent from parents	Partially Upheld	<p>As soon as complaint received by IO, guidance circulated to BHFT School Immunisation Team to highlight that it was Ramadan, that pupils could be fasting and Team would need to be sensitive to this and be aware of potential issues around receiving a vaccination when fasting (eg: whether to eat/drink post-vaccine, etc). Any pupils raising concern to be advised to speak with their parents/carers for advice.</p> <p>The BHFT Immunisation Team have already acted to address some of the issues around ensuring parents are aware of planned vaccination dates.</p> <p>They have created a written SOP for the Lead Nurse for a school. This states that the Lead Nurse will ensure information regarding dates and other vaccine info will be circulated to the school.</p> <p>The Lead Nurse needs to inform the school that all this info should be circulated to the parents/carers of students eligible for vaccination.</p> <p>Dates for planned vaccination sessions will be sent to BHFT Digital Content Officer.</p> <p>These dates will be uploaded to the BHFT CYPF website</p> <p>Information on how to access these dates on the CYPF website will be included in the info pack sent to schools by the Lead Nurse.</p> <p>Schools advised to include this when they send information to parents</p>	Care and Treatment
Reading	Community Hospital Inpatient Service - Oakwood Ward		Complainant believes the pt's discharge was poor. pt wasn't aware what meds to take. CRT had not visited. Many Healthcare professionals visited expecting Husband to sort everything with his medical conditions. Pt eventually readmitted to RBH with severe infection and injuries from falls. Family complaining to multiple agencies was numerous questions	Not Upheld	No consent received	Discharge Arrangements
Reading	District Nursing	Minor	Member of staff approached a pts family member and starting to talk about the family members health conditions loudly in front of the pt's neighbours. Family and pt extremely unhappy about this public breach of confidentiality	Upheld	Now HR investigation	Confidentiality
Wokingham	Integrated Pain and Spinal Service - IPASS	Minor	Referral sent from GP, letter received to say not serious enough so on a wait list. Pt ended up having surgery and feels they were misdiagnosed which has added to the seriousness of the problem	Not Upheld	<p>No failings by us based on info received from GP</p> <p>We will discuss with the GP surgery to ensure they are aware to complete the referral form fully when sending for triage.</p> <p>We will remind clinicians to be aware patients may not have had a physical examination at time of referral.</p>	Care and Treatment
Windsor, Ascot and Maidenhead	East Berkshire Wheelchair Service	Low	Complainant unhappy that clinician was listening to the telephone conversation between parents of pt. Feels it was a breach of DP legislation, they feel the accusations of behaviour are false and has caused distress to the pt. Family wish no direct contact with service	Not Upheld		Support Needs (Including Equipment, Benefits, Social Care)
Reading	Adult Acute Admissions - Daisy Ward	Low	pt feels they are not being listened to by staff on the ward or at the MH Tribunal.	Partially Upheld		Communication
West Berks	Other	Low	Staff member was not wearing a clear mask and would not take off their mask so the carer could lip read	Partially Upheld	We acknowledge that it was difficult for carer as she could not lipread through the facemask, making her role as carer difficult.	Discrimination, Cultural Issues
Reading	CAMHS - Anxiety and Depression Pathway		Waiting 2 and half yrs, despite being moved up the list, still no time frame given	Not Upheld	Clinical wait time is appropriate and the young person has been reassessed accordingly.	Waiting Times for Treatment

Wokingham	District Nursing	Low	Family very unhappy with care from DN who is dealing with pt wounds. Family want a review of care by someone more senior	Partially Upheld	<p>Ensure regular band six review</p> <p>Ensure staff are correctly bandaging legs</p> <p>Ensure regular monitoring of pressure areas</p>	Care and Treatment
Reading	Adult Acute Admissions - Bluebell Ward	Low	Pt feels we did not take into consideration their physical health issues and medication when prescribing and that we denied physical health meds when the pt was in PPH	Not Upheld		Care and Treatment
Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Moderate	<p>Complainant unhappy about the final paragraph stating they swore to staff members</p> <p>ORIGINAL COMPLAINT BELOW:</p> <p>Pt unhappy with a diagnosis given to him which he only found out through his GP some months later. Disagrees with the letter received that he accepted this when he met with psychiatrist in January</p>	Not Upheld	The information documented about aggressive behaviour was appropriate.	Communication
West Berks	CAMHS - Specialist Community Teams	Minor	<p>Complainant unhappy with the minutes of the meeting the report was sent to as clinician said things complainant does not agree with</p> <p>ORIGINAL COMPLAINT</p> <p>Mother unhappy with a report which went to a Child Protection conference, believes the clinician needs to make sure the information is correct before writing.</p>	Partially Upheld	<p>Staff to be reminded to make every effort to share child protection reports with families, where possible.</p> <p>IO to speak to Dr regarding concerns.</p>	Communication

Performance Report to Council

September 2021

Chief Executive Highlights Report

Local

- The Secretary of State for Health and Social Care has announced that the geographic boundaries of the Frimley Health and Care Integrated Care System will not change despite having non-coterminous boundaries
- Veterans of the UK armed forces in Berkshire, Buckinghamshire and Oxfordshire can now access additional specialist support when they are in mental health crisis thanks to our new service. Our new High Intensity Service (HIS) is an extension of the Veterans Mental Health and Wellbeing Service, also known as 'Op COURAGE' which is already in place across England and, in our area, delivered by Berkshire Healthcare NHS Foundation Trust, working in partnership with Oxford Health and Solent NHS Trusts.
- Berkshire Healthcare wins a Health Service Journal Award for Autism and ADHD work. The project aims to improve mental health support for children and adults with Autism and Attention Deficit Hyperactivity Disorder in East Berkshire. The results of an independent review into ADHD and autism services led to a new model being used for our service, bringing about extra investment in neurodiversity services. There has also been renewed funding for support for parents, carers and children and young people for both before and after diagnosis, to ensure that our users have support throughout their healthcare journey. Co-production was a real strength of the project and it really helped focus the conversations, discussion and actions about what was most important to the people using the service. This meant that it wasn't about just understanding the issues together, it was also about planning the solutions together.
- New Wellbeing Matters website to support Berkshire health and social care staff - anyone working in a health and social care job across Berkshire can now get free support for their wellbeing and mental health, with the new Wellbeing Matters website. It offers staff free apps, self-help tips, wellbeing advice, financial support and advice on caring for their family. They can call the Wellbeing Line for a chat, request a call back, or get extra help with their wellbeing or mental health if they need it. They can even get help for their whole team, by requesting a wellbeing support hub meeting for them. The service is available to anyone who works in health or social care, no matter what their role or organisation, as long as they live or work in Berkshire. Since the hub was set up in 2020, the staff support service team who run it have already helped over 1,000 staff. With the new website and an outreach programme, they hope to offer support to many more.

The Trust has agreed a set of seven questions which alongside the three Friends and Family core questions will help us collect reliable, consistent and comparable information about how patient experience our services. The new questions are:

oWere you treated kindly?

oDid you feel safe?

oWere you listened to?

oWas the information you were given easy to understand?

oWere you involved as much as you wanted to be in your care or treatment?

oWas the place where you received your care and treatment suitable for your needs?

oWas the location clean?

•Patients will be asked to rate each aspect of their experience on a five-star scale, from 'Not at all' to 'Totally', depending on the service. While the survey has been designed for patients; parents, carers or advocates will also be able to complete the survey on their behalf. Demographic information will help identify general trends in the data, all responses are anonymous.

National

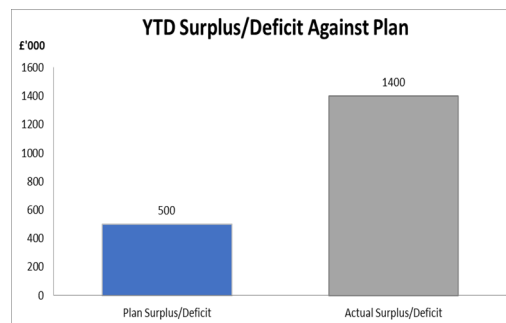
•Amanda Pritchard has been appointed as the new Chief Executive of NHS England and Improvement. Ms Pritchard was previously the Chief Operating Officer at NHS England and Improvement and prior to that she was the Chief Executive of Guy's and St Thomas' Hospital, London

•NHS Staff on NHS Agenda for Change contracts have been awarded a 3% pay award back dated to 1 April 2021

•From October 2021, new regulations require that all NHS Staff working in care homes will need to be fully vaccinated against COVID-19 unless they are exempt in order to protect residents and patients at most risk from the virus. A letter has gone to all managers and the 1,200 Berkshire Healthcare staff who will be affected by this new legislation to explain that we will be accessing their vaccine records. Individual conversations can then be held with any staff who need to be vaccinated to fulfil their role but who have not as yet taken up the offer.

Performance Report to Council of Governors – Performance April to June 2021

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



This surplus or deficit reflects the difference between the Year to Date Position

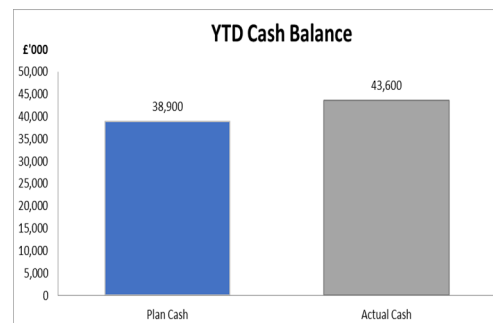
The plan reflects our agreed system contribution for the period. The Trust is ahead of plan with a year to date surplus of £1.4m, £0.9m ahead of plan.

Marginal costs attributable to COVID19 continue to be lower than anticipated and this is further adding to our performance which is better than plan.

Costs have not materialised as planned in relation to the Service Development and Spending Review Funding, which has resulted in income being deferred.

We are awaiting guidance from NHS England and Improvement regarding funding for the second half of the year, but in the meantime we are working with our partners in the ICS to develop a plan based on a reasonable set of assumptions. It is expected that there will be an efficiency target applied for the second half of the year.

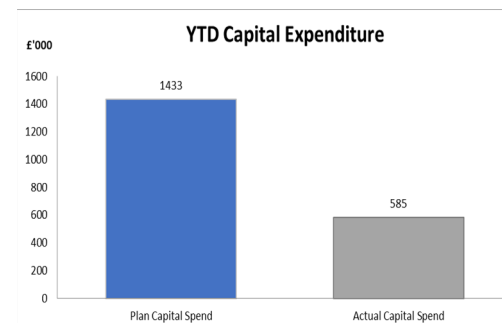
Latest Cash Position (£k's)



The cash surplus shown in the graph supports liquidity and capital Cash

Our cash balance at the end of July was £43.6m, £4.7m ahead of plan. It is expected that this strong position will be maintained through the first half of the year, given that we had planned for revenue breakeven and for capital expenditure to be in line with funding available.

YTD Capital (£k's)



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

Capital Spend

The YTD underspend against the planned capital programme is £0.8m, due to a number of factors including late agreement of the plan, the phasing of the plan and the availability of materials. It is expected that the position will recover with several key projects e.g. the new door locking mechanisms and the work on Willow House starting.

Performance Report to Council of Governors – Performance April to June 2021

Friends and Family Test

Indicator		Target
Recommendation Rate	87%	85%

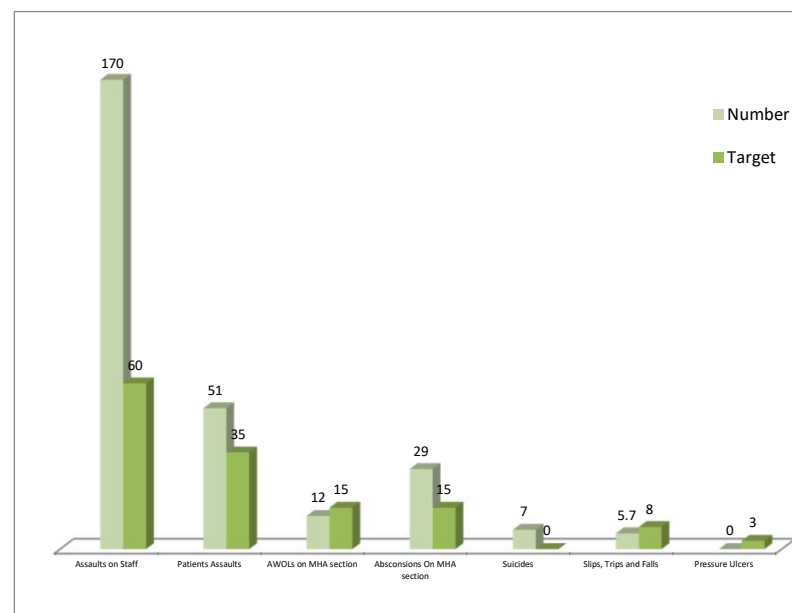
The response rate in Quarter 1 2021/22 was 5.66% against a target of 15%

Safer Staffing

Indicator	RAG Rating
Safe Staffing	

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

User Safety



The above chart is showing the June 2021 rolling quarter Actual Vs target. Please note that lower than the stated target means KPI has achieved its target. There has been an increase in assaults on staff, patient on patient assaults, awols and absconsions and suicides and a reduction in slips trips and falls and pressure ulcers.

Staff Turnover

<u>Target</u>	<u>Actual</u>
15.20%	14.9%

Agency Position

<u>Target</u>	<u>Actual</u>
< 6%	2.3%
No target during Q1 2020/21	

Sickness

<u>Target</u>	<u>Actual</u>
< 3.5%	3.58%

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

Appraisals

<u>Target</u>	<u>Completed %</u>
> 95%	90.70%

The target of 95% was achieved in Ju

Days Taken For Recruitment

Target		55
Days Taken		67

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

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

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

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

Risk Description	Mitigations
<p>Risk 1</p> <p>Due to national workforce shortage and increasing scarce supply, pressure driven by new funding to meet demand and service development, there is a risk of failure to recruit, retain and develop the right people in the right roles at the right time and at the right cost which could impact on our ability to meet our commitment to providing safe, compassionate, high quality care and a good patient experience for our service users.</p>	<ul style="list-style-type: none"> •The risk description has been widened to include the challenges around recruiting staff in order to meet match increased funding to meet demand •Prospect Park Hospital and Children and Young People's Services both have dedicated Human Resources support to support work to reduce vacancy levels. •A Rapid Improvement Event was held focused on reducing racial discrimination at Prospect Park Hospital from patients and other members of the public. •Apprenticeship model and funding support designed with 3rd sector partners, operating to support our community engagement and inequalities work.
<p>Risk 2</p> <p>Failure to achieve system defined target efficiency and cost base benchmarks lead to an impact on funding flows to the Trust, and underlying cost base exceeding funding. Risk is described in the context of system funding allocations (CCG, spec comm budgets etc) being allocated and controlled at ICS level, flowing to providers on a risk share and/or relative efficiency basis.</p>	<ul style="list-style-type: none"> •The Financial Plan includes significant increase in funding into Mental Health services to support services with the increase in demand being experienced. Service Development Funding and Spending Review funding expected in addition to annual Mental Health Standard.
<p>Risk 3</p> <p>There is a risk that the Integrated Care Systems may not deliver the transformational change required to meet the healthcare needs of the population because of the need to focus on the COVID-19 response which would impact the pace of the Trust's work to re-model the way services are delivered.</p>	<ul style="list-style-type: none"> •BHFT played an active role in the development of both BOB and Frimley ICS Operational Plans. •BHFT led the community health contribution on behalf of Frimley community providers •Multi-Disciplinary Team working with Primary Care Networks is progressing through the Ageing Well programme of work. •The operational planning focus on the 2-hour and 2-day urgent community response has given these standards increased priority in both systems.
<p>Risk 4</p> <p>There is a risk that other providers may acquire the Trust's adult and children's community services which would impact organisational sustainability and reduce the Trust's scope to develop new models of out of hospital care.</p>	<ul style="list-style-type: none"> •The NHS White Paper on Integrated Care contains positive messages on Provider Collaboratives representing a move away from the competitive tendering approach. •The Trust's Three-Year Strategy has been approved. A series of staff Road Shows have been arranged to share the strategy across the organisation.

<p>Risk 5</p> <ul style="list-style-type: none"> •There is a risk that the changes to Integrated Care Systems and the Commissioning landscape may destabilise the collaborative working relationships with key strategic partners that have been in place resulting in the Trust losing influence in key decisions leading to less effective services for local people •There is a risk that the development of Provider Collaboratives may divert management and clinical time and resources from front line service delivery. There is a risk that not participating in the development of the Provider Collaboratives will weaken the influence of the Trust in future decisions. 	<ul style="list-style-type: none"> •The Stakeholder Satisfaction Survey was repeated in the autumn. The Survey provided assurance that the Trust was well regarded as a partner by its stakeholders. •Locality and Regional Directors for East Berkshire have built a strong relationship with the East Commissioners and are members of the Mental Health Programme Board •The Regional Director West is now the responsible officer for Mental Health for the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System •The Trust is contributing to the mental health transformation programme of work in addition to the NHS Long Term Plan Mental Health priorities •For Berkshire West, the Thames Valley New Care Models (networks) for CAMHS Tier 4 and Forensics have received NHS England and Improvement approval to establish as Provider Collaboratives
<p>Risk 6</p> <ul style="list-style-type: none"> •There is a risk of a rise in demand for community and mental health services and a lack of available capacity will have a significant adverse impact on some services. •Services have been impacted by the pandemic which has led to an increase in the number of services with demand challenges and the need for response to unmet and increased activity. •The services with the greatest risk are Mental Health Inpatient, Community Nursing, Neurodiversity (ASD & ADHD) and Common Point of Entry currently. 	<ul style="list-style-type: none"> •The Trust has good engagement with the developing Primary Care Networks. •The QI team has been involved in multiple projects across the organisation at front line level, divisional level, trust wide level. The QI team has also been supporting large trust wide projects such as Organisational development, leadership, medication initiation in CYPF, Serious incidents approach plus the trust Breakthrough objectives such as self-harm, physical assaults against staff and falls. •Bed Pressures Team has been established and an action plan has been developed to reduce average length of stay at Prospect Park Hospital •The new Emotionally Unstable Personality Disorder Pathway is progressing and is now operational
<p>Risk 7</p> <p>Trust network and infrastructure at risk of malware attack which could compromise systems leading to unavailability of clinical systems, loss of data, ransom demands for data and mass disruption.</p>	<ul style="list-style-type: none"> •The Trust invited the Information Commissioners Office to conduct an external audit in April 2020. The Information Commissioners Office identified seven recommendations for improvement and these actions will be implemented over the next 12 months.

<p>Risk 8 A – COVID-19 and Planning for Potential Future Infection Surge</p> <ul style="list-style-type: none"> •There is a risk that the Trust may be unable to maintain the standards of safe and high-quality care for patients we aspire to as an organisation because of the challenges of responding to potential further waves of COVID-19. •There is a risk that there may be insufficient staff to provide safe care due to staff acquiring Covid 19 infection (asymptomatic and symptomatic) or having to self-isolate. •There is a risk that staff who have chosen to not have the Covid 19 vaccine could potentially transmit infection to patients and other staff in the trust. •There is a risk that lessons from previous Covid infection surges will not be fully learned and essential improvements may not be implemented as population infection rates reduce •There is a risk that patients have an adverse outcome resulting from unmet healthcare needs and waiting times as a result of Covid 19 surge pressure on services. 	<ul style="list-style-type: none"> •Weekly updates to staff through the Staff COVID-19 Recovery Briefings •Lateral Flow testing to identify asymptomatic COVID-19 staff is available to all frontline staff •All trust staff to have an updated risk assessment and discussion with manager about safe working and health and wellbeing. •Reduction in COVID-19 demand across the system and this we are seeing in our Community Health beds. •All services are up and running •All staff whether vaccinated or not must continue to adhere to all IPC measures put into place to mitigate transmission risk
<p>Risk 8 B – COVID-19 Recovery</p> <p>There is a risk that the Trust may be unable to maintain the standards of safe and high-quality care for patients we aspire to as an organisation because of the challenges of managing services during future waves of the COVID-19 pandemic where staff in medium and low priority services may have to be redeployed to support critical and high priority services.</p> <p>Routine face to face appointments have been replaced with remote consultations were appropriate. Urgent face to face and crisis appointments have continued throughout.</p> <p>The impact of COVID-19 on services and staff and their ability to remain resilient and at work needs to be a continued focus.</p>	<ul style="list-style-type: none"> •BHFT website is regularly updated with the latest service provision information and is also shared with Healthwatch •A demand modelling tool has been built and it currently being populated with community services activity data •Working well with system partners and having conversations of around recovery demand & capacity mapping in preparation for system recovery. •Reducing Health Inequalities action plan drafted & Quality Improvement workshop held

<u>KPI</u>	<u>Target</u>	<u>Actual</u>	<u>Definition</u>
7 day follow up	95%	95%	This is the percentage of Mental Health
DM01 Diagnostics Audiology - 6 weeks	99%	99.44%	This is the % of patients waiting 6 weeks or less for Audiology diagnostic tests.
A&E 4 Hour Waits	95%	99.04%	This is the percentage of patients waiting in the Trust's Minor Injury Unit to treat/discharge or transfer within 4 hours.
RTT Community: incomplete pathways	92%	100.00%	This is the percentage of patients waiting within 18 weeks for their first outpatient appointment in the Trust's Diabetes and Children's Community Paediatric teams.

Data Quality Maturity Index	95%	98.50%	This measures the Trust's completeness of Mental Health Services Data Set data in relation to the 29 fields including: - Ethnic Category, GMC Practice Code, NHS Number, Organisation Code, NHS Number, Organisation Code, Gender, and Postcode. This is the latest score.
Early Intervention in Psychosis New Cases - 2 week wait	56%	82.00%	This is the percentage of patients who present with first episode psychosis, who are assessed and accepted onto a caseload and receive a NICE Concordant package of care.
Out of Area Placements occupied bed days - East CCGs	266	307	The number of occupied bed days for acute and older adult from East CCGs who were sent out of area as there was no bed available within the Trust.
Out of Area Placements occupied bed days - West	276	549	The number of occupied bed days for acute and older adult patients, from West CCGs who were sent out of area as there was no bed available within the Trust.
Improving Access to Psychological Therapies - Assessment Treatment and Recovery	75% 95% 50%	95% 100% 54.33%	This measures the percentage of IAPT patients who were assessed within 6 weeks, started treatment within 18 weeks, and the percentage of those who have recovered.

Clostridium Difficile due to Lapse In Care - Year to Date	6	0	This measures the number of cases of Clostridium Difficile which were caused by a lapse in care in our inpatient services.
Cardio Metabolic CQUIN assessment and treatment for people with psychosis in the following settings:-			This CQUIN looks to improve health outcomes for those patients with psychosis by sampling a number of cases and calculating the percentage of clients who have received an assessment, and where
Inpatient settings	90%	42%	. smoking status
Early Intervention in Psychosis Services	90%	88%	. lifestyle (including exercise, diet, alcohol and drug use)
Community Mental Health Patients on CPA	65%	21%	. body mass index
			. blood pressure
			. glucose regulation (HbA1c or fasting glucose or random glucose, as appropriate)
			. blood lipids.
			This must be clearly recorded in the patients' records.
MRSA	0	0	This is the number of cases of the infection methicillin-resistant Staphylococcus aureus identified on our wards as occurring due to lapse in care.
Gram Negative Bacteraemia	0	0	This is the number of cases of infection Gram Negative Bacteraemia cases including, E coli, Pseudomonas and Klebsiella identified on our wards as occurring due to lapse in care. Whilst 6 cases have been reported, none have been identified as lapse in care.
MSSA	0	0	This is the number of cases of the infection Methicillin-sensitive Staphylococcus aureus identified on our wards as occurring due to lapse in care.

Council Paper

Meeting Date	22 September 2021
Title	Carers Strategy: Update on Implementation Plan
Purpose	Update the group on activities initiated since the appointment of the Carers Lead to implement the strategy.
Business Area	Operations
Author	Katie Humphrey Jayne Reynolds
Relevant Strategic Objectives	
CQC Registration/Patient Care Impacts	Not applicable.
Resource Impacts	Not applicable.
Legal Implications	Not applicable.
Equality and Diversity Implications	Not applicable.
SUMMARY	Outline the activities in development to implement and embed the carers strategy across the Trust.
ACTION	For information only.

Background:

The Carers Strategy was agreed and presented to Quality Assurance Committee (QAC) in August 2020. Work pressures associated with the Trust's response to the global pandemic have delayed the implementation of the Carers Strategy. A Carers Lead was appointed in May 2021 to drive the strategy forward with the support of the newly formed Friends, Family and Carers Steering Group (FFCSG). The report outlines activities which have commenced since May 2021.

Summary of Carers Strategy:



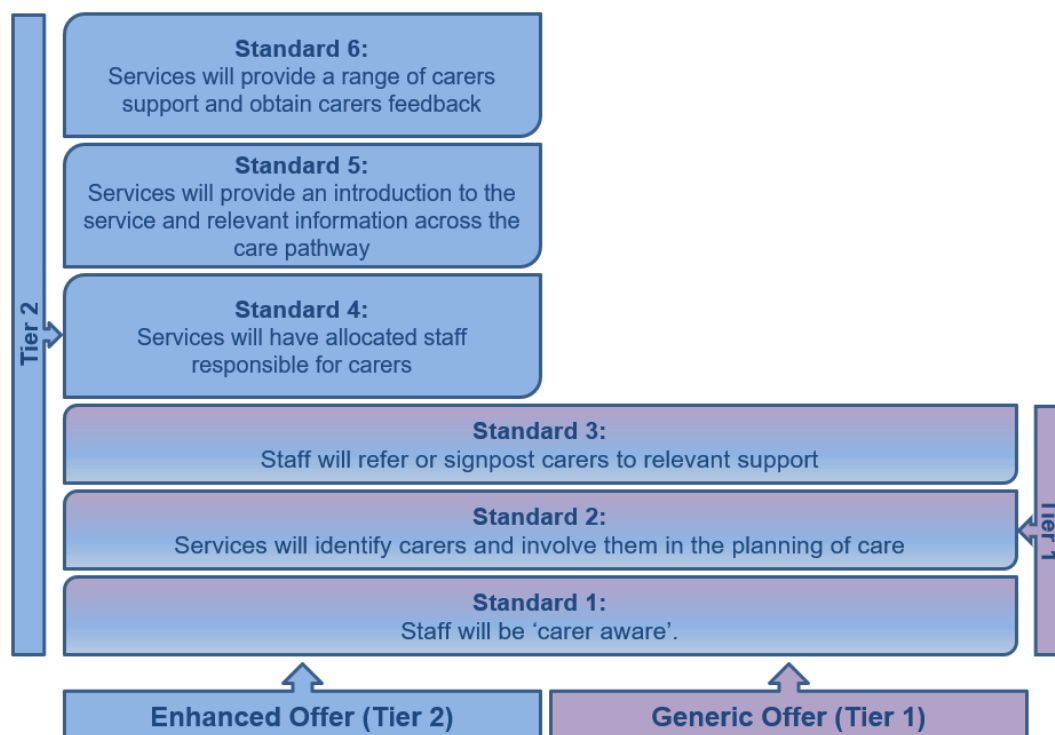
A carer is anyone, including children and adults, who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.

It is important to note that going forward we will be promoting our carers strategy under a banner of 'Friends, Family and Carers' as data suggests that many carers do not see themselves as carers. They are a husband, wife, mother, father, sibling or friend and for them the caring relationship is part of normal everyday life. We anticipate this change in emphasis will lead to increased engagement and will ensure friends, family and carers are able to access relevant, helpful information and support.

The carers strategy was based on the triangle of care (ToC), national guidance and best practice. It aligns and is consistent with NICE guidance and on-going workstreams within the six local authorities in Berkshire. The Carers Lead has developed on-going relationships with local authority colleagues and joined the membership of four Carers Strategy Groups (Slough; Wokingham; West Berkshire; Reading). Bracknell Forest and the Royal Borough of Windsor and Maidenhead are currently reviewing activities and recruiting to carers lead roles.

In recognition of the myriad of services across the Trust, all services will be expected to achieve the first three standards (generic offer) and identified services will be required to meet the remaining standards (enhanced offer).

Six Standards: Tier 1 and Tier 2



In preparation for services completing the self-assessment forms, workstreams have commenced to support services to achieve the standards.

91

	Key Priorities:	Link to Standard:	Timescale
4.	Review how carers are identified and recorded on RiO or similar electronic patient records: <ul style="list-style-type: none"> Establish a task and finish group to include staff representatives from services and digital teams. Review the current process of how carers are recorded on Rio to ensure that the process is clear and user friendly. Complete any subsequent amendments to Rio user guide/s 	2	August – February 2022
5.	Communication Resources: <ul style="list-style-type: none"> Review the “Guidance for information sharing with Carers” section of the Confidentiality Policy (ORG017) Develop user friendly resources for staff/patients/carers outlining confidentiality principles. 	2/5	August – October 2021

Impact of Covid on Carers:

Research by Carers UK¹ and data collected by the Office of National Statistics² confirms that the global pandemic has increased the challenges facing existing unpaid carers and a significant proportion of the population have also taken on carer responsibilities.

- There are an estimated 13.6 million unpaid carers in the UK today.
- 9.1 million were already caring. 4.5 million people have started providing unpaid care since the outbreak. i.e. nearly a 50% increase. Approx. 1:4 adults are providing unpaid care to a relative or friend.
- There are 2.8 million extra workers juggling work and unpaid care since the start of outbreak.
- 26% of all workers are juggling work and unpaid care – one in four workers.
- It is estimated 250,000 carers are working within in the NHS, many of whom are aged between 45-64 and so are likely to be among our most experienced and skilled staff (NHSE/I³)

Challenges highlighted by unpaid carers were:

- managing the stress and responsibility (71%)
- the negative impacts on their physical and mental health (70%)
- not being able to take time away from caring (66%)
- the impact caring has on other personal relationships (eg with family, friends, partners etc.) (63%)
- the negative impact it has on their ability to do paid work (55%) •
- not having anyone to talk to about the challenges of caring (50%)

¹ <https://www.carersuk.org/for-professionals/policy/policy-library/carers-week-2020-research-report>

² [Coronavirus and the impact on caring - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/coronavirusandtheimpactoncarers/2020-07-27)

³ <https://www.england.nhs.uk/supporting-our-nhs-people/how-to-guides/supporting-our-working-carers/>

Our Carers Strategy will be refreshed to consider this additional information and we will work towards new initiatives such as supporting our staff who are carers and engagement with carers from vulnerable communities. For example, we have been successful in our bid to NHS England/Improvement for Mind the Gap funding (£10,000) to develop resources to directly support carers and resources to raise awareness of professionals working with carers of veterans and the specific challenges faced by armed forces families. We will be conducting interviews and focus groups with carers and we will co-produce the outputs.

Initial Priorities for 2022:

It is anticipated that the initial priorities for 2022 will be as follows:

- Roll out the Self Assessment compliance process and develop a mechanism for reporting.
- Co-produce a Friends, Family and Carers Charter.
- Work with HR colleagues and the Purple Network to support our staff with caring responsibilities.
- Commence discussions to establish whether Carers can be included within future “I Want Great Care” workstreams.

However, the priorities may change based on the analysis of the baseline evaluation.

Update on Carers Strategy

Content of Presentation

1. **Impact of Covid 19 on Carers**
2. **Overview of Carers Strategy**
3. **Six Standards: Tier 1 and Tier 2**
4. **What has been achieved?**
5. **What is in development?**
6. **Summary: Carers Strategy Roadmap**
 - Year 1 April 2021 – March 2022

Impact of Covid 19 on Carers

New Research Suggests:

Up to

13.6 million

people could be providing unpaid care in the UK today

1 in 4 up from 1 in 6



There are an additional

4.5 million

unpaid carers in the UK since the coronavirus outbreak



New carers are more likely to be younger and working

62%

of new carers are also working

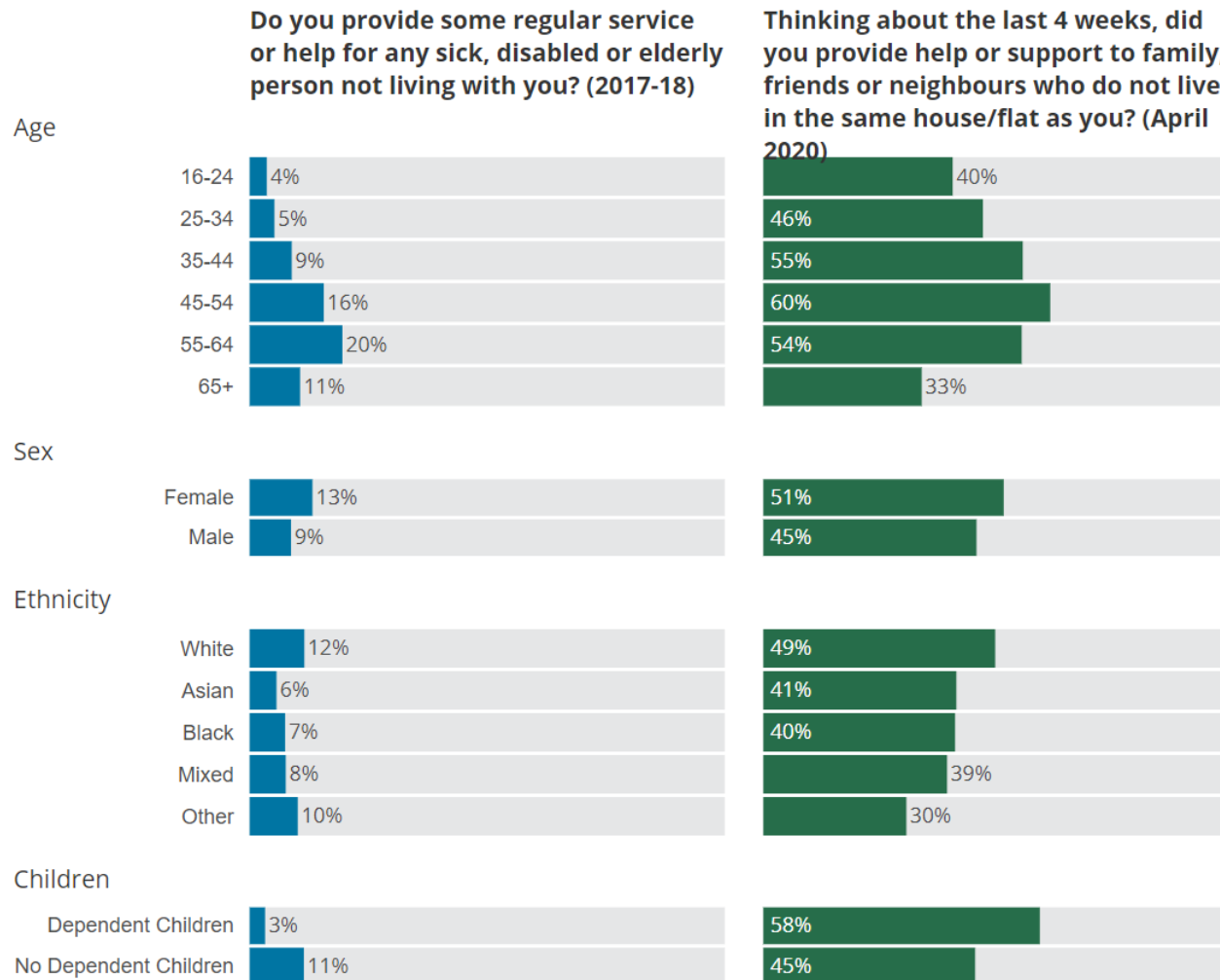


2.8 million

more workers are juggling work and unpaid care since the coronavirus outbreak



Impact of Covid 19 on Carers



Source:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/morepeoplehavebeenhelpingothersoutsidetheirhouseholdthroughthecoronaviruscovid19lockdown/2020-07-09>

Overview of Carers Strategy

Vision:

All Berkshire Healthcare services will have a defined carer offer, which is **informed, understood and valued by carers**.

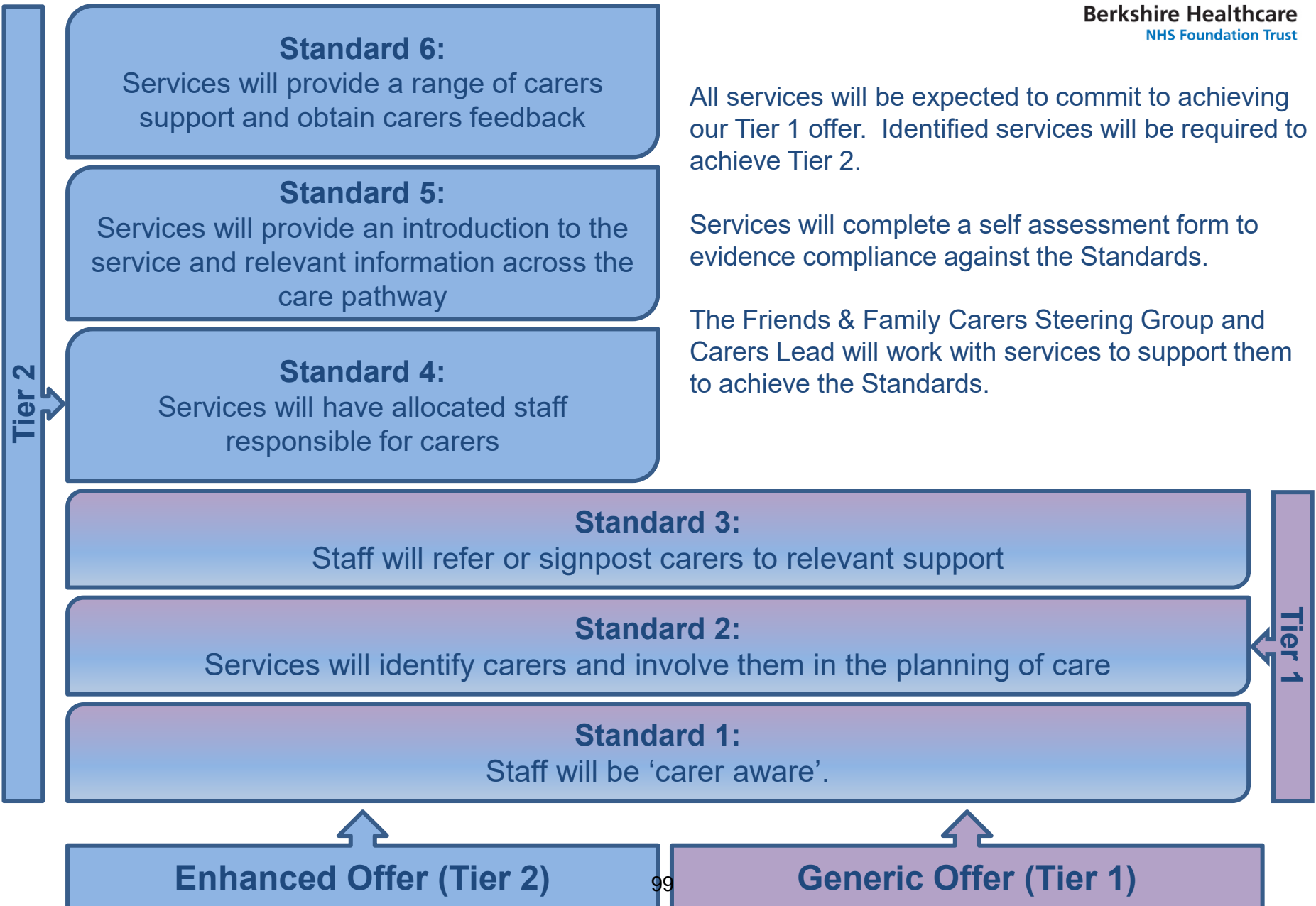
Services will regularly review their offer and provide evidence of their compliance through a process of **self assessment**.

Strategic Plan for Carers:

- Based on the **Triangle of Care (ToC)**, national guidance and **best practice**, our strategy identifies six standards for services to work towards.
- Aligns with the direction of travel set by **NHS England/Improvement (NHSE/I)** and the **six local authorities** in Berkshire.
- Principles are consistent with **NICE guidance**.



Six Standards: Tier 1 and Tier 2



What has been achieved?

- **Carers Lead** appointed.
 - Commenced in post May 2021.
- **Engagement with Integrated Care System (ICS) partners**
 - National Carers Manager (NHSE/I)
 - Frimley ICS Carers Lead
 - Royal Berkshire Carers Lead
 - Contact with six Local Authority (LA) representatives and invitations to LA Carers Strategy Groups.
 - On-going
- **Friends, Family & Carers Steering Group.**
 - Set up to support implementation of strategy.
 - Representation across divisions & services
 - Carer representation
 - Identify key priorities and initiatives.
 - Bi-monthly meetings. Inaugural meeting 27 July 2021.



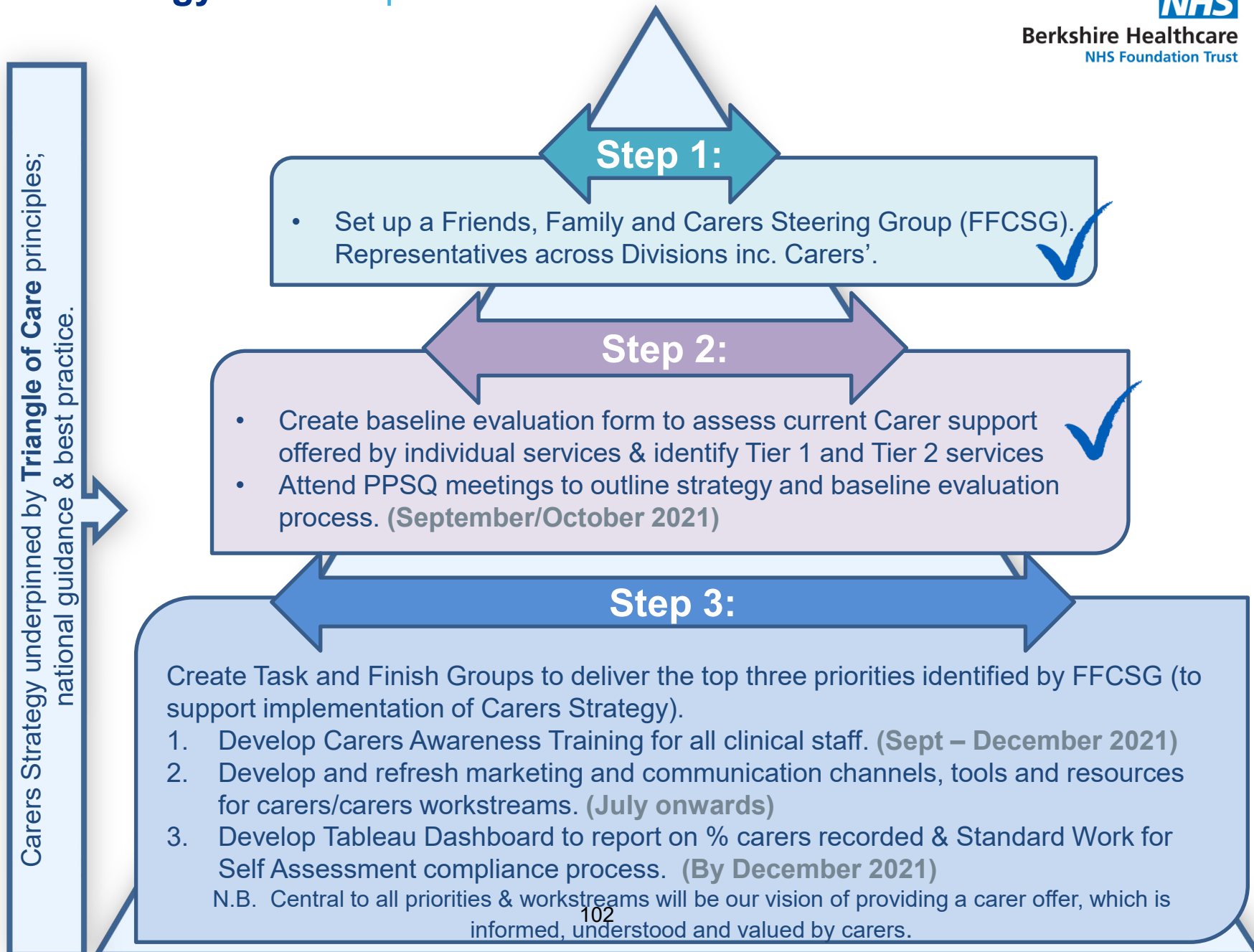
What has been achieved?



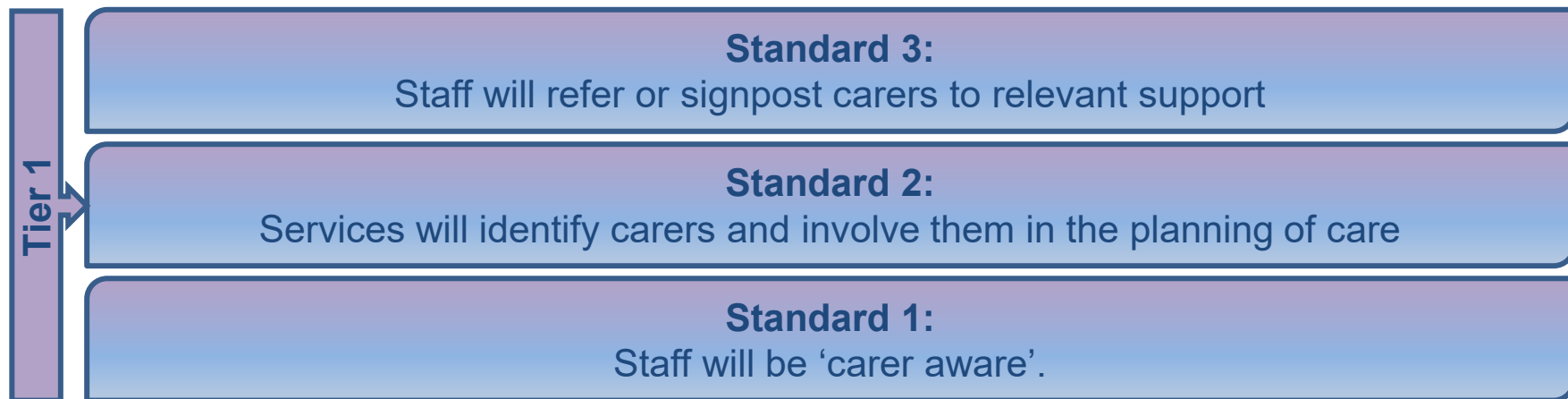
Implementation Plan:

- Identified **key priorities** and **initiatives** which must be implemented **prior** to self assessment process being rolled out.
- Task & Finish Groups** set up to drive progress.
- Action Plans** developed to track progress against each priority.

RAG (Progress)	No.	Goal (Outputs)	Action Plan Update	Priority	Status	Assigned To	Target Completion Date	Date Started	Completed on	Comments/Notes:
	1	Create Baseline Evaluation	Create Microsoft Form to identify current practice and obtain data to identify Tier 1 and Tier 2 services.	High	In Progress	Katie Humphrey	Yr 1 Q2 Jul-Sep	Jun-21		
	2	Create Carer Awareness Training	Create training (Basic/Intermediate/Advanced) for staff to access depending on Tier 1/Tier 2 status.	High	In Progress	FFCSG Task & Finish Group: Training (led by Nicola Anderson)	Yr 1 Q3 Oct-Dec	Jul-21		
	3	Review & Update Berkshire Healthcare's website & intranet (NEXUS)	Review and update content on NEXUS and website regarding carers; carers support and information to signpost to local authorities, charities and voluntary sector.	High	In Progress	Katie Humphrey (liaising with MarComms)	Yr 1 Q2 Jul-Sep	Jun-21		
	4	Engagement will be on-going								
		Tasks/Actions:	Priority	Status	Assigned To	Target Completion Date	Date Started	Completed on	Comments/Notes:	
	5									
	6	Create Carer Awareness Training: Create training (Basic/Intermediate/Advanced) for staff to access depending on Tier 1/Tier 2 status.	High	In Progress	FFCSG Task & Finish Group: Training (led by Nicola Anderson)	Yr 1 Q3	Jun-21			
	7	Identify representative from the Clinical Education Team to support with developing the training	High	Completed	Katie Humphrey		Jun-21	Jun-21	Nicola Anderson leading on training.	
	8	Contact T&OD to establish process for accrediting training as "mandatory" vs "essential"	High	Completed	Katie Humphrey		Jun-21		Spoke to Laura Bartlett. Joe Smart and Laura are reviewing process for how training is identified as mandatory vs essential. LB to speak to JS and contact KH once process agreed.	
		Collect and collate examples of existing in-house training re: carer awareness	High	In Progress	Katie Humphrey/ Nicola Anderson		Jun-21			
		Collect and collate examples of existing external training re: carer awareness	High	In Progress	Katie Humphrey/ Nicola Anderson		Jun-21			
		Establish a Task and Finish Group	High	In Progress	Katie Humphrey/ Nicola Anderson					
		Establish how e-learning is created within BHFT	High	In Progress	Katie Humphrey		Jul-21			
		Basic Carer Awareness Training	High	Not Started						
		Identify audience for basic training								
		Identify delivery method e.g. e-learning								
		Develop content of carer awareness training								



What is in development?



Carer Awareness Training



- Evaluation of current training
- Development of new training programmes:
 - E-learning for all staff
 - Bitesize training module (bolt onto other programmes as required e.g. Care Certificate)
 - Advanced training for dedicated carer roles

Link to Standard 1/2/3:

Marketing & Communications



- Refresh and update Carers website
- Refresh and update Nexus
- Review Confidentiality policy and develop guidance for carers and staff.
- Develop internal carer awareness activities/resources e.g. Newsletter or similar.

Link to Standard 1/2/3:

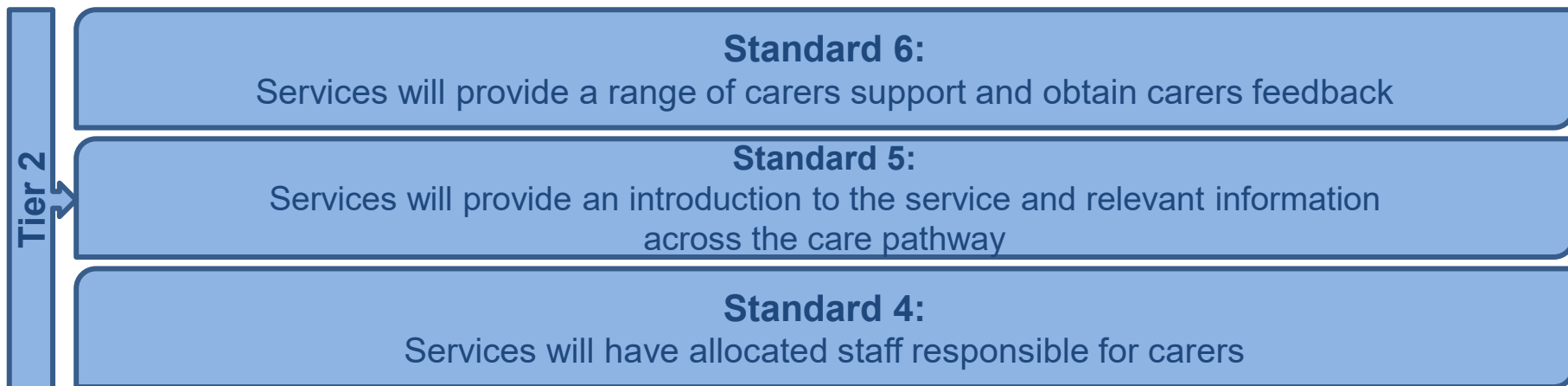
Recording & Reporting



- **Recording:**
 - Review the current process;
 - Use QMIS to seek feedback;
 - Update process and any associated documents as required.
- **Reporting:**
 - Create Tableau dashboard to review recording ✓
 - Carers Lead to report twice yearly to QPEG & QAC ✓

Link to Standard 2 & 3:

What is in development?



Marketing & Communications

- Baseline evaluation to identify services with Carer Leads/Champions or similar
- Develop bespoke communications and information for Friends, Family and Carers.
- Examples:
 - Newsletter for Carers
 - Notice Boards
 - Carer information packs

Link to Standard 4/5:

Support & Feedback

Carer Support:

- Baseline evaluation to identify current activity
- Roll out Self-Assessment forms to identify activities going forward.

Feedback:

- Carer representation on Steering Group
- Digitalised Friends, Family & Carer Test on website
- Work towards co-production/involvement

Link to Standard 6:

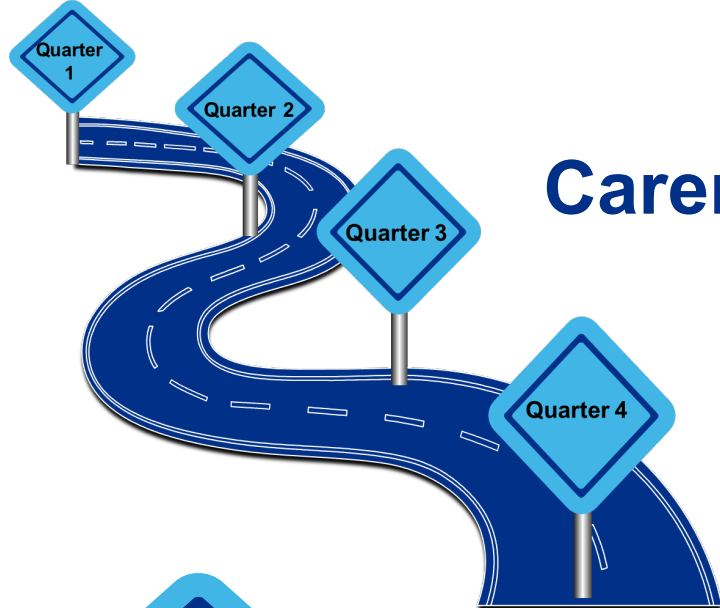
Service Redesign/Projects

- Based on Carer Feedback and Co-production consider bespoke service redesign such as:
 - Carer appointments – joint or individual
 - Use of technology and/or social media
 - Training for carers
- Access funding for bespoke projects.
- Working Carers within NHS

Link to Standard 6:

Carers Strategy Roadmap:

Year 1 (April 2021 – March 2022)



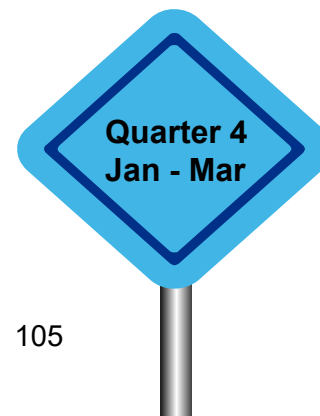
- **Carers Lead** Appointed (May 2021)
- Orientation into Post
- **Family, Friends & Carers Group** set up.



- **Baseline evaluation** created & circulated.
- **Introduce measures** to assist services to achieve Standards. E.g. update website/intranet; develop training; create library of resources etc.



- **Analyse** baseline evaluation data.
- Identify **Tier 1 and Tier 2** Services
- Launch **Carers Awareness Training**
- Deliver **Carers Workshops** to outline strategy and self assessment process



- Services to complete and submit **self assessment**
- **Review** of **self assessment forms and action plans**
- **Set priorities** for **Year 2** based on findings.

Thank you
for listening

Any questions?

Trust Board - Meeting Dates for 2022

Meeting	January	February	March	April	May	June	July	August	September	October	November	December
Discursive Trust Board	11		8			14				11		
Trust Board		8		12	10		12	9 (if required)	13		8	13
Audit Committee	19			20	18		20			26		
Finance, Information and Performance (FIP)	27		24	28			28			27		
Quality Assurance Committee (QAC)			1			7		30			29	

Council of Governors Dates 2022

Meeting	January	February	March	April	May	June	July	August	September	October	November	December
Formal Council Meeting			9			15			28			7
Trust Board / Council Meeting		02 (NED)			04 (Board)		20 (NED)				02 (Board)	