

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

TRUST BOARD MEETING

(conducted electronically via Microsoft Team)

10:00am on Tuesday 09 November 2021

AGENDA

No	Item	Presenter	Enc.
OPENING BUSINESS			
1.	Chairman's Welcome and Public Questions	Martin Earwicker, Chair	Verbal
2.	Apologies	Martin Earwicker, Chair	Verbal
3.	Declaration of Any Other Business	Martin Earwicker, Chair	Verbal
4.	Declarations of Interest i. Amendments to the Register ii. Agenda Items	Martin Earwicker, Chair	Verbal
5.1	Minutes of Meeting held on 14 September 2021	Martin Earwicker, Chair	Enc.
5.2	Action Log and Matters Arising	Martin Earwicker, Chair	Enc.
QUALITY			
6.0	Patient Story – Urgent Community Response	Heidi Ilsley, Deputy Director of Nursing/Emma Tomkins, Advanced Nurse Practitioner	Verbal
6.1	Patient Experience Report – Quarter 2	Heidi Ilsley, Deputy Director of Nursing	Enc.
6.2	Six Monthly Safe Staffing Report (<i>NB the Finance, Investment and Performance Committee reviews the monthly Safe Staffing Reports</i>)	Heidi Ilsley, Deputy Director of Nursing	Enc.
EXECUTIVE UPDATE			
7.0	Executive Report	Julian Emms, Chief Executive	Enc.
PERFORMANCE			
8.0	Month 06 2021/22 Finance Report	Paul Gray, Chief Financial Officer	Enc.
8.1	Month 06 2021/22 Performance Report	Paul Gray, Chief Financial Officer	Enc.
8.2	Finance, Investment and Performance Committee Meeting held on 28 October 2021	Naomi Coxwell, Chair, Finance, Investment and Performance Committee	Verbal
STRATEGY			
CORPORATE GOVERNANCE			

No	Item	Presenter	Enc.
9.0	Audit Committee Meeting held on 27 October 2021	Rajiv Gatha, Chair of the Audit Committee	Enc.
9.1	Council of Governors Update	Martin Earwicker, Trust Chair	Verbal
9.2	Appointment of a New Vice-Chair	Martin Earwicker, Trust Chair	Verbal
9.3	Trust Seal Report	Paul Gray, Chief Financial Officer	Enc.
Closing Business			
10.	Any Other Business	Martin Earwicker, Chair	Verbal
11.	Date of the Next Public Trust Board Meeting –14 December 2021	Martin Earwicker, Chair	Verbal
12.	CONFIDENTIAL ISSUES: To consider a resolution to exclude press and public from the remainder of the meeting, as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.	Martin Earwicker, Chair	Verbal



Unconfirmed minutes

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Minutes of a Board Meeting held in Public on Tuesday 14 September 2021

(Conducted via Microsoft Teams)

Present:

Martin Earwicker	Chair
Chris Fisher	Non-Executive Director
David Buckle	Non-Executive Director
Naomi Coxwell	Non-Executive Director
Mark Day	Non-Executive Director
Aileen Feeney	Non-Executive Director
Julian Emms	Chief Executive
Alex Gild	Chief Financial Officer
Debbie Fulton	Director of Nursing and Therapies
Dr Minoo Irani	Medical Director
Mehmuda Mian	Non-Executive Director
David Townsend	Chief Operating Officer
Paul Gray	Acting Chief Financial Officer

In attendance:

Julie Hill	Company Secretary
Jayne Reynolds	Regional Director (East)
Jane Nicholson	Director of People (<i>present from 11am</i>)
Nathalie Zacharias	Director of Equality, Diversity and Inclusion (<i>present from 11am</i>)

21/151	Welcome and Public Questions (agenda item 1)
	The Chair welcomed everyone to the meeting. There were no public questions.
21/152	Apologies (agenda item 2)
	There were no apologies
21/153	Declaration of Any Other Business (agenda item 3)
	There was no other business.

21/154	Declarations of Interest (agenda item 4)
	i. Amendments to Register – none
	ii. Agenda Items – none
21/155	Minutes of the previous meeting – 13 July 2021 (agenda item 5.1)
	The Minutes of the Trust Board meeting held in public on Tuesday 13 July 2021 were approved as a correct record.
21/156	Action Log and Matters Arising (agenda item 5.2)
	The schedule of actions had been circulated. The Trust Board: noted the action log.
21/157	Case Studies – Chris Resolution at Home Team (agenda item 6.0)
	<p>The Chair welcomed members of the Crisis Resolution Home Treatment Team (CRHTT): Nurissa Kayani, Kerean Peeters, Temba Murefu, Lucy Saunders, Tich Mubaira and Reuben Pearce</p> <p>The Director of Nursing and Therapies reported that members of the Crisis Resolution Home Treatment Team would be presenting two case studies. The first case study highlighted CRHTT’s work around crisis intervention and hospital admission, the second case study focused on crisis intervention and home treatment as an alternative to hospital admission.</p> <p>Reuben Pearce, Nurse Consultant, CRHTT reported that the service operated 24/7 every day of the year and also worked alongside the Police Street Triage Team. It was noted that the service acted as a “gatekeeper” to provide alternatives to hospital admission wherever possible for those people who were in the acute phase of a mental illness. The CRHTT also provided a service to facilitate the timely discharge from hospital back into community and supported patients at home once discharged from an inpatient setting.</p> <p>Case Study 1 – Crisis Intervention and Admission</p> <p>Nurissa Kayani and Kerean Peters, Duty Team presented the case study. The Case Study concerned a 27 year old woman with a diagnosis of Emotionally Unstable Personality Disorder, Autism Spectrum Disorder and Bipolar Disorder and who was known to the Community Mental Health Team.</p> <p>The woman telephoned the Crisis Duty Team in distress and said that she was feeling suicidal. The sound of an approaching train could be heard in the background. The woman reported that she was standing on the train tracks and said that she would not move. The woman dropped her phone and it was unclear whether or not she had been hit by the train. When the woman later picked up her phone it was clear that she was talking she was talking to the Train Driver. The Duty Team asked her to pass the phone to the train driver whilst another colleague arranged with the police that the woman would be taken to</p>

the next station where she would be met by the police and taken to a place of safety. The woman was then admitted to hospital.

During the telephone incident, the Crisis Team supported the patient in an empathetic and therapeutic manner. After the incident, the staff involved were debriefed and received support from colleagues and senior staff.

Tich Mubaira said that the case study highlighted the positive culture in the Crisis Resolution Home Treatment Team, which was mutually supportive, focused on sharing success and learning from incidents and was underpinned by Quality Improvement.

Case Study 2 – Crisis Intervention and Home Treatment

Temba Murefu and Lucy Saunders presented the case study which concerned a 43 year old woman who was referred to the Crisis Team via the Psychological Medicine Service. The woman was suicidal and was severely depressed. The Team diagnosed that the woman was also suffering from post-traumatic syndrome as the result of being sexually assaulted as a young child. The woman was seen by the Crisis Team for four weeks which included regular home visits, psychoeducation and emotional support including providing carer support to the woman's husband.

The Crisis Team also arranged for the woman to have a medication review and 12 one to one sessions with a Psychologist to help her develop coping strategies etc. It was noted that following her new medication, her psychotic features subsided and there was significant improvement in her mood and a reduction in her anxiety. The patient's positive feedback is included in the slides attached to the minutes.

The Chair thanked the Crisis Resolution Home Treatment Team for sharing two powerful case studies.

Chris Fisher, Non-Executive Director said that he had done two visits to the Crisis Resolution Home Treatment Team service and commented that the service provided a clinically sound and valuable service. Mr Fisher asked about the interface between the Crisis Resolution Home Treatment Team service and the Community Mental Health Team service.

Tich Mubaira reported that the Crisis Resolution Home Treatment Team had done a lot of work around improving the interfaces between other services and also worked closely with the third sector, for example, Drug and Alcohol services.

Mark Day, Non-Executive Director thanked the team for bringing alive their work through the two case studies and asked whether remote working had impacted on the team's ability to support each other.

Reuben Pearce explained that staff operating the Duty Crisis Telephone service had not worked remotely during the COVID-19 pandemic. Other staff who worked remotely were supported through daily status exchanges at the beginning and end of the day.

Aileen Feeney, Non-Executive Director asked about staff turnover.

Tich Mubaira explained that staff turnover was relatively high but pointed out that many staff left for other roles as part of their career development and progression.

	<p>The Chief Operating Officer thanked the Crisis Resolution Home Treatment Team for the vital role they played and for continually delivering great care.</p> <p>The Chief Executive echoed the Chief Operating Officer's comments and thanked the Team for presenting to the Board.</p> <p>On behalf of the Board, the Chair thanked Nurissa Kayani, Kerean Peeters, Temba Murefu, Lucy Saunders, Tich Mubaira and Reuben Pearce for attending the meeting and also thanked them for their work.</p>
<p>21/158</p>	<p>Patient Experience Report Quarter 1 (agenda item 6.1)</p>
	<p>The Director of Nursing and Therapies presented the paper and highlighted the following points:</p> <ul style="list-style-type: none"> • During quarter 1, 59 complaints were received: of these 2 related specifically to the COVID-19 pandemic. • Prospect Park Hospital saw a further increase in complaints (14 in total this quarter compared to 11 in Q4 2020/21); this would be monitored to ensure that there was not an increasing trend with any themes emerging. • CAMHS complaints were comparable to Q4 2020/21 with 5 this quarter compared to Q4 (6). In addition, there were 6 MP enquiries received this quarter in relation to CAMHS with 5 of these being in relation to wait times. • The services with the highest number formal complaints during the quarter were Prospect Park Hospital (11 in relation to acute wards and 3 PICU) and Community Hospital Inpatients (6). The complaints received were all specific to the patient's situation • Of the 55 complaints closed in the quarter, 64% were partially or fully upheld, this was comparable to all quarters in 2020/21 except Q3 • There were 1076 compliments recorded on our system. • Demographic data within the report now represented the % split of patient attendances during the previous quarter to provide better analysis of complaint numbers compared to patient population instead of local ONS data. • There were no complaint themes or trends of note in the quarter 1 patient experience data. However, there was an increase in wait times for CAMHS. • The Trust's new patient experience tool was progressing well and was on track for a soft launch in October 2021. <p>David Buckle, Non-Executive Director congratulated the Trust on continuing to achieve a 100% response rate within the timescale negotiated with the complainant.</p> <p>The Trust Board: Noted the report</p>
<p>21/159</p>	<p>Quality Assurance Committee (agenda item 6.2)</p>
	<p>The minutes of the Quality Assurance Committee meeting held on 24 August 2021 together with the quarterly Learning from Deaths Report and the quarterly Guardians of Safe Working Practices report had been circulated.</p>

	<p>David Buckle, Chair of the Quality Assurance Committee reported that in addition to the Committee’s standing items. the meeting had received an update on the implementation of the Trust’s Carers Strategy, an update on the national Patient Safety Strategy and the planned changes to the Care Quality Commission’s inspection regime.</p> <p>The Chair commented that it was positive that the Guardian of Safe Working Practices’ report had continued to highlight that there were no issues of concern in relation to the Trust’s junior doctors working over and above their contracted hours.</p> <p>The Chair asked about the implications for the Trust of the new role of Medical Examiner.</p> <p>Dr Buckle said that the new statutory role of Medical Examiner had been recommended by the Shipman Inquiry and was a welcome development.</p> <p>The Medical Director reported that the Royal Berkshire NHS Foundation Trust was the provider of the Medical Examiner for the Trust. The Medical Director said that the Trust was working closely with the Royal Berkshire to ensure that there were systems and processes in place to so that the system operated effectively.</p> <p>The Trust Board noted:</p> <ul style="list-style-type: none"> a) The minutes of the Quality Assurance Committee held on 24 August 2021. b) The Learning from Deaths Quarterly Report; and c) The Guardians of Safe Working Practice Quarterly Report.
<p>21/160</p>	<p>Executive Report (agenda item 7.0)</p>
	<p>The Executive Report had been circulated. The following issues were discussed further:</p> <p>a) Staff Flu Vaccination Programme</p> <p>The Chair asked whether the Trust’s Staff Flu Vaccination Programme was manageable.</p> <p>The Director of Nursing and Therapies confirmed that the Trust had a good plan in place and was waiting for the final national guidance about the staff COVID-19 booster programme.</p> <p>b) Compulsory COVID-19 Vaccination for Staff Working in Care Homes</p> <p>The Chair asked how the Trust was managing those staff who had declined to have a COVID-19 vaccination and who would be unable to work in Care Homes. The Director of Nursing and Therapies reported that the Trust was continuing to provide information and advice for staff who had concerns about the COVID-19 vaccination, including information from the Royal College of Obstetricians and Gynaecologists about the COVID-19 vaccination and pregnancy.</p> <p>Naomi Coxwell, Non-Executive Director asked whether those staff who declined the vaccination who worked in care homes would be redeployed elsewhere across the Trust.</p> <p>The Director of Nursing and Therapies confirmed that conversations were taking place with the 13 staff who worked in care homes and who had declined the COVID-19 vaccination about alternative roles across the Trust. The Director of Nursing and</p>

	<p>Therapies reported that the Government was currently consulting on proposals to make both the Flu and COVID-19 vaccinations compulsory for all NHS staff in clinical roles.</p> <p>c) Integrated Care Systems</p> <p>Chris Fisher, Non-Executive Director reminded the meeting that the Integrated Care Systems take up their statutory roles from April 2022. It was noted that the timetable was that the Integrated Care Systems' chairs would be appointed by the middle of October 2021 and the Chief Executives would be appointed by the end of November 2021.</p> <p>The Trust Board: noted the paper.</p>
21/161	<p>Month 04 2121-22 Finance Report (agenda item 8.0)</p>
	<p>The Acting Chief Financial Officer presented the paper and highlighted the following points:</p> <ul style="list-style-type: none"> • The Trust was reporting a surplus of £1.4m to the end of July 2021 which was £0.9m better than planned. • The financial plan for H1 (April–September 2021) showed that the Trust was planning for a breakeven position against which the financial forecast was currently a £0.9m surplus • Moving into Quarter 2, the financial plan assumed that Service Development and Spending Review Funding would be recognised, matching planned increases in expenditure. Further elective recovery fund monies was also planned covering increased marginal activity related costs as well as increased costs in IT and Estates. • Workforce growth was lower than planned. Costs had not materialised as planned, as was evident in the £1.8m underspend in month. This underspend had resulted in £0.7m of income being deferred and £0.4m of elective recovery fund monies continuing to be held by commissioners. • Marginal COVID-19 costs continued to be lower than anticipated and these were further adding to the Trust's better than planned financial performance • Planned capital expenditure year to date was £0.6m which was £0.8m behind the financial plan. • Cash balances remained strong at £42.7m. <p>The Chair asked whether it was likely that the Trust would be able to recruit more nurses over the next two years.</p> <p>The Chief Executive said that there was a risk that the Trust would continue to struggle to fill vacancies especially as other sectors, such as GPs were also trying to recruit to the new Mental Health Practitioner roles.</p> <p>The Director of People reported that the staff shortages across the Thames Valley area were acute and that in the short term it was unlikely that the Trust would be able to recruit to all the vacant posts. The Director of People reported that the Trust was hoping to recruit a small number of overseas nurses. It was noted that in the longer term, the Trust had increased the number of student placements and was considering expanding the number of apprentices.</p> <p>The Trust Board: noted the report.</p>

21/162	Month 02 2121-22 “True North” Performance Scorecard Report (agenda item 8.1)
	<p>The Month 04 “True North” Performance Scorecard had been circulated.</p> <p>The Acting Chief Financial Officer highlighted that self-harm incidents on mental health wards (excluding learning disabilities) was rated red as there had been 124 incidents against a target of 42. It was pointed out that 60% of the incidents related to three patients.</p> <p>The Acting Chief Financial Officer reported that there continued to be pressure on trying to reduce the average length of stay for mental health acute patients and reported that an improvement project was underway to try to reduce length of stay.</p> <p>The Chair referred to the Trust’s fire training performance which was 90.8% compared with the target of 95% compliance and asked whether the reason for not meeting the target was COVID-19 related.</p> <p>The Chief Operating Officer explained that currently staff who were on long term sick were included in the numbers and said that the Performance Team were reviewing the data to see if these staff could be omitted. The Chief Operating Officer also pointed out that 95% was a high target to meet and that the Trust was undertaking a deep dive review to determine whether a target of 95% was needed for non-ward areas. It was likely that a lower target of 90% compliance would be recommended which would bring this in line with other trusts.</p> <p>Mark Day, Non-Executive Director said that it was important that the Trust continued to focus on achieving fire training compliance for staff who worked on the inpatient wards.</p> <p>The Trust Board: noted the report.</p>
21/163	Finance, Investment and Performance Committee (agenda item 8.2)
	<p>Naomi Coxwell, Chair of the Finance, Investment and Performance Committee reported that the meeting held on 16 August 2021 had reviewed its terms of reference and had agreed that the Committee’s role in overseeing the Trust’s recruitment and retention work should be widened to include overseeing the implementation of the new People Strategy.</p> <p>Ms Coxwell reported that the Committee had discussed the Trust’s financial plan for the second half of the year and had noted that the Trust would be receiving some additional COVID-19 recovery funding and had noted that it was likely that there would be an efficiency target.</p> <p>The Director of Finance confirmed that the national planning guidance was expected to be published at the end of the week and that this would provide more detail about the efficiency expectation.</p> <p>Ms Coxwell reported that the Committee had discussed the progress made to implement the People Strategy and had discussed the ongoing activity to reduce staff turnover. The Committee had also received an update on the ongoing work to reduce bullying and harassment.</p>

	<p>The Chief Executive referred to the proposed change to the Committee’s Terms of Reference and asked whether the intention was that update reports on the People’s Strategy would be presented to the Committee rather than to the full Board.</p> <p>The Chair requested that updates on the Trust’s Equality, Diversity and Inclusion work should continue to be presented to the Board as this was around changing the culture of the Trust which was the preserve of the Board.</p> <p>Ms Coxwell agreed that the Trust’s Equality, Diversity and Inclusion work should report direct to the Board but said that it was helpful for the Committee to have a more in-depth reviews of the Trust’s People Strategy.</p> <p>The Director of People proposed that the Finance, Investment and Performance Committee would continue to receive quarterly updates on the People Strategy and that in addition, there would be six monthly updates presented to the Board.</p> <p style="text-align: center;">Action: Deputy Chief Executive/Director of People</p> <p>The Chair thanked Naomi Coxwell for her update.</p> <p>The Trust Board: ratified the minor change to the Finance, Investment and Performance Committee’s Terms of Reference.</p>
21/164	<p>Equality, Diversity and Inclusion Strategy Mid-Year Report (agenda item 9.1)</p>
	<p>The Deputy Chief Executive said that the Equality, Diversity and Inclusion Strategy Mid-Year Review Report also set the focus for the Workforce Disabled Equality Standard and Workforce Race Equality Standard Reports which were also on the agenda for this meeting.</p> <p>The Deputy Chief Executive reminded the meeting that the focus of the Equality, Diversity and Inclusion Strategy was around creating a culture of inclusion and belonging and eliminating differentials in experience. Progress against each of the five priorities for the workforce was set out in the report. The Deputy Chief Executive reported that there was evidence of “green shoots” in terms of progress.</p> <p>The Director of Equality, Diversity and Inclusion presented the paper and highlighted the following points:</p> <ul style="list-style-type: none"> • The Diversity Steering Group (DSG) continued to provide leadership, scrutiny and accountability to ensure all Equality, Diversity and Inclusion initiatives were in line with the Equality, Diversity and Inclusion (EDI) Strategy’s objectives. • Since the launch of the new strategy in February 2021, the Equality and Diversity work had continued to build momentum with some positive outcomes being achieved. This was in line with the objectives of our strategy, building a clear communication around eliminating differentials in experience and opportunity and making Berkshire Healthcare outstanding for everyone. • The Trust had communicated its priority to focus on Equality, Diversity and Inclusion, linking in with the People Strategy priorities in a series of roadshows over July and August. These were attended by nearly 500 staff. • There was now a dedicated Equality, Diversity and Inclusion team including a lead for workforce and a lead for patients with administrative support for the 3 staff networks. As of July 2021, this team also included the Organisational development leadership team as well as the personal safety and violence reduction team as

	<p>these strands of work were key priorities in our strategy, reporting to the Director of People.</p> <ul style="list-style-type: none"> • This alignment of the Equality, Diversity and Inclusion had enabled closer collaboration between Human Resources, Communications, Learning Development and the Organisational Development teams. • There had been a significant reduction in the number of disciplinary and grievances as part of the Trust's Just Culture work. • The focus of the Trust's Equality, Diversity and Inclusion work in terms of patients was focussed on ensuring patients had information in accessible formats. • The Trust would be making its submission to Stonewall in October 2021 and was aiming for a bronze rating <p>The Chair referred to page 162 of the agenda pack and asked for more information about the National Equality, Diversity and Inclusion team's six national key actions to overhaul recruitment and address issues with career progression (race disparity ratio).</p> <p>The Director of Equality, Diversity and Inclusion explained that at the moment the Trust was working as an individual provider organisation but said that when the Integrated Care Systems became legal entities, there would be some accountability for the Trust to deliver on the national Equality, Diversity and Inclusion action plan. At the moment the Trust reported progress through the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System but also linked into the Frimley Health and Care Integrated Care System.</p> <p>The Deputy Chief Executive said that it was important that the Trust continued to progress its Equality, Diversity and Inclusion Strategy whilst assuring the Region and about the focus of the Trust's work.</p> <p>The Chief Executive said that taken as a whole, the three Equality, Diversity and Inclusion papers on the agenda presented a cohesive approach to the Trust's equality, diversity and inclusion work and commented that he felt encouraged by the progress and said that the Trust had developed a strong programme of work and was committed to improving Equality, Diversity and Inclusion for both staff and patients.</p> <p>The Chair said that it was encouraging that there were signs of progress and it was clear that there was an energy around delivering the Equality, Diversity and Inclusion priorities. The Chair said that Equality, Diversity and Inclusion would remain a key focus for the Trust Board and invited the Director of Equality, Diversity and Inclusion to let him know if there was anything the Board could do to help.</p> <p>The Director of Equality, Diversity and Inclusion thanked the Board for their support and commitment.</p> <p>The Trust Board: noted the report.</p>
21/165	Workforce Disability Equality Standard Report (agenda item 9.2)
	<p>The Director of Equality, Diversity and Inclusion presented the paper and highlighted the following points:</p> <ul style="list-style-type: none"> • The Workforce Disability Equality Standard (WDES) was underpinned by ten metrics that covered the workforce profile, recruitment and capability processes,

	<p>experiences of disabled staff; board make up; and the opportunity for disabled staff to voice and air their concerns and to be heard.</p> <ul style="list-style-type: none"> • Berkshire Healthcare continued to make progress against previous years with notable improvements made in six out of the ten indicators of disability equality. • Our disabled staff however continued to have a poorer experience than their non-disabled colleagues in all areas. <p>The Trust Board: noted the report.</p>
21/166	Workforce Race Equality Standard Report (agenda item 9.3)
	<p>The Director of Equality, Diversity and Inclusion presented the paper and highlighted the following points:</p> <ul style="list-style-type: none"> • The Workforce Race Equality Standard (WRES) allowed NHS organisations to measure workplace inequalities through nine metrics that compared the working and career experiences of Black, Asian and Minority Ethnic (BAME) and White staff in the NHS. • Four of the nine WRES indicators focussed on workforce composition and people management; four were based on data from the national NHS Staff Survey (NSS) question;, and one indicator focussed on BAME representation at Board level. • Berkshire Healthcare continued to make progress against previous years with notable improvements made in four out of the nine indicators of race equality. • Our BAME staff however continued to have a poorer experience than their White colleagues in all areas. <p>The Director of Equality, Diversity and Inclusion pointed out that the percentages colour coded green indicated that performance had improved compared with the previous year and similarly, red indicated that performance had deteriorated compared with last year. It was noted that green did not indicate that the Trust considered this performance as necessarily satisfactory. This year's Board report also included the data from 2018-19 to make it easier to identify any deterioration/improvements in performance.</p> <p>The Director of Equality, Diversity and Inclusion confirmed that the actions to eliminate the gaps in performance were being taken forward as part of the Trust's Equality, Diversity and Inclusion Strategy</p> <p>The Trust Board: noted the report.</p>
21/167	Wellbeing Guardian Update Report (agenda item 9.4)
	<p>The Wellbeing Guardian Update Report had been circulated. The Deputy Chief Executive thanked Mark Day, Non-Executive Director for undertaking the role of Wellbeing Guardian.</p> <p>Mark Day said that he was honoured and pleased to take on the role of Wellbeing Guardian. Mr Day reported that he had also been invited to join NHS England and Improvement's Wellbeing Steering Group's monthly meetings. Mr Day reported that the national focus was around formal processes but pointed out that he was also interested in informal processes around changing the culture of the organisation to ensure that measures to support staff health and wellbeing were embedded rather than merely ticking boxes in order to comply with NHS England and Improvement's requirements.</p>

	<p>The Director of People also paid tribute to Mr Day for his work as the Trust’s Wellbeing Guardian and for his help and support. The Director of People commented that both the Trust’s Integrated Care Systems supported the work around staff health and wellbeing and pointed out that the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System had provided the money for a dedicated wellbeing lead at the Trust.</p> <p>Naomi Coxwell, Non-Executive Director asked about the current position in terms of staff wellbeing.</p> <p>The Director of People said that staff across the NHS were feeling fragile because of the twin pressures of responding to the COVID-19 pandemic together with the increased demand for services. Staff were feeling tired and in some areas, staff were working long hours. The Director of People reported that some staff opted to work additional shifts in order to earn more money but other staff were working long hours in order to cover workforce gaps.</p> <p>Mehmuda Mian, Non-Executive Director asked whether there was any learning about promoting staff health and wellbeing from other sectors.</p> <p>The Deputy Chief Executive reported that the Trust had connected with the Thames Valley Chamber of Commerce’s mental health and wellbeing lead to exchange knowledge and learning in staff wellbeing through their network of members.</p> <p>Ms Mian asked about the accessibility and effectiveness of the Trust’s staff health and wellbeing offer.</p> <p>The Deputy Chief Executive reported that for the first time, the national NHS Staff Survey would include a question about staff health and wellbeing and commented that this would provide the Trust with useful information. The Deputy Chief Executive said that anecdotal information suggested that staff were aware of the health and wellbeing offer which had been publicised at the All Staff Executive Briefings, but some staff may not have time to take up the offer.</p> <p>The Trust Board: noted the report.</p>
21/168	<p>Strategy Implementation Plan Report (agenda item 9.5)</p>
	<p>The Strategy Implementation Plan report had been circulated.</p> <p>The Deputy Chief Executive reported that the transfer of Estates and Facilities Management staff to NHS Property Services was a complex issue and was RAG rated Red because there was further work to be done with NHS Property Services in relation to the contact. The Deputy Chief Executive said that there would be an opportunity to discuss the issue in more detail in the In Committee meeting after the Public Board meeting.</p> <p>The Trust Board: noted the report.</p>

21/169	Audit Committee Meeting Held on 21 July 2021 (agenda item 10.0)
	<p>Chris Fisher, Chair of the Audit Committee reported that the Trust's new External Auditors, Ernst and Young had attended their first meeting and had been assured by the scope of the Committee's work and by the openness of the discussions.</p> <p>Mr Fisher reported that the Committee had undertaken its annual review of effectiveness and had agreed that the Committee's development sessions would be held when face to face meetings resumed.</p> <p>Mr Fisher reported that one Committee had reviewed the risks on the Board Assurance Committee and had noted that the workforce risk (risk 1) had highlighted the challenges around consultant cover at Prospect Park Hospital following three consultants transferring to other roles across the Trust and another consultant leaving to work closer to their home.</p> <p>The Medical Director gave an update to the Board and reported that being a consultant at Prospect Park Hospital was particularly challenging because of the large number of beds on each ward. The Medical Director reported that the Trust's strategy was to reduce the number of beds per consultant. It was noted that the Trust had managed to secure locum consultant cover over the period and therefore had been able to run the service safely.</p> <p>Mr Fisher reported that the meeting had also discussed Integrated Care Systems and had identified a need to ensure that when budgets were devolved to the Place level and to Provider Collaboratives, it was essential that there were robust internal controls and schemes of delegated authority in place to ensure the good stewardship of public money.</p> <p>Mr Fisher reported that the Committee was reviewing the process for single waiver tenders to ensure that there were appropriate processes in place to approve single waiver tenders of larger value.</p> <p>Mehmuda Mian, member of the Audit Committee reported that the meeting was Mr Fisher's last one as chair and reported that the Committee had acknowledged that Mr Fisher had been an outstanding committee chair and had thanked him for his work.</p> <p>The Chair thanked Chris Fisher for his update.</p> <p>The Trust Board: noted the minutes of the Audit Committee held on 21 July 2021.</p>
21/170	Schedule of Meetings 2022 (agenda item 10.1)
	<p>The Schedule of Board meetings for 2022 had been circulated.</p> <p>The Trust Board: noted the dates of the Board meetings for 2022.</p>
21/171	Council of Governors Update (agenda item 10.2)
	<p>The Chair reported that the Governors were keen to resume service visits (both in person and virtual) and said that the Company Secretary was liaising with the Director of Nursing and Therapies about the infection control procedures for in person service visits.</p>

	<p>The Chair reminded the meeting that the Trust’s virtual Annual General Meeting would be taking place on 22 September 2021</p> <p>The Chair reported that he had attended the Council of Governors’ Quality Assurance Group meeting earlier in the week and commented that he was pleased that some of the Trust’s new governors had also attended the meeting. It was noted that governor attendance at the virtual working group meetings was now much higher than in when the meetings had been held face to face.</p>
21/172	Any Other Business (agenda item 11)
	<p>Farewell Chris Fisher, Non-Executive Director</p> <p>The Chair reported that Chris Fisher, Non-Executive Director would be stepping down from the Board on 30 September 2021 after serving seven years. The Chair said that Mr Fisher had been an outstanding Non-Executive Director who always had his “finger on the pulse” and knew what to pick up on and how get to the bottom of issues.</p> <p>On behalf of the Board, the Chair thanked Mr Fisher for his contribution to the work of the Trust and wished him well for the future.</p> <p>Mr Fisher thanked the Chair for his warm words and said that it had been a privilege to work with such a competent group of people.</p>
21/173	Date of Next Public Meeting (agenda item 12)
	The next Public Trust Board meeting would take place on 09 November 2021.
21/174	CONFIDENTIAL ISSUES: (agenda item 13)
	The Board resolved to meet In Committee for the remainder of the business on the basis that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.

I certify that this is a true, accurate and complete set of the Minutes of the business conducted at the Trust Board meeting held on 14 September 2021.

Signed..... Date 09 November 2121

(Martin Earwicker, Chair)

Crisis Resolution and Home Treatment – Case Studies

Nurissa Kayani, Kerean Peeters, Lucy Saunders, Susan Jones, Tichaona Mubaira and Reuben Pearce



GDE
Digital solutions for
outstanding healthcare

14th September 2021

Introduction

- Brief intro to CRHTT
- Two cases to be presented
- Crisis intervention and admission
- Crisis intervention and home treatment
- Alternative to admission
- Gateway to hospital if required
- Share our experiences and some related SU feedback

- The Berkshire Healthcare NHS Foundation Trust (BHFT) CRHTT Service is a Berkshire wide 24/7 combined Crisis Response and Home treatment and Police Street Triage team.
- The key features of the service are that it acts as a *'gatekeeper'* to provide alternatives to hospital admission wherever possible, for those people in the acute phase of a mental illness.
- It also provides a service to facilitate timely discharges from hospitals back into the community, and support patients at home once discharged from an inpatient setting.
- It is a short term, intensive intervention service

The Crisis Duty Team

- Ability to empathise, be supportive and sensitive to the needs of others
- Therapeutic listening and effective communication
- Being able to cope with distressing circumstances
- Ability to cope in a pressurised environment
- Use initiative and apply practical problem solving skills in everyday situations
- Knowledge of medication
- Familiar with mental health disorders
- Reviewing and triaging risk
- Collaborating with outside agencies such as emergency services



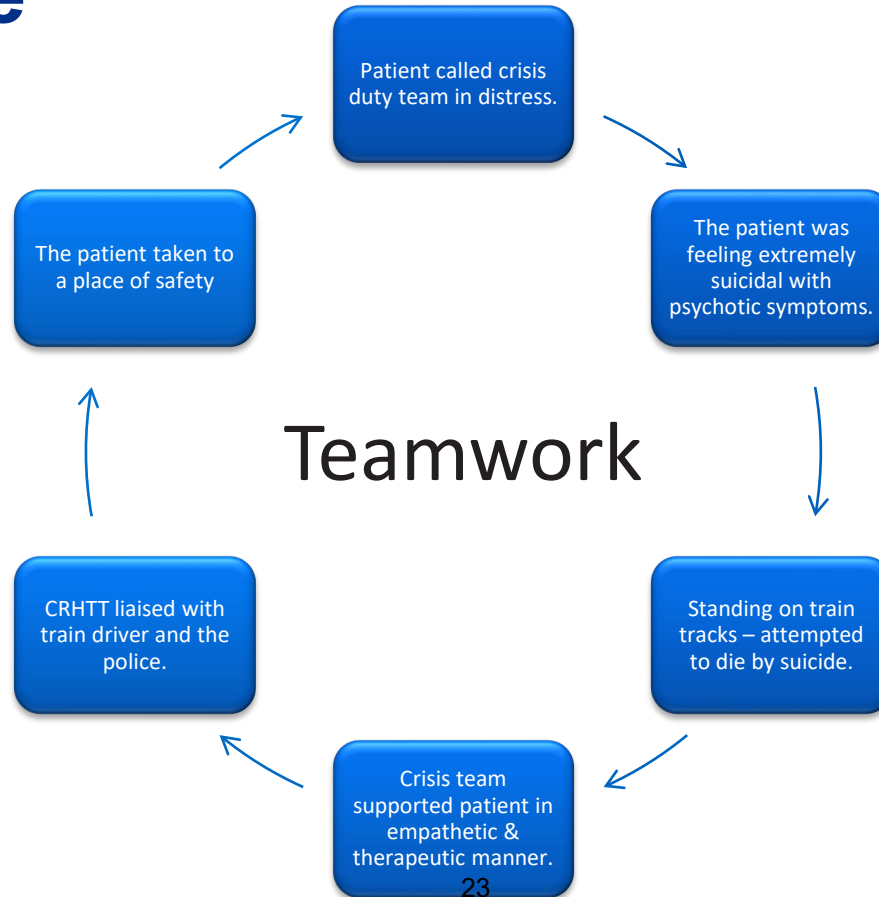
Duty Calls

- Age range between 18-75 (majority calls from 22-60)
- Suicidal
- Common – stressful life events, anxiety, depression, EUPD
- Carers/families/professionals/other agencies
- Many reasons
- Be prepared for anything

Case 1

- 27 years old female
- Open to CMHT
- Diagnosis: EUPD, ASD and Bipolar Disorder
- Episodes of emotional dysregulation
- Poor coping strategies
- History of self-harm
- Communication challenging for all parties - ASD

Event cycle



Reflections

Kerean:

- Sympathetic towards patient.
- Scared & worried that the patient would be going to get hurt.
- Emotional when the patient didn't respond.
- Insufficient that I hadn't been able to save the patient.
- Hurt & disappointed when she had lied to me.
- Upset that the patient had put me through the emotions making me think she had died. This was extremely distressing for me.



Nurissa:

- Empathetic towards to the patient.
- Worried that the patient would be harmed.
- Responsible for the patients life in that moment.
- Pressured to save this patients life.
- Supported by my co-workers.
- Exhausted after liaising with patient, train driver and police.

Teamwork

Tich:

- Culture
- Connection
- Communication
- Supervision – informal/formal
- Space groups
- Focus on learning
- Empowerment
- Psychological safety/wellbeing
- Role modelling
- Sharing success
- QI
- Pride



Case 2 – Crisis Intervention and Home Treatment (KR)



**Lucy Saunders
&
Sue Jones
(CRHTT Newbury)**

Outline of case

- 43 year old woman
- Referred to Crisis Team via PMS for suicidal ideation, Severe Depressive Episode with psychotic features; Underlying Cluster C traits; Complex Trauma
- Psychotic features in relation to previous incident while babysitting a 2 year old boy at age 13 years – had unrelated contact from family, and had disclosed incident for the first time to a Counsellor in January 2020 - feared Police would arrest her, intense fear and paranoia, concerns about losing her family
- KR became obsessive about this, with evidence of catastrophic thinking, and noted several physical sensations in relation to her heightened anxiety.
- Complex Trauma – sexually assaulted at 5 years old; prolonged exposure to multiple sexual activities in her childhood home; witnessing domestic violence from Mother's multiple partners as a child.
- Multiple trauma-related symptoms, including: avoidance; emotional numbing; hyperarousal; physical sensations; guilt; shame; social isolation.

CRHTT Interventions

- Seen by Crisis Team for 4 weeks
- Interventions included:
- Regular home visits
- Psychoeducation, emotional support
- Carer support and continued involvement of husband
- Risk and Safety Planning
- Medication review - introduced Olanzapine, short course of Lorazepam; Venlafaxine
- 12 subsequent 1:1 sessions with AP (Psychology HTT) between October 2020 to January 2021 - used a trauma informed approach – maintained progress; lots of work around coping strategies; childhood trauma; helpful resources
- KR's Mother ended her own life while she was engaging with 1:1 sessions with AP, support in relation to longstanding strained relationship with Mother and bereavement

Outcome

- Significant improvement following the introduction of Olanzapine, psychotic features subsided quickly.
- Significant improvement in mood and reduction in Anxiety
- KR reported developing a “new lease of life”, remains hopeful for her future and enjoying spending time with her husband and 2 daughters
- Discharged to CMHT for OPA follow-up – most recent OPA on 15th February 2021
- Has stopped taking Olanzapine, as per her goals at discharge from CRHTT
- Remains on Venlafaxine 75mg BD
- Established plan for Private Therapy funded through employer – likely Counselling/Depression-based CBT initially, then considering potential EMDR
- Ongoing utilisation of coping strategies, including: mindfulness; journaling; and meditation exercises.
- Scored 19 on admission and 36 on Discharge on the Recover Quality of Life Outcome Measure (ReQoL)

Patient Feedback

“KR became tearful when expressing her thanks to the team, explaining that she was very scared when she was referred that she would be imprisoned, sectioned, or have her children taken away. She said that everyone she has encountered had a positive impact on her ongoing progress and said that “there are no words” to express her gratitude. I thanked KR for her comments and we reflected on our sessions with positivity. We agreed that she can send author (LS) e-mail updates regarding her ongoing progress if she feels this may be helpful”.

Other examples..

“Dear Meena,

XXX rang and wanted me to let you know that he was walking to see the Edinburgh CRHTT who are based just 10 minutes from the address where he is staying in Edinburgh. He said he wanted to pass on his thanks to you for your professionalism, kindness and sheer determination as he is aware that you had quite some challenges to get his referral accepted. He said he was extremely grateful for your valuable help”.

“I reviewed patient yesterday and she gave a very good compliment for Alison. She reported that Alison was very good with her on the phone, she spent time listening to her and Alison did not try to advise her to splash her face with water or asking her to make a cup of tea which she finds very unhelpful. Avril may you kindly log the compliment”.

Other examples..

*“I am writing to thank you and your team for the wonderful support we received during this difficult time for my son *****. Over the past several days you have played a huge role by answering all my questions and continually offering much needed reassurance. Navigating the healthcare systems between PPH, the GP surgery and the Police has been extremely challenging due to the lack of information to assess *****’s current state. The crisis team has been the only constant providing open lines of communication, compassion and reassurance. Thank you for being a ray of hope for my family during the difficult time. I felt my concerns were heard and your dedication to patients was exemplary. Thank you for your kindness, dedication and perseverance. Thank you for always putting your patients first and going above and beyond no matter how gruelling your day has been. We thank you for providing an empathetic and compassionate ear when navigating this challenging time in seeking support. Thank you for standing alongside my family and for being so understanding and patient. Lastly, thank you for everything that you have done, and continue to do, to support us. It does not go unnoticed. We really do appreciate it. With much love and respect, *****”*

Other examples..

“The WAM HTT have received a lovely compliment from XXXXXX who thanks the team from the bottom of her heart for all the support she has received. She said she will be forever grateful for the support, and we will never know how much it meant to her”.

“To the AMAZING Crisis Team, This message is for all those who were involved in my care. I just want to say a big thank you to you all. You have all been amazing! Everyone involved, whether that was over the phone, dropping off prescriptions/medications or meeting me within my home. No words can explain how grateful I am for the brilliant care and compassion that I received. A big thank you to Dr Garg, Lincoln, Ruby, Angelie, (apologies I can't remember all names) who went the extra mile in understanding my pain and my journey. I struggled for 6 weeks not knowing such a team was available to help me. I now tell everyone that if they ever go through anything like I have or know someone who is going through what I have, they must call the Crisis Team. I will never forget such an amazing team, forever in my prayers. I still have a long journey of recovery ahead of me but I know that one day I will come out of this a stronger person 😊”.

Other examples..

“I received a call Tuesday evening from a gentleman MHP spoke to yesterday in triage. The client called just to say thank you as he found MHP to be so kind and reassuring and said he felt much better after this conversation. He became quite tearful actually when talking about how impressed he was with the support he received, Well done MHP!”

“Patient’s father would like to record the following as a compliment: “I normally associate NHS with disappointment but that this time, your service has come out with flying colours, you have been excellent and that we could not ask for anything more. You, Nursing Associate and the rest of your team have been excellent and we will be forever grateful”.

Thank you
questions...



BOARD OF DIRECTORS MEETING 09/11/21

Board Meeting Matters Arising Log – 2021 – Public Meetings

Key:

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

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
10.12.19	19/248	Vision Metrics	The Deputy Chief Executive to present options for linking True North and the Vision Metrics to the Finance, Investment and Performance Committee.	January 2022	AG	This development action is now with Paul Gray, Chief Financial Officer as the new executive lead for performance and vision metrics. Given the time elapsed due to the COVID-19 pandemic, it is proposed that the	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
						Finance, Investment and Performance Committee review requirements, linked to the action below regarding expansion of the Vision Metrics to take in system performance.	
12.05.20	20/067	Patient Experience Report	The Director of Nursing and Therapies to consider including more detail of the 15 Step Visit Reports as part of the Patient Experience Report.	February 2022	DF	15 Step Visits resumed during Quarter 2 and reporting on these will be included in the Quarter 3 report with more detail on visits included.	
13.04.21	21/044	Patient Story	The Quality Assurance Committee to review the Tissue Viability Service at a future meeting.	November 2021	DF	The Quality Assurance Committee Forward Planner has been updated to include a review of the Tissue Viability Service. The item will be on the March 2022 meeting.	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
11.05.21	21/085	Safe Staffing	Future reports to draw together and summarise the information from the different safe staffing tools.	November 2021	DF	Included in the Six-Monthly Safe Staffing Report on the agenda for the meeting.	
13.07.21	21/119	Freedom to Speak Up Guardian Report	The Freedom to Speak Up Guardian to include some anonymised examples of follow-up actions taken in response to issues raised via the Guardian in future reports.	December 2021	MC	To be included in the next update to the Committee.	
13.07.21	21/130	Vision Metrics	The Vision Metrics to be expanded to include System performance.	January 2022	PG	To be reviewed by the Finance, Investment and Performance Committee.	
14.09.21	21/163	FIP Committee Meeting	The Finance, Investment and Performance Committee would continue to receive quarterly updates on the People Strategy and that in addition, there would be six-monthly updates presented to the Board.	November 2021	AG/JN	The Board and FIP Committee meeting planners have been updated accordingly	

Board	9 th November 2021
Title	Patient Experience Report Quarter 2 (July– September 2021)
Purpose	The purpose of this report is to provide the Board with an overview of patient experience information and activity for Quarter 2
	For Noting
Business Area	Nursing & Governance
Author	Elizabeth Chapman, Head of Patient Experience
Relevant Strategic Objectives	True North goals of Harm free care, Supporting our staff and Good patient Experience
CQC Registration/Patient Care Impacts	Supports maintenance of CQC registration and supports maintaining good patient experience
Resource Impacts	N/A
Legal Implications	N/A
Equality and Diversity Implications	Set out in the report at section 5.
SUMMARY	<p>This report is for information and provides detail of patient experience data and feedback including complaints and compliments collected across the Trust during quarter 2 (July – September 2021).</p> <p>It is the view of the Director of Nursing that there are no new themes or trends identified from the patient experience data within the report. The total number of complaints are comparable with the previous quarter and there is also a similar percentage of closed complaints that are either partially or fully upheld with these generally being spread across services.</p> <p>CAMHS services are the only services where the number of complaints received for this quarter differs significantly from the number in any of the previous quarters over the last year, they were however spread across differing pathways. CAMHS services also generate the most MP enquires with these being predominantly about the ADHD pathway.</p> <p>Oakwood unit has generated the most complaints of any ward over the last quarter (5) although the reasons for the complaints vary, this is being explored further.</p> <p>The highest numbers of upheld/ partially upheld complaints relate to care and treatment (11) with these being very specific to the individual with no obvious themes emerging. The second highest number this quarter was in relation to attitude of staff (9), these were spread across services, are consistent with previous quarters and should be put into context with the number of interactions that will have taken place over the period; however, as part of the safety culture work being undertaken in the trust some more support for staff, particularly in managing difficult and challenging conversations is being explored.</p> <p>The number of complaints continues to be far outweighed by the number of compliments and positive feedback received into services.</p>

	<p>The PHSO continues to be challenged in its ability to catch up with and respond to complaints raised to them and as a result we have received a number this quarter where further information has been requested to assist in their decision making around progression to investigation.</p> <p>15- steps visits have restarted during Q2, reporting on these visits will be included in this report from Q3.</p> <p>The new patient experience tool will start to be introduced across the Trust at the beginning of December, training is currently in place for staff ahead of the rollout.</p>
ACTION REQUIRED	The Trust Board is asked to note the report.

Quarter Two – Patient Experience Report (July 2021 to September 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).

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 two 2021-22 there were 61 complaints received (including re-opened complaints). This is comparable with the same period for 2020-21 where there were 62.

There were 116,914 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	Q1	Higher or lower than previous quarter	Q2	Total for year	% of Total	
CMHT/Care Pathways	4	11	7	12	34	15.96	5	↑	8	13	10.83	
CAMHS - Child and Adolescent Mental Health Services	2	3	3	6	14	6.57	5	↑	10	15	12.50	
Crisis Resolution & Home Treatment Team (CRHTT)	4	2	3	4	13	6.10	5	↓	4	9	7.50	
Acute Inpatient Admissions – Prospect Park Hospital	7	4	1	9	21	9.86	11	↓	8	19	15.83	
Community Nursing	2	1	5	2	10	4.69	4	↑	5	9	7.50	
Community Hospital Inpatient	5	6	3	4	18	8.45	6	↑	8	14	11.67	
Common Point of Entry	1	1	3	1	6	2.82	0	↑	1	1	0.83	
Out of Hours GP Services	4	0	3	1	8	3.76	1	-	1	2	1.67	
PICU - Psychiatric Intensive Care Unit	2	0	0	2	4	1.88	3	↓	1	4	3.33	
Urgent Treatment Centre	1	0	1	0	2	0.94	1	-	1	2	1.67	
Older Adults Community Mental Health Team	1	1	1	2	5	2.35	0	-	0	0	0.00	
Other services in Q2	11	33	21	13	78	36.62	18	↓	14	32	26.67	
Grand Total	44	62	51	56	213		59		61	120		

The 'other services' complaints were split over 11 different services, and there is nothing of note to report as these services only saw numbers of one or two complaints.

3 of the 61 formal complaints received were about, or mentioned, Covid, these were:

- A patient is unhappy with various aspects of care during their admission, including going onto a Section 3 after being admitted informally and being isolated on the ward following a reported positive Covid test result.
- Family are unhappy with SI report and still have concerns around the fact their father contracted Covid and died.
- Parent with shared custody unhappy that nurse spoke to the child asking if they wish to have the COVID vaccine after the consent form had stated they are not to have it.

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

2.2 Adult mental health service complaints received in Quarter two

27 of the 61 (44%) complaints received during Quarter two were related to adult mental health service provision.

Table 2: Adult mental health service complaints

Service	Geographical Locality						Grand Total
	Bracknell	Reading	Slough	WAM	West Berks	Wokingham	
A Place of Safety		1					1
Adult Acute Admissions - Bluebell Ward		1					1
Adult Acute Admissions - Daisy Ward		3					3
Adult Acute Admissions - Rose Ward		2					2
Adult Acute Admissions - Snowdrop Ward		2					2
CMHT/Care Pathways			3	1	2	2	8
Common Point of Entry						1	1
Crisis Resolution and Home Treatment Team (CRHTT)	1	3					4
IMPACTT		1					1
Older adults inpatient service - Orchid Ward		1					1
Older adults inpatient service - Rowan Ward		1					1
PICU - Psychiatric Intensive Care - Sorrel Ward		1					1
Psychology Medicine Service		1					1
Grand Total	1	17	3	1	2	3	27

2.2.1 Number and type of complaints made about a CMHT

8 of the 61 complaints (13%) received during Quarter two related to the CMHT service provision, detail below. There were 10,313 reported attendances for CMHT and the ASSiST service during Quarter two, giving a complaint rate of 0.07%, compared to 0.10% in Quarter 4 and 0.04% in Quarter three.

There were no formal complaints for the Talking Therapies service in Quarter two.

Table 3: CMHT complaints

Main subject of complaint	Geographic Locality						Grand Total
	Bracknell	Reading	Slough	West Berks	WAM	Wokingham	
Attitude of staff			1		1		2
Care and Treatment			1	1		1	3
Communication				1			1
Medical Records						1	1
Medication	1						1
Grand Total	1	0	2	2	1	2	8

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

- A patient feeling they were being ignored
- A patient feeling a lack of involvement with their care
- A patient feeling they had received insufficient care over a period of years

2.2.2 Number and type of complaints made about CPE

There was one complaint received about CPE in quarter two out of 1,551 contacts. The one complaint was challenging a diagnosis.

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

During quarter two, 12 of the 61 complaints (20%) related to Adult Acute mental health inpatient services (including APOS). This is a decrease in the numbers received in Quarter one (24%).

There were 216 reported discharges from mental health inpatient wards (including Sorrel Ward) during quarter two giving a complaint rate of 5.5%.

Table 4: Mental Health Inpatient Complaints

Main subject of complaint	A Place of Safety	Bluebell Ward	Daisy Ward	Rose Ward	Snowdrop Ward	Orchid Ward	Rowan Ward	Sorrel Ward	Grand Total
Abuse, Bullying, Physical, Sexual, Verbal			1						1
Care and Treatment	1	1	2		1	1	1	1	8
Communication				1	1				2
Discharge				1					1
Grand Total	1	1	3	2	2	1	1	1	12

We have continued to see an increased number of complaints being referred through patients contacting the CQC helpline, with four of the 12 being received via the CQC. Eight of the 12 complaints related to

Care and Treatment, which is an increase compared to Quarter one, but there are no underlying trends, and each case was quite different to the next. For example:

- One patient was complaining about their detention
- One patient said they needed physiotherapy, which was not forthcoming
- A spouse wanted their wife to be moved to a hospital nearer their home
- Family felt the patient's cognitive function had deteriorated
- Patient unhappy with section 3
- Concerns regarding physical care needs not being met for one patient

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

In quarter two, 4 of the 61 complaints (6%) were attributed to CRHTT, a slight decrease from 5 in Quarter one.

There were 14,767 reported contacts for CRHTT during quarter two giving a complaint rate of 0.02%, compared to 0.03% 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		1					1
Care and Treatment	1	2					3
Grand Total	1	3					4

Three of the four complaints received were for the service based in Reading, but one of these was a re-opened complaint, where a detained patient was unhappy with their care and treatment.

2.3 Community Health Service Complaints received in Quarter two

During Quarter two, 20 of the 61 complaints (33%) 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	
Assessment and Rehabilitation Centre (ARC)				1		1
Community Hospital Inpatient Service - Donnington Ward			1			1
Community Hospital Inpatient Service - Henry Tudor Ward				1		1
Community Hospital Inpatient Service - Oakwood Ward	5					5
Community Hospital Inpatient Service - Windsor Ward					1	1
Diabetes				1		1
District Nursing	2			1	2	5
Other			1			1
Out of Hours GP Services	1					1
Rapid Response					2	2
Urgent Treatment Centre			1			1
Grand Total	8	0	3	4	5	20

2.3.1 Community Health Inpatient Ward Complaints

During Quarter two, 8 of the 61 complaints (13%) received related to inpatient wards. This is compared to 6 in Quarter one. Five of the complaints related to Oakwood Unit.

There were 615 reported discharges from community health inpatient wards during Quarter two giving a complaint rate of 1.3%, which is an increase from 1% received in Quarter one, 0.6% for Quarters four and three.

Table 7: Community Health Inpatient complaints

Main subject of complaint	Ward				Grand Total
	Donnington Ward	Henry Tudor Ward	Oakwood Unit	Windsor Ward	
Care and Treatment	1		4		5
Communication		1			1
Patient property and valuables			1	1	2
Medication	1	1	5	1	8

From the eight community health inpatient wards, complaints were received for four wards. The top theme was care and treatment.

Five of the eight complaints for Community Health Inpatients in Quarter two were for the Oakwood Unit, four being for care and treatment and one for property. The complaint regarding property was a re-opened complaint, which was first received in Quarter one. Further investigation work is being undertaken regarding themes on Oakwood Unit by the ward manager and Governance Lead.

2.3.2 Community Nursing Service Complaints

District Nursing received five complaints in quarter two, compared to six in quarter one. One complaint was about communication, where the family were unhappy regarding a letter they had received

regarding their aggressive behaviour towards staff. Three complaints were about care and treatment and one regarding attitude of staff.

There were 73,120 reported attendances for the Community Nursing Service during quarter two giving a complaint rate of 0.006%. 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	WAM	Wokingham	
Attitude of Staff			1	1
Care and Treatment	2	1		3
Communication			1	1
Grand Total	2	1	2	5

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

There was one complaint in Quarter two for WestCall, out of 17,431 reported attendances, giving a complaint rate of 0.006%, compared to 0.005% for Quarter one and 0.01% for Quarter four.

The one complaint in Quarter two was from a parent who was unhappy with the timing of the out of hours appointment, and that she had to wake the child to take them for the appointment.

There were no complaints for the Urgent Care Centre, which had 4,722 attendances.

2.4 Children, Young People and Family service Complaints

2.4.1 Physical Health services for children complaints

There was one complaint regarding the immunisation service.

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

Service	Geographical Locality	
	Bracknell	Grand Total
Immunisation	1	1
Grand Total	1	1

2.4.2 CAMHS complaints

During Quarter two, 11 of the 61 complaints (18%) were about CAMHS services, including the Adolescent Mental Health Inpatient Unit, which has now changed to a Hospital at Home model. There were 7,767 reported attendances for CAMHS during Quarter two giving a complaint rate of 0.14%, compared to 0.06% for Quarter one and 0.07% for Quarter 4.

Table 10: CAMHS Complaints

Service	Main subject of complaint					Grand Total
	Access to Services	Attitude of Staff	Care and treatment	Communication	Waiting Times	
Willow House			1			1
CAMHS - AAT		2			1	3
CAMHS - ADHD			1			1
CAMHS - Anxiety and Depression Pathway			1			1
CAMHS - Getting Help East				1		1
CAMHS - Specialist Community Teams	1	1	2			4
Grand Total	1	3	5	1	1	11

Care and Treatment continued to be the most common reason for the complaints within CAMHS, with five of the 11 falling into this category. Waiting times was the cause for the complaint received regarding the CAMHS AAT 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 two.

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 usually published a quarter behind, but it can be two quarters behind. Information for Quarters one and two for 2021/22 were only requested to be submitted in October 2021, so information for these quarters will be included in the Quarter 3 report. However, the table below shows the information for Mental Health Trusts, up to and including Quarter four 2020-21.

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

	2018-19				2019-20				2020-21			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
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 two there were 65 complaints closed.

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

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	Q1	Higher or lower than previous quarter	Q2	% of 21/22	
Not Upheld	9	25	19	18	71	36%	27	↑	36	52%	
Partially Upheld	13	34	20	28	95	48%	19	↓	18	31%	
Upheld	12	6	0	7	25	12.50%	9	↑	11	17%	
Disciplinary Action required	0	0	0	0	0	0	0	-	0	0	
Grand Total	34	65	39	53	191		55		65		

45% of complaints closed were either partly or fully upheld in the quarter, these were spread across several differing services. Of these, 9 were about staff attitude, 3 were in relation to communication and 12 related to care and treatment received. This equates to 27% for staff attitude, 10% for communication and 41% for care and treatment in Quarter two.

Table 13: Complaints upheld and partially upheld

Service	Main Subject of Complaint									Grand Total
	Abuse, Bullying, Physical, Sexual, Verbal	Access to Services	Attitude of Staff	Care and Treatment	Communication	Confidentiality	Discharge Arrangements	Patient Property	Medication	
Adult Acute Admissions - Bluebell Ward			1							1
Adult Acute Admissions - Daisy Ward				1	2					3
CAMHS -AAT			1							1
CAMHS - A&D Pathway				1						1
CAMHS - Getting Help East					1					1
CAMHS - Specialist Community Teams						1				1
CMHT/Care Pathways				2						2
Common Point of Entry				1						1
Community Hospital Inpatient Service - Ascot Ward							1			1
Community Hospital Inpatient Service - Henry Tudor Ward									1	1
Community Hospital Inpatient Service - Oakwood Ward				2						2
Community Hospital Inpatient Service - Windsor Ward								1		1
Crisis Resolution and Home Treatment Team (CRHTT)			2	3						5
District Nursing			1	1						2
IMPACTT			1							1
Older Adults Inpatient Service - Rowan Ward	1		1							2
Out of Hours GP Service			1							1
OICU - Psychiatric Intensive Care - Sorrel Ward			1							1
Psychology Service		1								1
Grand Total	1	1	9	11	3	1	1	1	1	29

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			
Q2	Q1	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
100	100	100	100	99	100	100	98	100	100

All complaints closed in Quarter two 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 July and 30 September 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 Q4 attendances
Asian/Asian British	6	9.84	9.67
Black/Black British	3	4.92	2.67
Mixed	2	3.28	3.49
Not stated	12	19.67	15.89
Other Ethnic Group	2	3.28	1.62
White	36	59.02	66.66
Grand Total	61		

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 two (there were 2 cases where gender was not stated).

Table 16: Gender

Gender	Number of patients	% complaints received	% breakdown of Q4 attendance
Female	40	65.57	53
Male	19	31.15	46.98
Not stated	2	3.28	0.009
Grand Total	61		

5.3 Age**Table 17: Age**

	Number of patients	% complaints received	% breakdown of Q4 attendance
0 to 4	1	1.64	18.41
5 to 9	4	6.56	4.14
15 to 19	8	13.11	4.52
20 to 24	1	1.64	2.87
25 to 29	5	8.20	3.14
30 to 34	2	3.28	3.56
35 to 39	2	3.28	3.58
40 to 44	4	6.56	3.52
45 to 49	4	6.56	3.73
50 to 54	3	4.92	4.32
55 to 59	1	1.64	4.46
60 to 64	2	3.28	4.63
65 to 69	1	1.64	4.53
70 to 74	5	8.20	5.56
75 to 79	4	6.56	6.16
80 to 84	1	1.64	6.55
85 +	8	13.11	11.98
Not known	5	8.20	0
Grand Total	61		

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 two, but we have received 9 enquiries where they have asked for further information. There are currently 2 cases that are open for investigation. The table below shows each case against the service.

Table 18: PHSO

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	Investigation Underway
Sep-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 to attempt local resolution
Nov-20	CMHT/Care Pathways	Open	PHSO have requested we attempt to reach resolution with mother of patient who has not been given consent to share information with
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
Apr-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
Jul-21	District Nursing	n/a	PHSO have requested information to aid their decision on whether they will investigate
Jul-21	Talking Therapies - Admin/Ops Team	n/a	PHSO have requested information to aid their decision on whether they will investigate
Aug-21	Health Visiting	n/a	PHSO have requested information to aid their decision on whether they will investigate
Aug-21	Podiatry	n/a	PHSO have requested information to aid their decision on whether they will investigate
Sep-21	Children's Speech and Language Therapy - CYPIT	n/a	PHSO have requested information to aid their decision on whether they will investigate

Sep-21	CMHT/Care Pathways	n/a	PHSO have requested information to aid their decision on whether they will investigate
Sep-21	Veterans TILS Service	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 four complaints received that were led by another organisation during Quarter two, led by NHSE, the CCG, the RBH and the Local Authority.

8. MP enquiries, locally resolved complaints and PALS

8.1 MP enquiries

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

Table 19: MP Enquiries

Service	Main theme of enquiry				Grand Total
	Access to Services	Care and Treatment	Communication	Waiting Times for Treatment	
CAMHS - ADHD		1	1	2	4
CAMHS - A&D Pathway		2			2
CAMHS - Specialist Community Teams		1		1	2
CMHT/Care Pathways		3			3
Crisis Resolution and Home Treatment Team	1				1
District Nursing	1				1
Older Adults Inpatient Service - Rowan Ward		1			1
Other			1		1
Grand total	2	8	2	3	15

There were 15 enquiries raised by constituents to their MPs in Quarter two. This compares to 17 in Quarter one and the increase we saw in Quarter one has followed through to Quarter two.

Eight of the MP enquiries related to care and treatment and three were regarding waiting times. The enquiries for waiting times were all related to CAMHS services. Overall eight of the enquiries were for CAMHS and three were for CMHT.

8.2 Local resolution complaints

Complaints can be raised directly with the service, where the service will discuss the options for complaint management with those raising the complaint to give them the opportunity to make an

informed decision as to whether they are looking to make a formal complaint or would prefer to work with the service to resolve the complaint locally, without involvement of the Complaints Office. These are called Local Resolutions and services log these so that we can see how services are doing at a local level.

Table 20: Concerns managed by services – Local Resolution complaints

Service	Number of concerns resolved locally
Children's Occupational Therapy - CYPIT	1
Children's Speech and Language Therapy - CYPIT	3
East Berkshire Wheelchair Service	1
Health Visiting	3
Intermediate Care	1
Learning Disability Service Inpatients - Campion Unit - Ward	1
Neuropsychology	1
PICU - Psychiatric Intensive Care - Sorrel Ward	1
Podiatry	4
Grand Total	16

There were 16 local resolution complaints logged in Quarter two, down from 35 in Quarter one. This decline in recording is being picked up and discussed in the regular Complaint Handling Training course delivered by the Complaints Office.

Care and Treatment was the most common theme for the local resolutions that were logged with seven relating to this subject. Two of the complaints logged related to communication. Seven related to CAMHS, three to mental health services and ten 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 which included:

- Catching the patient's skin when cutting their nails
- The concern that routine appointments were delayed due to staff absences and the impact on treatment
- A patient not being able to be seen in clinic as they arrived 30 minutes after their appointment time

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 25 informal complaints received in Quarter two compared to 32 in Quarter one.

Table 21: Informal complaints

Service	Main theme of concern									Grand Total
	Access to Services	Attitude of Staff	Care and Treatment	Communication	Discharge Arrangements	Medication	Patients Property and Valuables	Support Needs (Including Equipment, Benefits, Social Care)	Waiting Times for Treatment	
SUN		1								1
Adolescent Mental Health Inpatients - Willow House - Ward			1							1
Adult Acute Admissions - Daisy Ward				4						4
Adult Acute Admissions - Rose Ward			1							1
Assessment and Rehabilitation Centre (ARC)			1							1
CAMHS - ADHD								1		1
CAMHS - Common Point of Entry (Children)			1							1
CAMHS - Specialist Community Teams	1					1				2
Children's Speech and Language Therapy - CYPIT					1					1
CMHT/Care Pathways			1	1						2
Common Point of Entry								1		1
Community Hospital Inpatient Service - Henry Tudor Ward			1							1
Community Hospital Inpatient Service - Highclere Ward				1						1
Community Hospital Inpatient Service - Jubilee Ward				1						1
Community Team for People with Learning Disabilities (CTPLD)			1							1
Continence								1		1
District Nursing								1		1
Older Adults Inpatient Service - Orchid ward			1							1
Older Adults Inpatient Service - Rowan Ward							1			1
Psychological Medicine Service				1						1
Grand Total	1	1	8	8	1	1	1	2	2	25

8.4 NHS Choices

There were 3 postings on NHS Choices during Quarter 2; two were positive and one was negative. PALS responded to these with contact information and the offer of a further conversation about their experience. It was also sent on to the services for their attention.

Table 22: NHS Choices

Service	No of postings	Positive	Negative
WestCall OOH GP	2	Great response. Telephone call and follow up actions from this out of hours doctor was effective, pleasant and precise which the family found to be extremely reassuring - thanks so much	
		Great practice Dr was insightful, kind, calming and went above and beyond to ensure I got the care I needed. Was comforting when I explained that I didn't realise my symptoms were more severe than I'd previously thought. Honestly want to write a thank you card as was one of the most supportive doctor I've spoken to in a long time. Very grateful for the experience I've had.	
WAM CMHT	1		Feel let down and ignored Contradictory results, years to get an assessment, minutes to be reviewed, seemed no time was taken and just judged, and assumptions were made rather than time taken to understand.

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 continues to be available across all inpatient areas. PALS has held regular meetings with advocates, with those based at Prospect Park Hospital having returned.

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. The PALS Manager continues in the roles of Freedom to Speak Up champion and Armed Forces Service Network champion.

There were 342 PALS queries recorded during quarter 2. In addition, there were 288 non BHFT queries. Work is ongoing as part of the QMIS process in order to reduce this number.

The main reasons for contacting PALS were:

Access to services.

Communication issues

Information requests.

Care and treatment.

Some examples of the contacts are:

Access to services.

Access to Phlebotomy at WBCH. Routine appointments have been curtailed due to a lack of equipment. GPs are also signposting patients to PALS for information on making an appointment and patients experience problems booking online. Patients also sought information on eligibility criteria and referral pathways across a range of services.

Communication.

Relatives experiencing a lack of communication regarding discharge and care in general. Issues around consent have arisen. There has also been communication with external agencies who have expressed concerns about patients. These included Housing, TVP, GP and the general public. Patients sometimes require specific methods of communication, such as text and connection for video appointments.

Information requests.

Amongst the general information requests, there has been contact with TVP who requested information regarding patients who had been arrested and are in the Criminal Justice System. People have also sought information on Trust services, the complaints procedure and external support organisations. Information has also been sought on current vacancies within the Trust, and reference requests have been received on behalf of former employees.

Care and treatment.

Amongst the contacts with patients related to care and treatment, there was concern about the attitude of staff within clinical settings. Relatives have also expressed concern that their loved one is in the wrong clinical setting and their interests would be better served elsewhere. Inconsistent care has been pointed out with unpredictable visits in the community. Patients have felt unsupported and passed between

services. Discharge has been curtailed as a patient contracted MRSA and developed pressure sores. Concerns were also expressed about end-of-life care.

Of the 342 queries 8 were Covid related including some which expressed concerns about the roll out of the vaccine to children. These have been escalated within the organisation and to NHS England. 12 queries were escalated to the formal complaint process and 325 queries were responded to within 2 working days.

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 has been changed to *Overall, how was your experience of our service.*

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 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.

The way that the FFT is reported will change from January 2022, with the iWGC solution having been implemented. Services will have access to dashboards where they can view their responses and activity in real time.

The Trust will continue to monitor and report on the response rate and recommendation rate.

Table 23: FFT Response Rate

		Number of responses	Response Rate
2021-22	Q4		
	Q3		
	Q2	6124	6%
	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%

Table 24: Recommendation rate

	2020/21				2021/22			
	Q1	Q2	Q3	Q4	Q1	Q1 n	Q2	Q2 n
Community Mental Health Services	70%	90%	85%	89%	93%	3944	90%	4330
Mental Health Services	60%	85%	81%	83%	75%	1844	84%	1794
Trust Total	59%	90%	85%	89%	87%	5788	88.3%	6124

Table 25: Recommendation rate for inpatient wards

Ward	Ward type	2021/22				2020/21	
		Q2%	Q2 n	Q1%	Q1 n	Q4%	Q3%
Oakwood Ward	Community Inpatient Ward	100%	10	52%	11	100%	0%
Highclere Ward		100%	10	81%	7	0%	67%
Donnington Ward		88.88%	27	70.66	21	100	93%
Henry Tudor Ward		85%	32	100%	29	100%	93%
Windsor Ward		100%	11	95%	11	100%	100%
Ascot Ward		92.22%	130	100%	71	98%	50%
Jubilee Ward		Mental Health Inpatient Ward	100%	5	75%	6	0%
Bluebell Ward			0	67%	4	100%	100%
Daisy Ward			0	100%	6	85%	67%
Snowdrop Ward	94.73%		22	92%	21	0%	75%
Orchid Ward	100%		6	100%	5	0%	100%
Rose Ward			0	100%	6	0%	0%
Rowan Ward	0%		1	100%	5	0%	100%
Sorrel Ward							

Table 26: Carer FFT

	2020/21	2019/20	2018/19	2017/18
Q1	18	335	67	111
Q2	94	408	201	32
Q3		242	314	39
Q4		411	258	86

The Trust has appointed a designated Carer Lead who will be taking over the implementation, reporting and monitoring of the FFT from January 2022, 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 are currently developing 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.

Information and training sessions are currently underway, and the new software and collection programme is being launched on 1 December 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 as these were not carried out as part of the pandemic response.

The 15 Steps Programme has restarted during quarter two, reporting on these visits will be included in this report from Q3.

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 our communities.

12. Compliments

There were 986 compliments reported during Quarter two. The services with the highest number of recorded compliments are in the table below.

Table 27: Compliments

Service	Number of compliments
Talking Therapies - Admin/Ops Team	336
District Nursing	153
Community Based Neuro Rehab - CBNRT	59
Community Respiratory Service	47
Community Dietetics	38
Physiotherapy Musculoskeletal	35
CMHTOA/COAMHS - Older Adults Community Mental Health Team	27
Heart Function Service	25
Cardiac Rehab	21
Children's Speech and Language Therapy - CYPIT	20
Intermediate Care	16
Crisis Resolution and Home Treatment Team (CRHTT)	15
Community Hospital Inpatient Service - Oakwood Ward	14
Community Matron	13
Eating Disorders Service	13
Podiatry	11
Community Hospital Inpatient Service - Windsor Ward	10

Table 28: Examples of compliments received during Quarter two

<p>Children's Speech and Language</p> <p><i>As the term comes to an end, I just want to feedback how great your team has been in supporting my child. Thank you both for continuing to support my child, especially during a very unprecedented time for everyone but my child has progressed on some of those targets previously set, so all this great work you have done has been very beneficial for my child to develop in speech, especially in those sounds they were struggling with and they are becoming so more confident.</i></p>	<p>Physiotherapy</p> <p><i>The patient said it was the best physiotherapy appointment she has ever had, how good the clinician was and that she knows her stuff.</i></p>
<p>Diabetes</p> <p><i>Email received by the Dietitian from patient which read " Thank you very much for all your help and advice. My only regret is, that I did not talked to you earlier. I would be able to improve my HbA1c a long time ago. 😊"</i></p>	<p>Older Adults Mental Health Team</p> <p><i>'Thank you for Thursday, it for me was lovely to talk about the situation. For me I loved your genuine care and compassion for the role you under take. So personal thank you.</i></p>
<p>Community Dietetics</p> <p><i>Just a small note to say thank you for looking after our father during his last months. He spoke very highly of you all and felt extremely cared for by a team who I also personally am grateful to. Sadly everything happened so quickly but he fought until his last breath and whilst we will miss him, he is at peace. Kind Regards</i></p>	<p>Cardiac Rehabilitation</p> <p><i>Dear Cardiac Rehab Nurse, thank you so much for everything you've done for me over the last year or so. All the phone calls and kindness and caring attitude proves what a wonderful cardiac nurse you are. You're part of a fantastic team and we really appreciate everything you've done for me. You've gone over and above the norm and I can't thank you enough. Please keep in touch. With kind regards</i></p>
<p>District Nursing</p> <p><i>Dear Friends, I enclose a cheque in memory of (patient), who received such wonderful care from your team during his recent illness. It was much appreciated by all around him at a very sad and stressful time.</i></p>	<p>CMHT Care Pathways</p> <p><i>Dear Mental Health Care Co-ordinator thanks for the help given to me</i></p>
<p>CAMHS ADHD</p> <p><i>THANK YOU. A long overdue thank you. My daughter was helped, supported and encouraged by CAMHS Maidenhead. She has just completed a Masters and a Teaching Diploma and secured her first job as a University Lecturer. She has no intention of stopping learning and loves to inspire that in others. All thanks to you enabling her to reach for the stars</i></p>	<p>Bluebell Ward</p> <p><i>hi to all the staff on bluebell Ward we would like to say a big thank you to all the doctors, nurses and medical team for helping and looking after **** who when he arrived with you was very poorly, hes back home now and hes feeling alot better. we all appreciate the care you gave him which of course was harder with the coronavirus. thank you to Dr too and the receptionists helpful. thank you all again. take care</i></p>

<p>IMPACTT</p> <p><i>"...I am trying to articulate how much good you have done but words are failing me...."</i></p>
<p>CRHTT</p> <p><i>"..... You and your team has been a ray of sunshine in our stormy times..... May God bless you all and keep giving you strength to carry on supporting and working with families like ours."</i></p>
<p>CAMHS ADHD</p> <p><i>"[Clinician]was amazing with [client]. Always at the end of the phone and would call back if unavailable. She listened to my concerns and she went above and beyond. We have had a lot of professionals involved with [client] and [Clinician]was by far one of the best. She always had a listening ear, spoke to [client]when he was there and not about him, understood immediately when I explained behaviours, etc and did everything she could to help, reassure and understand the situation, both from a professional point of view for [client]and from a mother's point of view for me. We are very sad to be moving on from Berkshire CAMHS because of [clinician]alone! Thank you so much [clinician]–all of your help, support and genuine kindness has been so greatly appreciated over the years."</i></p>
<p>CAMHS Autism Assessment Team (AAT)</p> <p><i>"Thank you for all your help. Amazing people, great conversations and overall, absolutely amazing!"</i></p>

Table 29: Compliments, comparison by quarter

	2021/22				2021/22	2020/21				2020/21
	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	
Compliments	1076	986	-	-	2062	873	975	1,010	1,319	4,177

Liz Chapman
 Head of Service Engagement and Experience
 29th October 2021

Formal Complaints closed during Quarter two 2021/22

Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
Reading	Adult Acute Admissions - Snowdrop Ward	Low	Patient unhappy with behaviour of staff and lack of privacy/dignity. Meds have changed but pt concerned they should be injected with new dose legally and feels the CTO laws are not being followed . Pt also wishes to be discharged	Not Upheld		Care and Treatment
Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Low	Family tried to contact pt CPN to be told on A/L and to call a Dr, family angry with the response.	Not Upheld	local resolution	Attitude of Staff
Reading	Psychology Service	Moderate	Pt feels they have no support for their ASD following diagnosis. Pt feels the crux of the complaint is the lack of funding which they feel causes the long waits	Partially Upheld	To continue in our negotiation with fund holders for extra funding	Access to Services
Reading	PICU - Psychiatric Intensive Care - Sorrel Ward	Low	complainant appalled at the behaviour and treatment of staff on the ward toward patients	Partially Upheld	No evidence that staff laughed at the patient. Not all staff wore ID badges; a reminder has been sent to staff from the PPH Director to remind them of this.	Attitude of Staff
Slough	Community Paediatrics	Minor	Complainant wishes to know why the clinician involved dismissed the idea the pt had Joubert Syndrome despite other organisations writing on several occasions suggesting this should be looked into. family have just received a confirmed diagnosis	Not Upheld	Community Paediatric service - Anonymous case discussion and reflection on the initial concerns raised about possible Joubert's and the timeliness of the referral to neurology. Community Paediatric Service will consider whether other diagnostic tests are now available in view of medical and genetic advances for children and young people who have been on the Community Paediatric caseload for some time. This will enable Community Paediatricians to review cases where new investigations are available to give a more precise diagnosis.	Care and Treatment
Slough	CAMHS - Specialist Community Teams	Minor	Family contacted to clarify their address but letter and report of pt care was delivered to a different number in the same street. Complainant extremely upset.	Upheld	Where possible, all care plans will be taken out to patients' homes and hand delivered. If a care plan has to be posted, addresses will be manually written/typed from records and not copied and pasted and will be checked afterwards for accuracy.	Confidentiality
Reading	Community Hospital Inpatient Service - Oakwood Ward	Low	RO complaint - Family unhappy with response that they would like to take further Original complaint - Lost property	Not Upheld		Patients Property and Valuables
Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Minor	Care and treatment from CMHT / CRHTT / PMS	Partially Upheld		Care and Treatment
Reading	Out of Hours GP Services	Minor	Visit following a reaction to the covid jab. Dr said very concerning things relating to the Covid vaccine to the partner of the pt who was translating leaving the partner feeling distressed	Upheld	Discussion at Clinical Team Meetings Article in Clinical Governance Newsletter	Attitude of Staff

Reading	Community Hospital Inpatient Service - Oakwood Ward	Low	Family wish to know why the pt was sent to the RBH without the necessary clothing, medical equipment and support from their family as they were not informed. Pt contracted Covid on the ward and family do not understand why they were even sent there	Not Upheld		Care and Treatment
Reading	PICU - Psychiatric Intensive Care - Sorrel Ward	Low	Pt states they need a physiotherapist now and staff are doing nothing, their mattress is also smelly	Not Upheld	Not our complaint	Care and Treatment
Wokingham	Common Point of Entry	Minor	Pt diagnosed with EUPD in 2018, private diagnosis in 2021 said no EUPD - family trying to adopt a child and the diagnosis is a sticking point. need a 3rd opinion, unhappy with original Dr who diagnosed as they have refused to give a 3rd opinion	Partially Upheld	appointment offered	Care and Treatment
Reading	CMHT/Care Pathways	Low	family are concerned about the care and support the patient is receiving to prevent them being sectioned. They wish to know how they can be included in the patients support and would like to know the long term care plan	Not Upheld	No consent received	Care and Treatment
Reading	Adult Acute Admissions - Daisy Ward	Minor	Pt stated they were punched in the face by a member of staff whilst being restrained	Not Upheld		Abuse, Bullying, Physical, Sexual, Verbal
Reading	Community Hospital Inpatient Service - Oakwood Ward	Low	Deceased Pt: family feel poor communication on the ward meant they failed to recognise an acutely unwell pt in a rapid declining state, they state Dr's and nurses repeated ignored the family who raised concerns believing care was poor.	Partially Upheld	To improve communication within the team by: -Robust and timely documentation on RiO -precise hand over	Care and Treatment
Wokingham	CMHT/Care Pathways	Low	Pt has read their medical records, unhappy with contact from various organisations but feels they have not been listened to and nothing has been documented about her life and the impact situation have had on her.	Not Upheld	Not Upheld - patient advised that notes are accurate and they can add a statement to them if they would like to state that they disagree with the content.	Medical Records
West Berks	CMHT/Care Pathways	Low	pt believes staff member gave incorrect info resulting in them being sectioned	Not Upheld		Communication
Wokingham	Community Hospital Inpatient Service - Ascot Ward	Minor	Family stunned at the Discharge planning meeting and the processes in place around discharge from the ward	Upheld	Improve communications with patients and relatives – patient leaflet to be updated including information about discharge and transport taking property. Increase staff training on mental health issues Meet with staff to discuss terminology used when speaking with families, setting expectations	Discharge Arrangements
Reading	Older Adults Inpatient Service - Rowan Ward	Minor	Pt states they were physically abused on the ward by a staff member, believes staff stole from them, took their phone to prevent them from communicating	Partially Upheld	Learning from HR investigation will be shared with patient	Abuse, Bullying, Physical, Sexual, Verbal
Reading	Adult Acute Admissions - Daisy Ward	Low	pt concerned about the number of medication changes due to not agreeing with the pt. Pt concerned about their physiology and fluctuating weight and blood pressure	Not Upheld	Medication was appropriate and physical health checks took place regularly.	Medication
Bracknell	CAMHS - AAT	Minor	Waiting times for ASD assessment, family feel medication needed but GP can do anything without intervention from CAMHS first	Not Upheld	Local resolution	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	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. 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. 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. 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.	Communication
Bracknell	Complaints	Low	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
Windsor, Ascot and Maidenhead	Diabetes	Low	issues around funding for medical device for diabetes	Not Upheld		Support Needs (Including Equipment, Benefits, Social Care)
Reading	Adult Acute Admissions - Bluebell Ward	Minor	Unacceptable attitude of staff member belittling and bullying	Upheld	Both elements of the complaint have been fully upheld by the respective IOs. Evidence found of suggested bullying by staff member. PALS actions could have been better. Re-opened complaint not upheld as no further information can be disclosed.	Attitude of Staff
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	Point of contact to be identified from within the family for liaison with patient's key nurse Family members to be offered the opportunity to attend CPA meetings in accordance with CPA policy regarding the rights of families and carers CMHT to attend CPA meetings and to be invited to Ward Rounds monthly for updates. CMHT to take responsibility for liaison with NPU and facilitating admission when a bed becomes available. To confirm date of completion for Patients bathroom to improve living conditions.	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 nolonger 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	Service lead to ensure that all staff are reminded to upload referrals to Rio soon after the activity in line with record keeping requirements. To ensure all administrator staff have undertaken conflict resolution training for effective management of difficult telephone conversations.	Attitude of Staff
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
Reading	Adult Acute Admissions - Daisy Ward	Low	Family feel they have been met with a 'wall of silence' for some time with the patients care both prior to admission and during	Not Upheld	complainant withdrew	Care and Treatment
Reading	Older Adults Inpatient Service - Rowan Ward	Minor	Family feel the pt's safety is jepordised as they have been admitted to a MH ward that has Covid. No one contacted the family to advise where pt was or that she had no clothes or toiletries	Partially Upheld		Care and Treatment

Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Low	Solicitor states BHFT previously agreed to a 2nd opinion would be sought for the pt with regards to their care plan. Pt has chased repeatedly and is now in crisis with physical health issues in hospital	Partially Upheld	2nd opinion report since sent to sols	Care and Treatment
Wokingham	District Nursing	Minor	Family unhappy with the attitude of the Nurse who visited the home and damaged property in the driveway	Upheld	<p>All staff will be encouraged and reminded about the need to have the correct level of insurance cover (Business cover) on vehicles used for work purposes/to visit patients.</p> <p>Support and education around communication to be provided for staff member upon return to work as currently on sick leave.</p> <p>Incident to be shared with locality at upcoming Community Nurse meeting to disseminate any learning and create awareness around protocol when involved in a RTA.</p> <p>Team Lead to use the trusts quality management and improvement service (QMIS) to investigate/instigate local policy specifically covering working in the community and patients property.</p> <p>Further investigation to be conducted into the staff member's professional conduct in accordance with HR and performance management procedures.</p>	Attitude of Staff
Reading	IMPACTT	Minor	SUN group meeting told no babies present but ok for dogs, Facilitators attitude was rejecting, abandoning and dismissing. Pt states they felt rejected and staff did not call to see if they were ok	Upheld	<p>Actions recommended to prevent recurrence: (to include responsible Manager and timescale) These will ALL be shared with the complainant</p> <ol style="list-style-type: none"> 1. The SUN Team have updated their new SUN member paperwork (sent to each new member before they attend their first group) to include clear guidance on not having children or babies present at groups and the rationale for this (safeguarding) and have made other changes (with guidance from SUN members on the wording) to make it clear that the SUN model has no between group contact and to include a list of helpful between group contact numbers. 2. The SUN Facilitators have all been reminded to attend their children's safeguarding level three training either for the first time or to update when its due promptly. 3. The SUN Facilitators are now all clear on what to do if members present with children or babies in future to prevent any delay or confusion. 4. The SUN Team Lead will document all actions required of her following team supervision sessions and if she is unable to complete any of these for any reason, she will hand these onto the SUN Management Supervisor to action and will make the SUN Facilitators aware. 5. The SUN Seniors (Team Lead, Management and Clinical Supervisors) will make a clear flowchart for the team of who to contact if concerning emails arrive or client contact is needed and the Team Lead or Management Supervisor are not immediately available. 	Attitude of Staff
Reading	Out of Hours GP Services	Minor	Drowsey child who had not been eating or drinking. Seen by service and sent to A&E, unhappy at having to wake child to visit service	Not Upheld	No actions indicated. However, will be communicated via WestCall governance structure in governance newsletter and complaints round up at clinical meetings where synopsis of all complaints are given..	Care and Treatment
Wokingham	Community Hospital Inpatient Service - Windsor Ward	Low	disarray and dirty property some of which did not belong to patient in their bag + missing hearing aid	Upheld	Review management of patient property on the ward, through QI process.	Patients Property and Valuables

Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Minor	complainant feels the attitude of caseworker is cruel and unprofessional	Not Upheld	Local resolution meeting	Attitude of Staff
Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Low	Patient is unhappy with appointment she had with staff and the attitude of one member of staff in particular. what the staff said filled the patient with 'utter fear'	Partially Upheld	Discuss sensitive conversations with the team	Attitude of Staff
Reading	CAMHS - Anxiety and Depression Pathway	Low	lack of communication, no follow up following diagnosis of ASD. Psychiatrist required support in the meeting and the colleague who joined was patronising at best and his demeanour was threatening and aggressive. Family wish a DSA request as feel information given at Multi Disciplinary meeting was inaccurate	Partially Upheld		Care and Treatment
Windsor, Ascot and Maidenhead	Community Hospital Inpatient Service - Henry Tudor Ward	Minor	Pt looking for financial redress for costs incurred for private physio etc 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 until put in place. Pt & family have found this very traumatic	Upheld	Indication for anti-coagulant medication to be included on the drug chart e.g. treatment/surgical prophylaxis. This may help to avoid assumptions Stop date of medication to be recorded in clerking notes & on handover sheet. Medication conversations can / should be had prior to discharge – once medication is on the ward Identified improvement to consider push back to support safety and state the ward team need longer to co-ordinate a discharge safely To request Acute trusts to provide the full course of LMWH. Further investigation regarding use of one medical prophylaxis on wards.	Medication
Wokingham	Rapid Response	Minor	RO complaint: complainant doesn't think we have answered the points to her satisfaction ORIGINAL COMPLAINT: 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
Reading	Community Hospital Inpatient Service - Oakwood Ward	Low	RO complaint - Family unhappy with response that they would like to take further Original complaint - Lost property	Not Upheld	Upheld - as with previous response. There was patient property process followed by the ward that would support or evidence that the rings went missing during the patient's admission.	Patients Property and Valuables
Reading	District Nursing	Moderate	Son has responded that he finds our letter unsatisfactory, as it does not deal with the hospital, who he sees as failing as they rushed discharge. Wants to know next steps ORIGINAL COMPLAINT: The main complaint starts with RBH as the foot was not looked at. Pt has concerning ulcerated sores from the braces on the legs. 3 months in bed has led to extreme muscle wastage, complainant states the pt spends 23 hours in bed in a nappy.	Partially Upheld	Teams to receive training on how to care for patients with braces to prevent skin damage from the appliance.	Care and Treatment
Wokingham	CMHT/Care Pathways	Low	Pt has read their medical records, unhappy with contact from various organisations but feels they have not been listened to and nothing has been documented about her life and the impact situation have had on her.	Not Upheld	Not Upheld - patient advised that notes are accurate and they can add a statement to them if they would like to state that they disagree with the content.	Medical Records
Reading	Psychological Medicine Service	Low	pt extremely unhappy with the Dr who dealt with them in the RBH. Felt they were rude, intimidating and the pt feels they have now been left with no support as the admission to PPH was overturned	Not Upheld	Not upheld	Attitude of Staff

Wokingham	District Nursing	Low	Unhappy with a letter received from DN team lead sighting the pt and relative as verbally aggressive and advising criminal action could be taken if it persists. Relative feels the letter is unjust.	Not Upheld		Communication
Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Minor	Pt unhappy at the way they were treated in Dec 2020 which resulted in a mis diagnosis and a sectioning which was allegedly overturned at tribunal. Pt says they spent 14 horrendous days in PPH. pt states they have also had the driving license revoked after a letter was sent to the DVLA by the Dr. Pt also states they requested their medical records sometime ago and still not received	Partially Upheld	PPH - Partially Upheld - clinical care was appropriate. Welcome pack to be revised and staff are to ensure that it is given on admission. CRHTT - Not Upheld.	Care and Treatment
West Berks	Other	Low	Patient is complaining that she acquired an infection from the PICC line clinic and she feels this has affected her cancer treatment and her lifespan. She refers to a previous investigation undertaken by BHFT and says this was not adequate as many of the details have been omitted. She wants this reviewing.	Not Upheld	Not upheld.	Care and Treatment
Wokingham	CAMHS - AAT	Moderate	Family unhappy with response especially as pt is now no longer attending school, wishes response points numbered and would like a meeting ORIGINAL COMPLAINT Complainant believes staff member produced totally prejudicial and unsubstantiated CAMHS report which they were unaware of and not involved in despite having shared parental care.	Partially Upheld	<ul style="list-style-type: none"> •CYPF Managers to communicate to staff that at the initial contact clinicians should explicitly ask about current childcare arrangements and ensure that they have the contact details for both parents clearly documented in the young person's clinical records. •Highlight this learning via CYPF Patient Safety and Quality meeting •At the initial contact the young person and the accompanying parent should be asked if they wish the other parent to be involved in the assessment process and the opportunity should be offered in the most practical way i.e via telephone if in person is not possible and/or it would delay the process. Highlight this learning via CYPF Patient Safety and Quality meeting. •The process for sharing information should be discussed with the young person at the outset and agreed. This is important when the young person is over 16 or assessed as having Gillick competency. Highlight this learning via CYPF Patient Safety and Quality meeting. •Concerns about paraphrasing specific religious vocabulary and recommend that the correct vocab is used with description included and described as such. 	Attitude of Staff
Reading	CAMHS - Specialist Community Teams	Low	Family wish immediate appt with CAMHS as private psychiatrist has said this is required and has started medication but is not going to continue this instead passing to CAMHS to pick up. Family not prepared to wait on the wait list	Not Upheld	The clinical care and advice has been appropriate. The service has liaised with the private psychiatrist regularly.	Care and Treatment
Reading	Adult Acute Admissions - Daisy Ward	Minor	Spouse unhappy that services did not read and action any of the documentation from 3rd party organisations ORIGINAL COMPLAINT Spouse wishes pt to be moved to a MH hospital near to family home	Partially Upheld	Delays in transfer have been appropriate due to responding to safeguarding concerns. Communication plans put in place were not followed.	Care and Treatment
Wokingham	CMHT/Care Pathways	Low	Pt states 14 pts including lack of communication, lack of involvement in pt care and organisation's lack of understanding into Autism and BHFT lack of communication with current placement	Not Upheld	Clinical care was appropriate - the CCO is in regular contact with the patient and her family to try to find an alternative placement.	Care and Treatment
Reading	Adult Acute Admissions - Snowdrop Ward	Minor	Patient has taken her complaint to her solicitors. She is complaining about her detention, a breach of her human rights and the care and treatment she has received on the ward	Not Upheld		Care and Treatment
Slough	Crisis Resolution and Home Treatment Team (CRHTT)	Low	Pt unhappy with member of staff when calling the crisis line	Partially Upheld	The call recordings demonstrate that compassion and support was offered, however the staff member could have supplied contact information for the DSN at PPH.	Attitude of Staff
Reading	CAMHS - ADHD	Low	Family unhappy that promises made by the service still have not been fulfilled	Not Upheld	Clinical care and waiting times are appropriate.	Care and Treatment
Slough	CAMHS - Getting Help East	Minor	Unhappy with response not reading 3rd party organisation info ORIGINAL BELOW Father is complaining that he believes a professional did not share with appropriate agencies that a child was at significant risk. He says the same professional wrote an assessment that was not impartial and he feels was extremely biased resulting in the mother now having sole care of the boy.	Partially Upheld	RO Forwarded to PHSO ORIGINAL BELOW Learning for member of staff on completion of S47 and communication with parents who are not together. Revised report to be sent by the service.	Communication

West Berks	Urgent Treatment Centre	Minor	pt would like to know why an xray was not offered when they presented with an ankle issue in May which has resulted in an operation and prolonged recuperation.	Not Upheld	Clinical care and decision making was appropriate.	Care and Treatment
Reading	A Place of Safety - ward	Low	pt feels the consultant misunderstood them, did not comprehend the mental distress the pt is in due to autism	Not Upheld	Complainant withdrew compliant	Care and Treatment
Reading	Adult Acute Admissions - Bluebell Ward	Low	Patient is unhappy with various aspects of care during their admission, including going onto a S3 after being admitted informally and being isolated on the ward following a reported positive Covid test result.	Not Upheld	Not Upheld.	Care and Treatment
Slough	CMHT/Care Pathways	Moderate	Pt feels ignored by CMHT and not listened to and spoke to negatively	Not Upheld	Pt has been offered SCM (assessment and intervention) and unfortunately has been on waitlist for 6 months, however reminded to self-refer to SUN, to contact Slough CMHT duty if required, and has had a call at least once a month from IMPACTT to check in	Care and Treatment
West Berks	Community Hospital Inpatient Service - Donnington Ward	Low	family saw a daily decline in the pt since admission and noted many areas of staff behaviour that impacted on the pt. Family feel catheter and canular fitting was just to keep the pt quiet and cause less hassle, sent home with a full catheter bag. Inconsistency in nursing care. Family upset that the pt had been sedated and given antidepressants. Pt lost 2 stone in 10 days but this was not recorded on notes. Oral thrush appeared not to have been treated at all whilst in hospital	Not Upheld	Care and communication were appropriate.	Care and Treatment
Reading	Community Hospital Inpatient Service - Oakwood Ward	Moderate	Family are unhappy with SI report and still have concerns around the fact their father contracted Covid and died but our review concludes that no action needs to be taken	Not Upheld	Previous SI investigation. Complaint is not upheld.	Care and Treatment
Reading	Adult Acute Admissions - Rose Ward	Low	Unhappy that NOK was not contacted when pt was transferred and no possessions were transferred with the patient so they only have the clothes they were admitted to Rose ward in	Not Upheld	Local resolution sought	Discharge Arrangements
Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Minor	clarity is required on several points from the SI report before the family can go to the PHSO ORIGINAL COMPLAINT:- DECEASED PT: family raised questions following receipt of SI report	Upheld	Action to reduce jargon in future SI reports that are going to family. Need to consider the audience is different.	Care and Treatment
Reading	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	Community Hospital Inpatient Service - Oakwood Ward	Low	Deceased Pt: Complainant wishes f2f mewith consultant ORIGINAL COMPLAINT BELOW family feel poor communication on the ward meant they failed to recognise an acutely unwell pt in a rapid declining state, they state Dr's and nurses repeated ignored the family who raised concerns believing care was poor.	Partially Upheld	To improve communication within the team by: -Robust and timely documentation on RiO -precise hand over	Care and Treatment

Trust Board Paper

Board Meeting Date	9 th November 2021
Title	Six Monthly Safe Staffing Review – April - September 2021
	For Noting
Purpose	The purpose of this report is to provide the Board with information and assurance of safe staffing
Business Area	Nursing and Governance
Author	Linda Nelson - Professional Development Nurse Heidi Ilsley - Deputy Director Nursing
Relevant Strategic Objectives	Harm free care, Good Patient Experience, supporting our Staff, Money Matters
CQC Registration/Patient Care Impacts	Supports maintenance of CQC registration and supports maintaining good patient experience
Resource Impacts	N/A
Legal Implications	N/A
Equality and Diversity Implications	N/A
Summary	<p>This report is for noting and aims to provide the Board with information on the assessment of safe staffing across our wards both in terms of a retrospective view over the last 6-month period (April – September 2021) and a prospective assessment of whether our staffing levels are sufficient to provide safe care over the coming months.</p> <p>The report is structured to support the requirements within the 2016 National Quality Board and the October 2018 NHS Improvement Developing Workforce safeguards in relation to Board oversight of staffing on the wards.</p> <p>In summary the ongoing pandemic and the impact that it has had on staffing has meant that the 6 months covered in this report has continued to be challenging for all the wards.</p>

	<p>Whilst there has been no correlated link between staffing levels and patient safety incidents, we recognise that workforce remains one of our most significant risks and although there is significant work in place to support increased recruitment and retention, including staff well-being, there is currently limited assurance that care was always of a high quality. It also possible that patient experience may have been compromised due to high temporary staffing on some staffing gaps that were unable to be filled.</p> <p>Assessment of staffing using available tools indicates that current ward establishments (if all posts were filled) alongside other professionals who provide patient care and treatment into the wards and the availability of temporary staff to meet the need for fluctuating ward acuity and 1:1 observation is able to provide safe staffing levels across all wards.</p>
ACTION REQUIRED	<p>The Board is asked to:</p> <p>Note the report and the declaration provided by the Director of Nursing and Medical Director</p>

Six Monthly Safe Staffing Review. **April 2021 – September 2021**

1.0 Executive Summary.

The purpose of this report is to provide assurance to the board of the Trust's compliance with safe staffing in line with expectations of the National Quality Board (2016) and the National Health Service Improvement (NHSI) Developing Workforce Safeguards Guidance (2018), it includes a declaration from the Director of Nursing and Therapies and the Medical Director that safe staffing is in place across the organisation.

The Covid pandemic has continued to impact on the wards during this reporting period for a variety of reasons, including some increase in sickness absence levels and a requirement of some high-risk staff to be moved from their usual working environment, making staffing challenging at times. Increased complexity of patients and actions taken to minimise Covid transmission including cohorting of patients, flexing of bed numbers and some closure to admissions over the reporting period have also impacted.

The Trust has a people strategy and Workforce strategic initiative both of which have several workstreams and countermeasures to support recruitment and retention in the near as well as longer term. Progress against these are reported at various levels within the organisation including to the Board.

To improve staff resilience and support in all areas of the trust the Professional Nurse Advocate (PNA) programme commenced roll out in June 2021. This is alongside the other health and well-being initiatives which are already established within the trust. The PNA programme is a Health Education England initiative supported by Ruth May, Chief Nursing Officer. The trust currently has 13 nurses who have completed the programme and were part of the first cohort. The trust is actively supporting further applicants to undertake the programme over the next six months. It involves providing restorative supervision and is aimed improving staff wellbeing and therefore retention.

The SafeCare module has commenced roll out. West Community Health Services (CHS) are now using the module with the East CHS due to commence roll out in November 2021. The Mental Health wards will be added in 2022. This is a staffing module which will give a clearer picture of patient acuity and enable the effective deployment of staff to ensure care is maintained.

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

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

During this 6-month period there were 23,360 shifts (including Willow house for April 2021) requested across the Trust to support the wards in meeting their requirements for minimal staffing as well as providing additional cover for increased observational levels each month; 19.34% of these requests were not able to be filled. Within PPH, when shifts are not able to be filled the wards have been able to support each other, and support is also available from senior staff. West Berkshire Community Hospital and Wokingham Hospital continue to work within their teams to create more flexibility in covering their wards.

In line with national reporting, shifts with less than two registered nurses are monitored each month. The ability to maintain the required two registered staff per shift for every ward using substantive staff remains a significant challenge; many registered nursing shifts continue to be filled through NHSP although these are often Berkshire Healthcare staff doing additional hours over and above their contract. The total number of shifts with less than 2 registered nurses across the Trust equates to 7.4% (11.09% in the previous 6 months). At PPH, 12.43% of shifts had less than two registered nurses (Bluebell ward was the highest with 123 shifts followed by Daisy ward with 109).

From April 2021, Willow House moved to an out of hospital community model and therefore figures are no longer documented via this 6-monthly staffing report.

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

1.1 Prospect Park Hospital (PPH).

The overall staffing vacancies at PPH across the wards throughout the past six months has increased slightly from 10.55% in April to 12.35% in September. Recruitment of newly registered staff has been successful across the wards, with these staff starting from October onwards and most preceptees from the previous year have continued to work within the hospital.

15,350 temporary workforce shifts were requested to support the wards in meeting their requirements for minimal staffing as well as providing additional cover for increased observational levels over this reporting period; 19.50% of these requests were not able to be filled. 20.01% of requested shifts were for registered nurses, 26.45% of which remained unfilled. Within PPH, the Duty Senior Nurse can move staffing around to maintain safety, the wards have been able to support each other, and support is also available from senior staff.

The wards have additional resource not captured in safe staffing which includes psychology, Occupational Therapy/ therapy assistants as well as some physiotherapy, speech and language therapy and the medical workforce. In addition, the mental health wards now have Activity Coordinators who assist in engaging patients in activities across the afternoon and evening period. The ward Manager and Clinical Development Lead are supernumerary to the safe staffing numbers and there are 4 matrons covering 2 ward areas each. Staff who work across wards on a sessional basis are not calculated as part of the safe staffing measure.

The number of reported shifts with less than two registered nurses has remained similar at 478 for this 6-month period (480 during October 2020 - March 2021) across the hospital some of which is linked to the impact of the Covid. Bluebell ward had the highest number of shifts with less than two registered nurses overall at 123, whilst Sorrel ward had the lowest number with 9. There is on-going work across wards on recruitment and when this has occurred, staff are deployed from other wards and managers step in to work clinically

Registered nurse vacancies on the Mental Health inpatient wards remain challenging which is reflective of the national picture for recruitment. Prospect Park Hospital (PPH) through their dedicated recruitment and retention programme have worked hard using various initiatives such as overseas recruitment to attempt to obtain both permanent qualified and non-qualified staff.

The recruitment of newly qualified registered nurses supports not only staffing numbers but continuity of care on the wards. However, with this comes extra pressure on more senior staff to mentor these nurses through their preceptorship; combined with continuous high occupancy, high use of temporary staff and high patient acuity. Enhanced systems are in place at PPH to ensure that junior nurses feel supported to build resilience and confidence such as the development of monthly structured supportive supervision sessions (space groups) for preceptees which are well attended and there is a programme to improve resilience and confidence in band 5 nurses called 'Reaching my Potential' as well as preceptee survival kits. An onboarding programme has also been introduced for clinical support staff; this is aimed at increasing retention of staff new to Prospect Park. All of this support is crucial when there is continually a high occupancy rate alongside high patient acuity and high use of temporary staff across the wards to meet patient need.

Daily staffing huddles are standard practice within the hospital and allow the Designated Senior Nurse (DSN), Matrons and Ward Managers to identify staffing shortages and provide an oversight of activity within the hospital and together plan appropriate actions to ensure safe staffing cover within the hospital across the 24-hour period. This enables the DSN on duty to deploy or move staff to support areas where there is greatest need and staffing challenges which can change rapidly.

At PPH it has been recognised that due to staffing difficulties newly qualified nurses are sometimes in charge on a shift which is far from ideal. To acknowledge this; part of the daily status exchange meetings identify when a junior nurse is in charge and may need assistance. The Duty Senior Nurse (DSN) can then arrange extra support for staff.

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

Patient acuity has remained high. Wards were dealing with increased patient physical health needs and some associated higher levels of anxiety due to Covid 19; the Hospital has a physical health lead to support staff around this alongside senior staff on the ward, the Nurse Consultant, and the senior management team. Extra support workers were needed early in the year to ensure wards met the additional needs of Covid.

All the acute mental health wards have experienced challenges with high bed occupancy throughout this reporting period with all occupancy figures averaging at over 90%. Daisy ward and Snowdrop ward averages are 98%. Bluebell ward figures are slightly lower than the other three

wards at 92% due to an outbreak of Covid in August and the need to close to admissions for a time.

Sickness rates (graph 4) have varied across this reporting period with most wards above the Trust's target of 3.5 % for the duration of the report. April and May 2021 appeared to be the least challenging with 2 wards having sickness rates beneath the trust target (April; Snowdrop ward 3.35%, May; Snowdrop ward 3.06% and Bluebell ward 3.31%).

1.2 Willow House.

From the end of April 2021 Willow House ceased to function as a 24/7 CAMHS (Children and Adolescent Mental Health Services) Tier 4 unit and transferred to an out of hospital model of care . It is now no longer part of this report.

1.3 Campion Unit.

Campion Unit has continued to have strong leadership despite a change in ward manager. Throughout the six months several of the patients have required high levels of observations, this reflects the very complex and challenging patients on the unit. 1453 temporary shifts were requested to meet the requirements of levels of observations; 39.43% were requests for registered nurses. The low unfilled rate (total unfilled 7.2% RN unfilled 3.83%) is due to the unit predominantly using their own staff to cover additional staffing requirements which provides continuity of care to the patients.

The average bed occupancy during the reporting period has been 44.2%. The sickness rate from April 2021 to September 2021 has increased and has consistently been above 10% for the whole timeframe. Campion Unit is now located on Jasmine Ward at PPH. However, it will continue to be known as Campion Unit.

1.4 Community Wards.

West Community Health Wards (CHS).

Vacancies have varied across the wards throughout the reporting period. The wards at Wokingham have had a higher number of vacancies throughout the reporting period which has meant higher temporary staffing requests, particularly for registered nurses. Oakwood unit and WBCH vacancy levels have remained consistently low over the last 6 months. Despite this, absence, and the need for additional staff due to patient acuity has resulted in the need for a significant amount of temporary staffing with shifts not all able to be filled.

Bed occupancy has increased across all wards for this six-month period at 86.6% (October 2020-March 2021; average 73.43%). West CHS wards have regular meetings with the acute Trusts locally to increase communication and support patient flow for the community beds and identify suitable patients earlier which assists with a more consistent bed occupancy across the West wards. In addition, all the West wards have been involved in the pilot and successful implementation of the SafeCare tool which is a staffing module which will give a clearer picture of patient acuity and enable the effective deployment of staff to ensure care is maintained.

Sickness rates have been consistently above the Trust's agreed target of 3.5% in all wards due to high numbers of long-term sickness which the wards have been managing with the support of

human resources procedures and some short-term sickness. September 2021 was the most challenging month. The sickness figures do not include those individuals who are registered separately under Covid 19 absence on the electronic roster system.

There was a total of 4,740 temporary staffing requests and of these 1840 (38.3%) were for registered nurses and a total of 1174 (24.7%) shifts were unfilled (334 for registered staff) There were 139 shifts (4.6% of shifts) with less than two registered nurses in the West CHS wards, 68 were at Wokingham Hospital and WBCH respectively (3 at Oakwood unit)

Both these units the wards work closely together to ensure safety on these occasions and clinical managers/ Advanced Nurse Practitioners are also available during working hours to provide support and assistance as are Physiotherapy and Occupational Therapy staff.

East Community Health Wards.

Staffing levels on both Henry Tudor and Jubilee have remained stable. Due to lower bed occupancy vacancies have not impacted the wards as much as other areas.

Henry Tudor ward decreased its bed capacity from 24 down to 20 from 29th April 2021 to allow continuation of adequate bed spacing. Jubilee ward decreased its bed capacity to 16 to allow for social distancing in the nightingale ward structure and has continued at this number for the duration of this time frame. The average bed occupancy was 73% which continues to be low but is an increase from the previous six months of 53%.

The total number of temporary staffing requests was 1557; 38.85% were for registered nurses with 2.76% of requests being unfilled. The sickness rate for both Henry Tudor ward and Jubilee ward has been above 3.5% for the period April 2021 to September 2021. It was particularly challenging in July and September 2021 although it was much improved from the previous six months where there were several months above 10%.

There were 9 (0.81%) shifts in the reporting period where there were less than two registered nurses (Henry Tudor ward 1; Jubilee ward 8). Patient safety was not compromised due to the low occupancy rate on the wards during the time frame. The East CHS wards are due to commence the implementation of the SafeCare tool and this should be complete by the end of the year.

Triangulation of data / summary.

The Mental Health Optimal Staffing Tool (MHOST) used for the mental health wards and the Safer Nursing Care Tool (SNCT) for community wards demonstrate that staffing establishment along with temporary staffing are providing staffing that appears to meet the safe staffing needs for the wards. Whilst the professional judgement tool would indicate that staffing is more than adequate it does not consider acuity of patients in the same way as the SNCT and MHOST tools which means that it is not as accurate. For CHPPD the community wards, Campion and the older adult mental health wards are providing care hours per patient day in line with national and peer means. The acute wards are showing below the national and peer mean, however all our mental health wards have additional staff not factored into these tools because they are not part of ward establishment whilst for some organisations they are. These staff include therapy and psychology professionals who all support patients. In addition, the wards have a Clinical Development Lead as well as Ward Manager who is supernumerary to the shift numbers.

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

In summary assessment of staffing using available tools indicates that current ward establishments (if all posts were filled) alongside other professionals who provide patient care and treatment into the wards and the availability of temporary staff to meet the need for fluctuating ward acuity and 1:1 observation is felt to provide safe staffing levels across all wards.

2.0 Main Report.

Overview:

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

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

As part of the safe staffing review, both the Director of Nursing and Therapies and the Medical Director must confirm in a statement to their board that they are satisfied with the outcome of any assessment that staffing is safe, effective and sustainable. This can be found on page 23.

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

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

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

Different roles.

The national minimum staffing expectation of at least two registered staff on each ward for every shift remains a requirement. However, vacancies across all wards means that at times this has been challenging to maintain. The number of shifts where there are less than two registered staff on duty is monitored on a monthly basis at executive and board meetings. The exception to this

minimum is on Campion Unit where it was agreed that a skill-mix of one registered with three support workers was best able to meet with patient need at night.

The wards support and recruit assistance practitioners and nursing associates as part of skill-mix for the wards.

2.1 Current Situation.

Berkshire Healthcare NHS Foundation Trust has the following wards:

- 1 Learning disability unit.
- 7 Community hospital wards.
- 7 Mental health wards.
- 1 Adolescent Unit (April 2021 only).

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

Table 1: Current Staffing establishment, bed numbers and shift patterns April 2021 to September 2021:

	Beds	FTE Establishment in budget 2020/21	Professional judgement FTE	Planned shift pattern (Early-late-night)
Bluebell	22	35.00	33.3 + 1 ward manager + 0.5 DSN + 1 CDL = 35.8	6-7-5 activity coordinator inc on the late shift
Daisy	20	35.95	28.8 + 1 ward manager + 0.5 DSN + 1 CDL = 31.3	6-7-5 activity coordinator inc on the late shift
Rose	22	34.15	27.3 + 1 ward manager + 0.5 DSN + 1 CDL = 29.8	6-7-5 activity coordinator inc on the late shift
Snowdrop	22	35.95	27.3 + 1 ward manager + 0.5 DSN + 1 CDL = 29.8	6-7-5 activity coordinator inc on the late shift
Orchid	20	36.00	27.4 + 1 ward manager + 0.5 DSN + 1 CDL = 29.9	6-6-5
Rowan	20	42.00	29 + 1 ward manager + 0.5 DSN + 1 CDL = 31.5	7-7-5
Sorrel	11	38.00	27.3 + 1 ward manager + 0.5 DSN + 1 CDL = 29.8	6-6-5
Campion	9	37.11	30.8 + 1 ward manager = 31.8	7-7--5
Willow House	9	23.42	24+1 ward Manager = 25	week days 6-4 (long days) weekend 4-4 (long days)
WBCH	44	63.46	DONNINGTON 39.9 + 1 ward matron + 0.3 staff development lead = 41.2	9-6-6
			HIGHCLERE 35.9 + 1 ward matron + 0.3 staff development lead = 37.2	6-5-4

Oakwood	24	46.67	45.1 + 1 ward manager and 1 dep. ward manager matron = 47.1	9-7-4
Wokingham	46	61.31	59+ 1 ward manager + 0.8 matron = 60.8	13-10-7
Henry Tudor	24	32.80	30.8+ 1 ward manager = 31.8	7-6-4
Jubilee	22	30.23	30.8 + 1 ward manager = 31.8	7-5-5

At times across a month, wards may require additional staff above what is planned within the establishment. This is to both meet patient need and the increased dependency needs of the patients. The staffing levels are reviewed daily and monthly alongside a range of quality and workforce indicators to monitor the impact and experience for patients.

3.0 Review of staffing establishment.

When workforce modelling is undertaken for the wards, the Keith Hurst dependency modelling tools are used to assist in the triangulation of data, alongside benchmarking and clinical judgement. For Mental Health wards this is the Mental Health Optimal Staffing Tool (MHOST) and the Safer Nursing Care Tool (SNCT) for other wards. It is recognised that these modelling tools use a snapshot of dependency of patients on a given day and that dependency can fluctuate. Therefore, review using the tools utilises the collation of daily data over a period of time (20 days) to understand the average dependency for each ward. This is an increased snapshot reporting period from previous reports.

3.1 Review using workforce modelling tool.

Tables 2 and 3 below show the current establishments compared to the recommended establishment from the 20-day review undertaken in September 2021 using the current available Keith Hurst tools. The Rowan ward figures include the five staff who provide additional cover to all the mental health wards.

Table 2: Prospect Park Hospital Wards:

Ward	Bed Number	Current establishment (WTEs)	Average additional staff requested above establishment (WTE per day)	Recommended establishment from September 2021 review (WTEs)	Total actual establishment (including unfilled shifts requested)
Sorrel	11	38	2.95	48.69	40.95
Rose	22	34.15	4.41	33.89	38.56
Snowdrop	22	35.95	4.07	44.22	40.02
Bluebell	22	35.0	2.58	28.62	37.58
Daisy	20	35.95	3.60	43.54	39.55
Rowan	20	42.0	3.91	52.52	45.91
Orchid	20	36.0	6.20	47.13	42.20
Total	137	257.05	27.72	298.61	284.77

The review was undertaken over a 20-day period in line with the Developing Workforce Safeguards recommendations. It is noted that Bluebell ward had a lower recommended establishment for this period. This was due to the ward being closed to admissions for some of the time frame due to an outbreak of Covid.

Patients on Orchid ward, Rose ward and Snowdrop ward most frequently required extra staff to support the high level of patients requiring observations and high levels of acuity. The current MHOST tool does not have a calculator specifically for dementia wards which can affect the figures. In addition, older adults are more likely to have both physical and mental health needs which can be portrayed that the total establishment is above required. However, taking into account the complexity of mental health and physical health on the ward, staffing levels are felt to be appropriate including the use of additional staffing to meet the needs of the patient group. A tool which assists in identifying and supporting safe staffing figures which incorporates both the physical and mental health needs of patients would be beneficial. All the wards required extra staff to support the Covid 19 regulations to ensure compliancy. In addition, there was a high level of acuity and need for increased levels of observations which also increased the demand for additional staff alongside recruitment challenges.

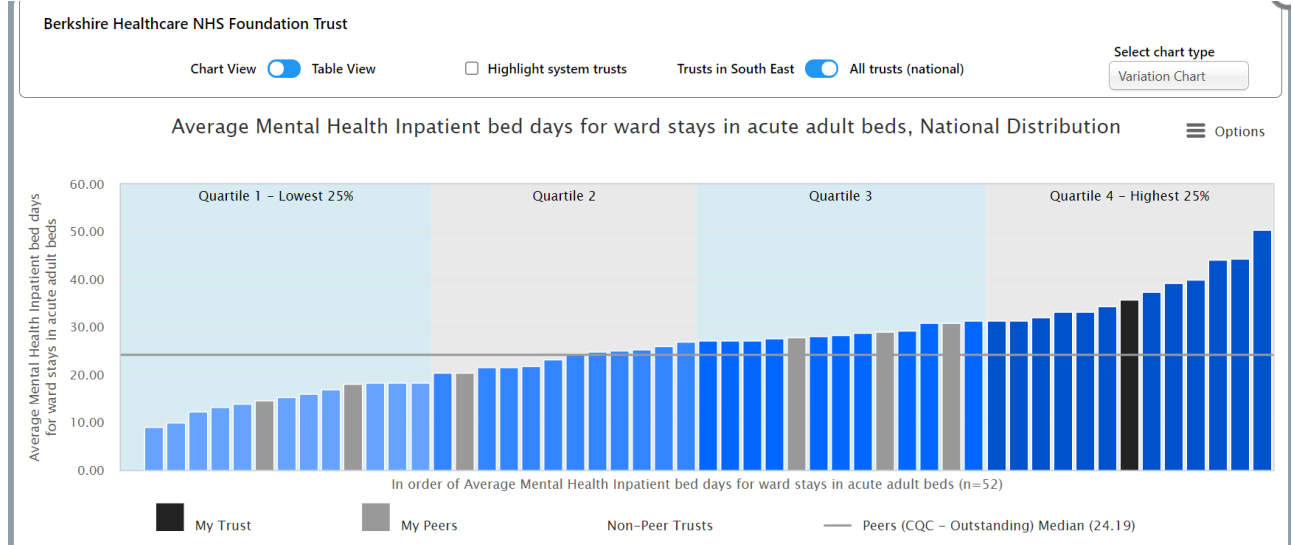
Staff employed to cover additional patient observations are regularly used and based on Rowan ward to provide the necessary additional staff to meet patient acuity needs and ensure continuity of care. All wards have now successfully recruited Activity Co-ordinators who work on the wards during the 4pm-10pm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

Ward Managers and Clinical Development posts are not included in the numbers. In addition, at Prospect Park all wards have Allied Health Professionals who are not included in the numbers but support the ward throughout the day with patient treatment, including some weekends. These supportive roles need to be considered (including Ward Managers, Matrons and Clinical Development leads) when considering safe staffing numbers.

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

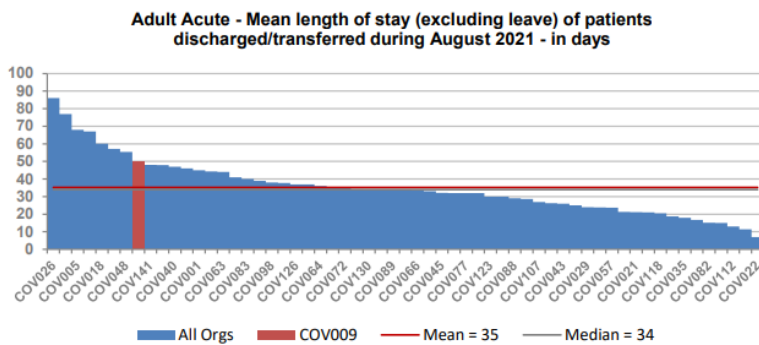
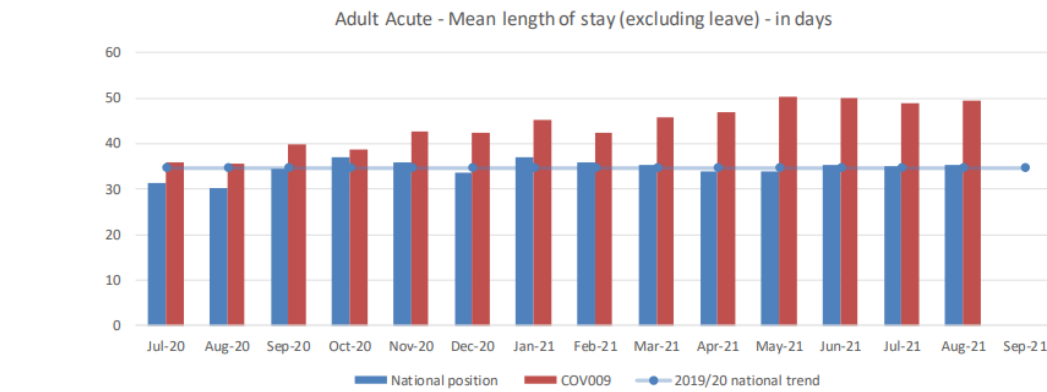
The latest benchmarking data below taken from the Model hospital and the NHS Benchmarking Network demonstrates the average length of stay for the acute mental health wards. In the Model Hospital, the peer median is 24.9 and the national median is 24.19 and Berkshire is in the highest quartile at 35.83 days. The NHS Benchmarking Network reports Berkshire at 49.5 days and consistently above the national position. In addition, there has been a change of 30% over the last year (38 days 2019/20 to 49.5 in August 2021). Compared to both peer and non-peer trusts length of stay in Berkshire is much higher. It is indicated that there is some correlation between high levels of stay and high level of patient acuity.

Model hospital:



NHS Benchmarking Network:

Mental Health – Inpatient Services: Adult Acute



	2019/20	Aug-21	Change
National average	34.7	35.2	1%
COV009	38.0	49.5	30%

Table 3: Community Wards, Oakwood and Campion:

Ward	Bed Numbers	Current establishment	Recommended establishment from September 2021 review	Average additional staff requested above establishment (WTE per day)	Total actual establishment (including unfilled shifts requested)
Oakwood Ward	24	46.67	41.88	2.35	49.02
Wokingham Wards (Ascot and Windsor)	46	61.31	65.34	3.22	64.53
WBCH (Highclere and Donnington)	49	63.46	62.67	3.34	66.8
Henry Tudor Ward	24	32.8	19.95	1.39	34.19
Jubilee Ward	22	30.23	17.26	0.93	31.16
Campion	9	37.11	18.31	2.61	39.72

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

The review of staffing in September 2021 occurred while the bed occupancy was lower than expected on all the Community Wards due to the need to maintain social distancing measures. This is reflected in the outcome of this review (lower suggested recommended establishment than actual establishment). In addition, Campion unit had only 44.4% occupancy rate throughout the data collection period. Taking this into consideration it indicates that baseline agreed staffing levels with the ability to increase this with the use of temporary staff as required continues to be appropriate for achieving safe staffing.

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

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

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

identified, we can forecast how many temporary hours are required to cover the number of 'ward hours' required each day.

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

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

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

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

Table 4: BHFT CHPPD:

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Peer Medium	National Medium
Bluebell	7.30	7.40	7.00	6.70	9.50	9.00	10.51	10.16
Daisy	7.80	7.90	8.40	9.50	8.60	9.30	10.51	10.16
Rose	9.10	8.70	15.20	7.90	8.10	8.90	10.51	10.16
Snowdrop	8.50	8.90	9.20	8.50	7.70	8.40	10.51	10.16
Orchid	13.00	14.60	15.70	15.10	13.50	14.50	12.73	12.77
Rowan	17.00	15.60	15.30	14.60	14.80	15.00	12.73	12.77
Sorrel	17.30	19.80	17.40	19.30	18.70	19.10	21.39	22.27
Campion	51.00	48.20	36.70	38.40	51.20	57.00	28.4	30.59
Donnington	6.10	6.40	6.80	6.50	6.50	6.10	7	7
Highclere	6.90	8.00	7.90	7.00	6.60	7.00	7	7
Oakwood	7.30	7.70	7.50	7.00	7.50	7.70	7	7
Ascot	8.20	8.00	7.40	7.40	9.20	8.00	7	7
Windsor	5.40	5.60	5.80	6.00	6.40	6.50	7	7
Henry Tudor	9.00	9.50	8.00	8.10	7.80	8.20	7	7
Jubilee	10.30	11.50	9.70	9.40	9.60	9.10	7	7

Campion Unit CHPPD data figures are high due to the high amount of level 2 observation (5-6 cases), patients who required 2 on 1 supervision for safety/safeguarding reasons and another

patient needing 2 to 1 supervision. For this group of patients' levels of risk carries higher priority than the number of patients in the unit.

3.3 Model Hospital National Median and Peer Median.

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

3.4 Bed occupancy.

Table 5 below details monthly bed occupancy over the reporting period, the data highlighted in red is where bed occupancy has exceeded 90%. The areas that have frequently experienced bed occupancy in excess of 90% are the Acute Adult Mental Health Wards In addition, some of the West CHS wards (Oakwood unit and Wokingham wards) also demonstrated periods of high occupancy although the average was under 90%.During this reporting period all wards were impacted by Covid with some periods of time requiring beds to be closed to ensure appropriate cohorting and management of patients to minimise the risk of transmission in line with national guidance.

Table 5: Bed Occupancy:

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Average
Bluebell	96.50%	98.24%	97.58%	98.09%	72.60%	86.67%	92%
Daisy	98.70%	98.87%	98.83%	96.61%	96.80%	97.33%	98%
Rose	95.60%	96.92%	89.09%	92.38%	97.40%	91.06%	94%
Snowdrop	99.10%	96.48%	98.94%	97.36%	95.30%	97.88%	98%
Orchid	81.50%	84.84%	84.83%	87.10%	95.60%	90.83%	87%
Rowan	53.50%	61.77%	62.00%	81.13%	85.00%	85.50%	71%
Sorrel	99.40%	92.38%	96.67%	94.13%	93.50%	91.52%	95%
Campion	44.40%	48.38%	54.81%	45.88%	38.40%	33.33%	44%
Donnington	89.40%	88.02%	88.93%	87.67%	84.80%	92.27%	89%
Highclere	71.40%	71.65%	69.82%	68.76%	92.00%	93.91%	78%
Oakwood	85.09%	93.46%	90.37%	91.58%	86.74%	76.35%	87%
Ascot	90.90%	81.10%	83.68%	87.01%	74.10%	89.66%	84%
Windsor	98.20%	97.60%	94.96%	96.64%	89.50%	95.61%	95%
Henry Tudor	44.00%	74.35%	85.67%	76.32%	71.00%	74.72%	71%
Jubilee	57.90%	67.54%	79.58%	82.06%	78.00%	83.13%	75%

There were only three incidences where occupancy in the acute mental health wards was below 90%. This was due to outbreaks of covid which resulted in a reduction in admissions namely on Bluebell ward. All other areas have seen an increase in bed occupancy; Campion Unit's lower occupancy rate for the six months reflects the complex and challenging patients that have remained on the ward (previous 6 months occupancy was 39%).

4.0 Workforce data

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

4.1. Vacancies.

Table 6 below shows the combined whole-time equivalent vacancy rate of registered nursing and healthcare support staff for each ward according to finance data over the last six months. PPH registered nurse vacancies has stayed at an almost constant level during the last six months. However there has been an increase in unregistered vacancies. Graph 2 below, demonstrates a variable picture across the mental health wards with improvement on Campion unit but a static or increasing vacancy picture across the other mental health wards. There has been great improvement on Snowdrop ward but both Rose ward and Daisy ward demonstrate higher vacancy rates than the remaining mental health wards. Campion has consistently had low vacancy rates but has challenges filling specialist RN positions long term.

Registered nursing recruitment on the mental health wards continues to be challenging in line with the national picture despite proactive recruitment activity especially from international recruitment campaigns and newly qualified staff.

The CHS wards have had some staffing challenges especially on Wokingham wards. Oakwood Unit which had previously had recruitment issues had some months where there were no vacancies (May and June), but this is now increasing. Jubilee has seen an increase in March 2021, but vacancies have remained minimal. There is an increase in non-registered vacancies across the CHS wards and all wards are showing similar vacancy figures.

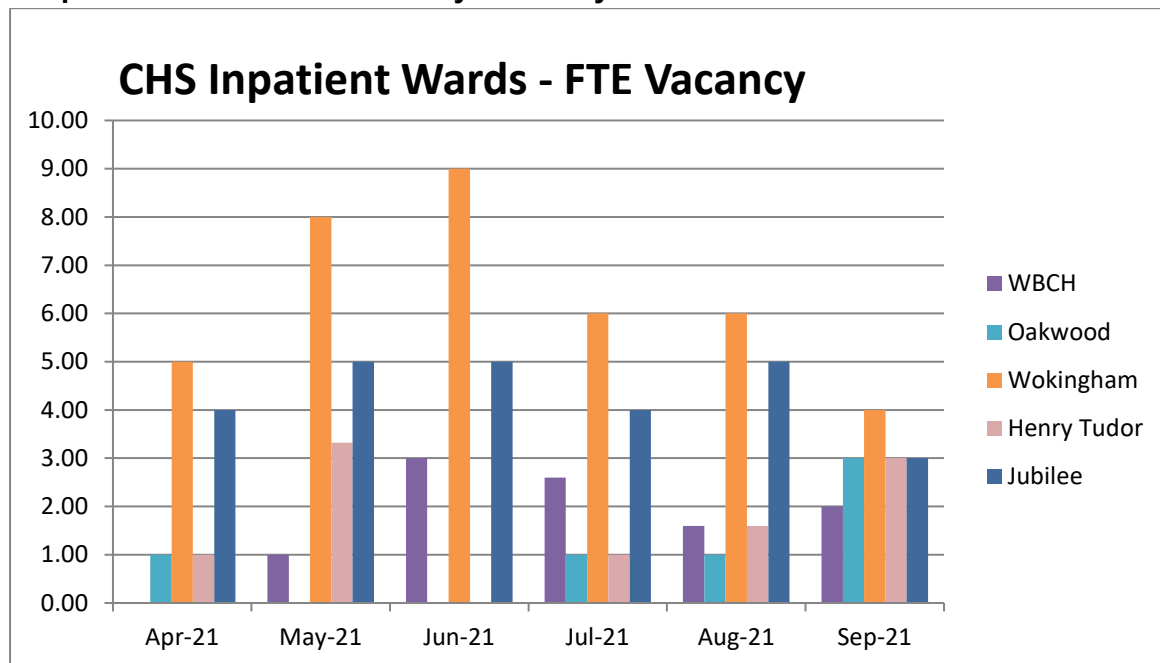
Some targeted recruitment at Willow house improved their staffing levels prior to them transferring to a community service at the end of April 2021.

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

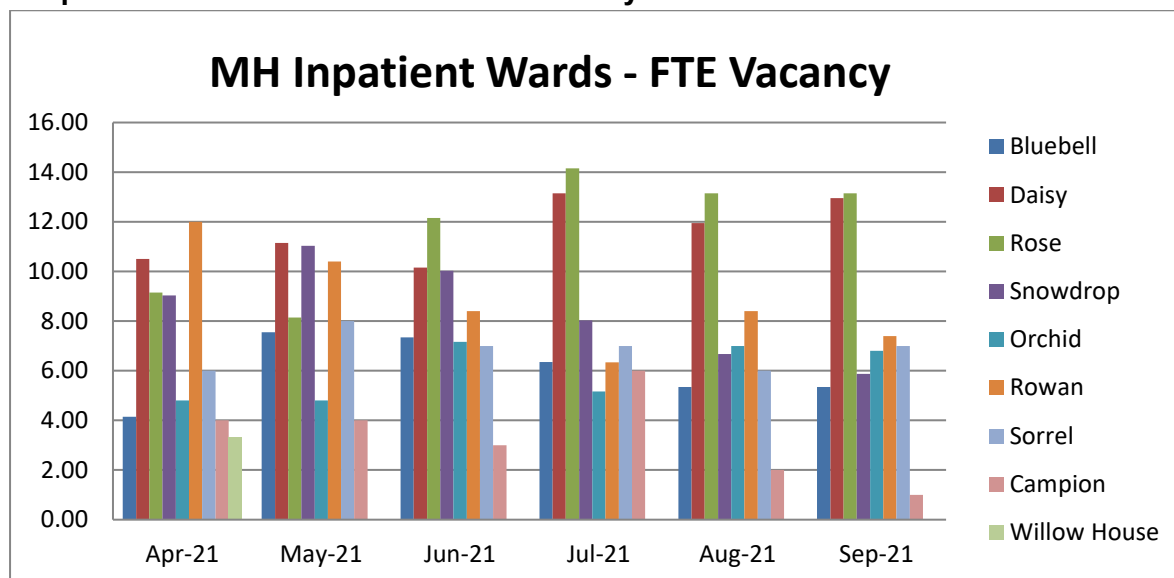
		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
<u>MH Wards</u>	Registered	27.96	27.60	27.96	27.96	29.80	27.60
	Unregistered	27.68	33.48	34.28	32.22	28.72	30.92
<u>CHS Wards</u>	Registered	7.00	14.75	12.00	9.60	10.00	9.00
	Unregistered	4.00	2.57	5.00	5.00	5.20	6.00
<u>Campion</u>	Registered	2.00	2.00	1.00	1.00	2.00	1.00
	Unregistered	2.00	2.00	2.00	5.00	0.00	0.00
<u>Willow House</u>	Registered	2.92	0.00	0.00	0.00	0.00	0.00
	Unregistered	0.40	0.00	0.00	0.00	0.00	0.00

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

Graph 1: WTE on the Community Wards by Month:



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



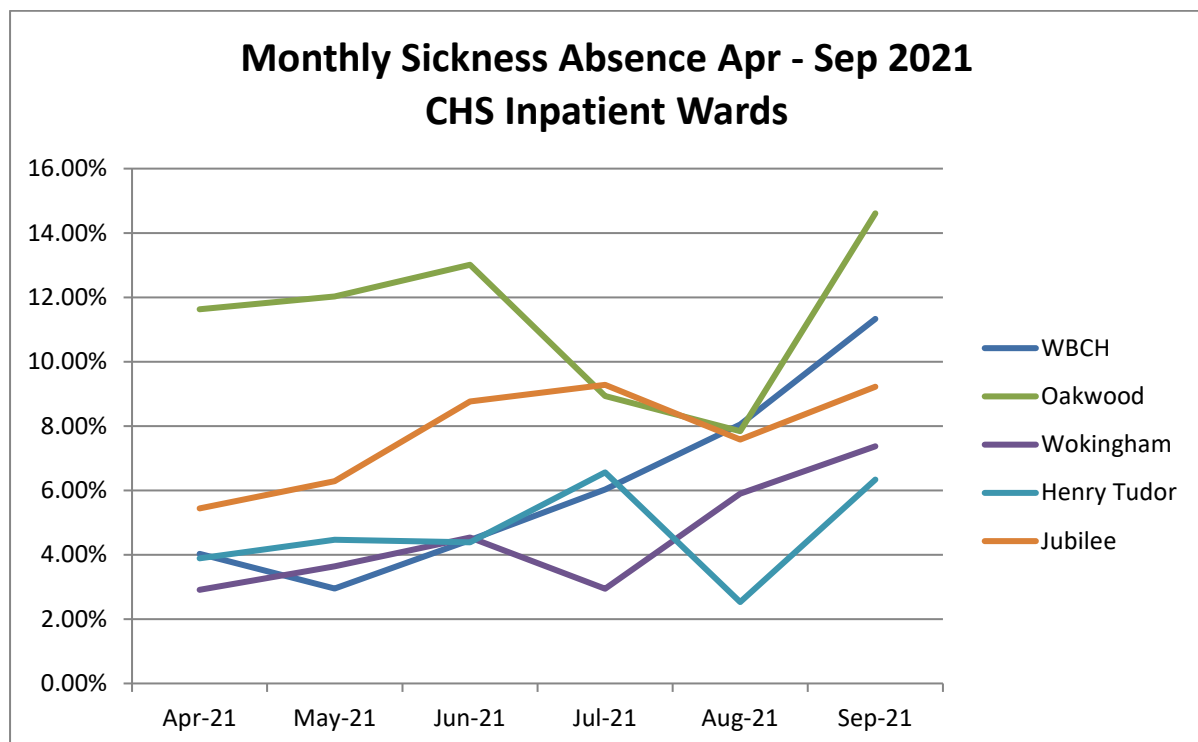
4.2 Sickness absence.

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

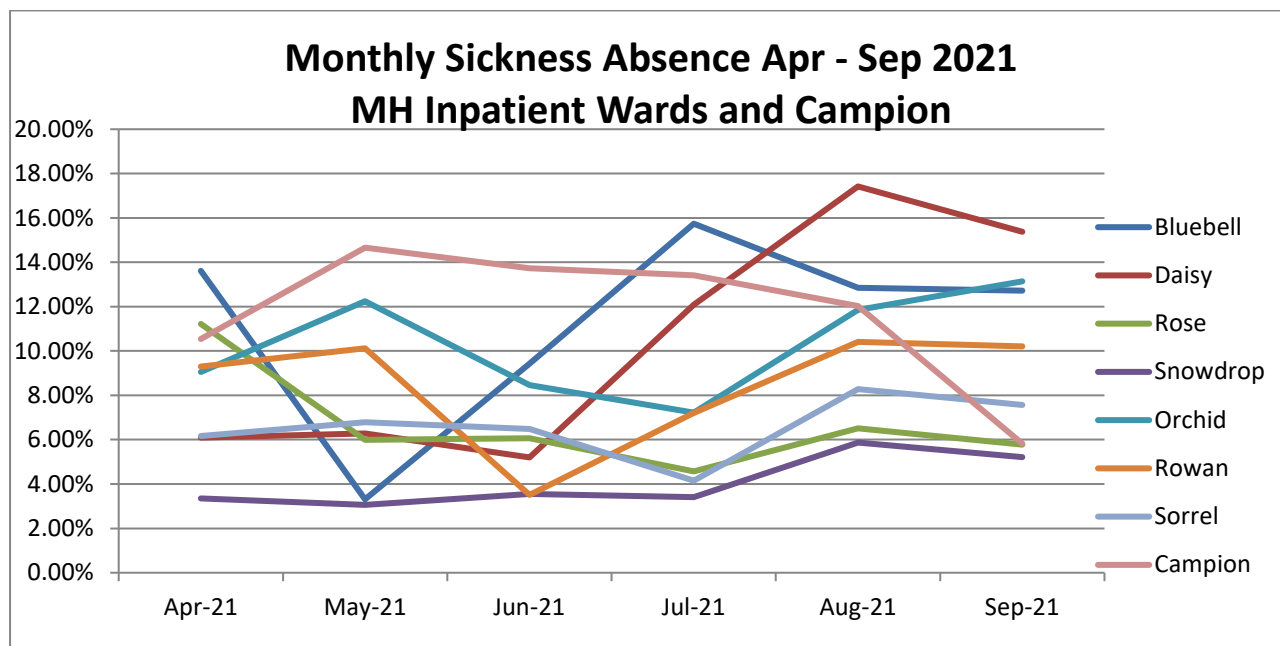
The Trust sickness absence target is 3.5% and most wards exceed this at the time of this report (apart from Snowdrop ward in April and May 2021), this has coincided with a Covid outbreaks

across the country. The Trust has a sickness absence policy which with support from the Human Resources department, ensures that appropriate action is taken to support staff and managers with sickness related absenteeism. There are several wards with a high sickness absence due to a combination of both long and short-term sickness factors. These wards are working closely with Human Resources and Occupational Health providers to ensure that appropriate support is offered, and action being taken. A Health, Wellbeing and Engagement Manager is now in post to support actions aimed at reducing sickness absence. In addition, there are several initiatives which are widely advertised to address both physical and mental health care needs of staff including a health and wellbeing hub for staff and the PNA programme. These can be accessed by all staff via Nexus the Trust internet site or via Occupational Health referral if appropriate. Although the Covid second wave had ended staff were still encouraged to work from home, if possible, to continue to reduce the potential spread of the virus especially those in non-patient facing and administrators. Those staff were supported via regular one to ones and meetings via teams with colleagues and managers. In addition, they were given information on how to access the support systems especially in relation to mental well-being as it is seen to be beneficial especially for those individuals working in isolation. Sessions were provided by Learning and Development to assist managers in supporting staff who are working remotely to ensure they have the tools to manage and support this way of working.

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



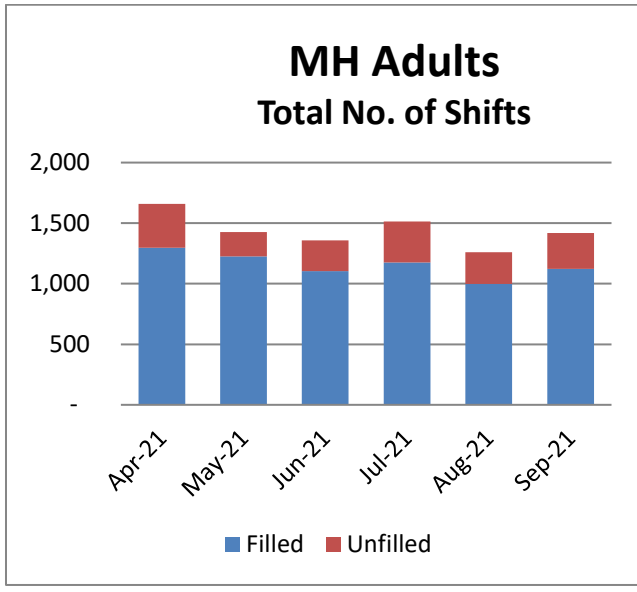
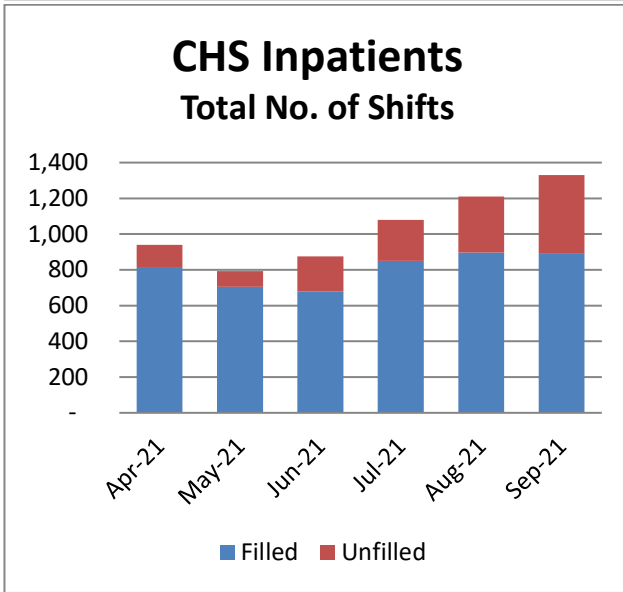
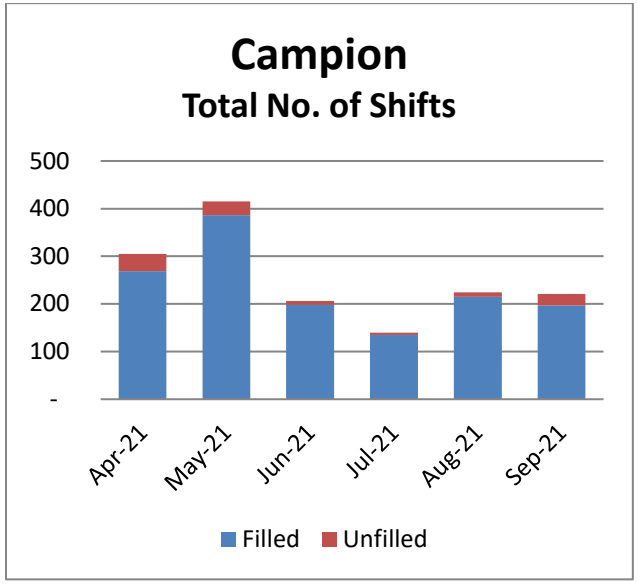
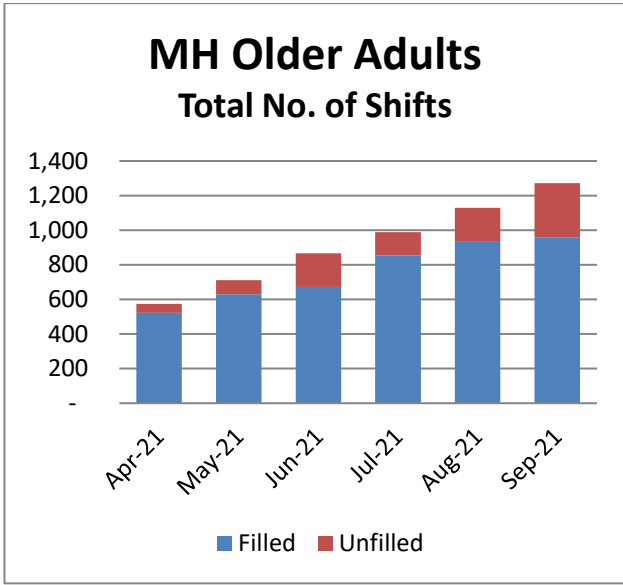
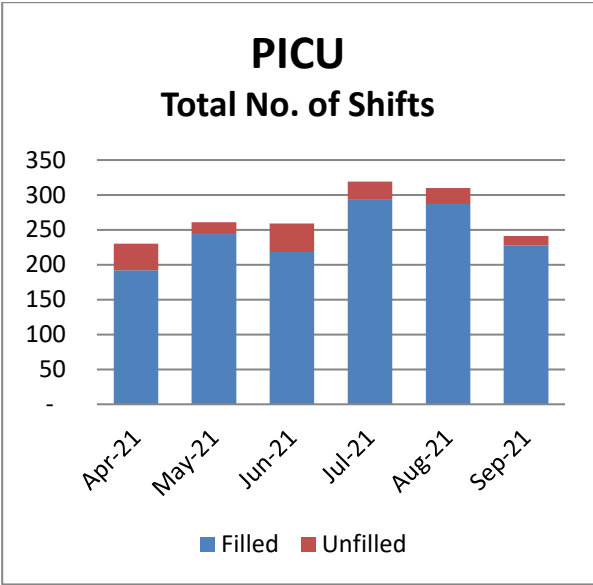
Graph 4: Sickness absence for wards as a percentage of total ward staffing (Mental Health, Wards and Learning Disability):



4.3 Temporary staffing.

When the wards have vacancies and sickness within their nursing staff establishment, they use temporary staffing (agency / bank, or additional shifts by their own staff) to ensure that safe staffing levels are maintained. Temporary staffing is also used where patient need means that additional staff are required. It is recognised that increased numbers of agency and bank staff have the potential to impact on quality of care. Therefore, the wards continue to work hard with the support of the recruitment team to fill vacancies with the aim to reduce the reliance on temporary staffing.

The graphs below show the total number of shifts required to be filled for each area as well as number of these that were filled/ unfilled. All CHS and MH wards have had difficulty in filling required shifts. There has been an increase in temporary staffing need over the last six months which has coincided with Covid outbreaks and staffing vacancies.



4.4 SafeCare Tool.

Managing staff deployment is of great importance to the Trust and ensuring that staffing levels match demand so that both over and understaffing is avoided is crucial to maintain and deliver services. How patient activity considering occupancy, patient acuity and dependency is understood requires processes to be able to respond to changing demand yet address cost pressures. The SafeCare tool is a software module which can be added onto the already implemented Allocate E-Roster system and assists in providing a consistent way of interpreting productivity and efficiency alongside quality and safety outcome measures. In addition, it enables data to be collected in real time rather than retrospectively, therefore demonstrating more accurate acuity and dependency data. It supports the CHPPD measurement and provides operational staffing control which ensures governance and transparency. Roll out commenced in May 2021 using the West CHS wards and is now live. Early data is demonstrating that all wards are at least equal to and above their establishments. Roll out to the East community wards has just commenced. This will be followed by the Mental Health wards in 2022. It is envisaged that the safe staffing team also will be able to utilise the data for the monthly board reports.

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

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

6.0 Safety on our wards.

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

6.1 Quality indicators.

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

These indicators are:

Community Wards:

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

Mental Health Wards:

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

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

Table 5: Quality metric for mental health inpatient wards (April to September 2021):

Ward	AWOL	Falls	Patient on Patient Assault	Patient on Staff Assaults	Prone Restraint	Seclusion	Self-harm
Bluebell	17	4	19	44	6	16	178
Daisy	26	8	3	25	6	9	41
Rose	21	5	29	64	2	12	58
Snowdrop	33	1	22	18	3	10	133
Orchid	1	21	5	9	1	0	3
Rowan	0	19	6	32	0	0	0
Sorrel	7	0	22	38	9	62	36
Campion	0	0	3	22	0	0	18
Total	105	58	109	252	27	109	467

* Correct at time of report

There has been an overall decrease in incidents reported during this period compared to the previous six months. However, this is likely to relate to the removal of Willow House from this report after April 2021. There has been a marked increase in self-harm (467 to 626) but a reduction in AWOL and seclusion incidents. Reducing assaults, falls, prone restraint and self-harm are all key priorities for the trust and are included within the Trusts harm free care/ supporting our staff plan on a page initiative, quality improvement approaches are being used to support identification of countermeasures to achieve reduction.

Table 6: Quality metric for community physical health inpatient wards (April to September 2021)

Ward	Drugs	Falls	Pressure Ulcers	Patient on Staff Assaults
Donnington	20	14	13	3
Highclere	5	13	10	9
Oakwood	27	24	17	3
Wokingham	18	20	3	0
Henry Tudor	27	10	1	1
Jubilee	7	2	1	2
Total	104	83	45	18

*Correct at time of report

There has been a slight decrease in incidents reported during this six-month period (255 to 250) especially in relation to incidents of patient on staff assaults and pressure ulcers. Pressure ulcer desk top reviews and learning events are undertaken and ensure learning is shared within teams across the Trust and ensures information is disseminated to relevant staff.

Reducing falls is a key focus for the Trust and is part of the harm free care driver metrics using a quality improvement approach to support reduction

All medication incidents have been reported as being low or causing no harm.

6.2 Red flags.

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

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

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

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

	Apr-21		May-21		Jun-21		Jul-21		Aug-21		Sep-21		Total for ward	%
	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night		
Bluebell	21	9	9	6	12	9	9	7	16	10	20	5	133	24.22
Daisy	6	5	5	1	14	3	15	2	27	6	21	2	107	19.48
Rose	5	3	3	4	16	6	5	1	10	2	10	6	71	12.93
Snowdrop	9	0	10	0	6	0	9	0	13	4	1	0	52	9.47
Orchid	3	0	2	0	6	2	9	1	2	3	5	6	39	7.10
Rowan	1	1	2	1	22	12	0	6	4	3	0	7	59	10.74
Sorrel	0	0	0	0	1	0	5	0	1	0	2	0	9	1.63
Campion	0	0	0	0	0	0	0	0	3	0	4	0	7	1.27
Donnington	0	0	0	0	0	0	0	1	0	2	0	1	4	0.72
Highclere	3	0	2	3	2	5	10	9	11	5	9	7	66	12.02
Oakwood	0	0	0	0	0	1	0	1	0	1	0	1	4	0.72
Ascot	0	0	2	4	8	0	3	6	6	17	9	9	64	11.65
Windsor	0	0	0	0	0	1	0	1	0	0	1	1	4	0.72
Henry Tudor	1	0	0	0	0	0	0	0	0	0	0	0	1	0.18
Jubilee	0	0	0	0	0	0	0	0	0	0	0	8	8	1.45
Total for month	67		54		126		100		146		135		628	

7.0 Safe Staffing Declaration.

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

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

7.1 Declaration by Director of Nursing and Therapies and Medical Director.

The ongoing pandemic and the impact that it has had on staffing has meant that the 6 months covered in this report has continued to be challenging for all the wards. Whilst there has been no correlated link between staffing levels and patient safety incidents, we recognise that workforce is one of our most significant risks, there is limited assurance that care was a high quality at all times, and it is possible that patient experience may have been compromised due to high temporary staffing on some shifts and some gaps in staffing that were unable to be filled.

The mental health wards have experienced occupancy over 90%, whilst the community wards occupancy has ranged from a six-monthly average of 74% - 95%, with high acuity resulting in additional staff being required to meet patient need; alongside this, sickness absence and vacancy has resulted in the requirement for continued high numbers of temporary staffing. Many of the temporary staff are familiar with the wards which provides some mitigation and assurance to the use of temporary staffing and temporary staff receive induction as well as having access to our clinical systems. All our wards have mitigation in place for when there are rota gaps; for the mental health wards there is a duty senior nurse available 24/7 who is able to move staff around to ensure that areas of most need receive assistance and for all of our wards their senior leadership team are available for advice and support.

There has been some successful recruitment and our People Strategy/ workforce strategic initiative has several workstreams to support recruitment, retention, staff development and skill-mix to ensure that we have a safe, effective, and sustainable workforce.

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

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

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

8.0 Community Nursing Caseloads.

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

The escalation tool:

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

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

Locality	April	May	June	July	August	September
West Berks	96.18%	88.36%	95.63%	89.43%	92.96%	97.89%
Reading	90.08%	86.29%	86.32%	87.74%	83.36%	81.59%
Wokingham	94.81%	84.90%	83.82%	84.30%	88.0%	88.49%
Bracknell	97.4%	96.14%	97.45%	95.68%	91.89%	91.74%
Windsor & Maidenhead	97.41%	98.08%	94.82%	97.19%	87.26%	86.93%
Slough	109.15%	105.55%	103.59%	100.99%	97.35%	102.83%

The RAG rating for community nursing is based on staffing levels and does not include the additional unpaid hours that staff work to meet demand and work is on-going to review staffing requirements. Reading locality figures were portrayed staffing on the previous report as having a 20- 25% reduction in staffing levels. However, during April/May 2021 this was found to be incorrect as three GP surgeries had transferred to the West Berkshire locality from Reading locality sometime previously and this had not been accounted for. The figures above demonstrate that Reading locality is RAG rated green this six-month period as are all the other remaining localities.

There has been a focus on recruitment and retention within community nursing in the west which has had a positive impact on staffing. Several workshops were held to gain feedback from staff to identify what was concerning staff and why people leave. Senior managers are now working through the feedback in order to address the issues raised. In addition, there has been

development of three new senior clinical roles (one in each west locality) to assist with supporting staff clinically and providing a clear pathway for development.

NHSE is working on developing and implementing a community nursing dependency tool. First cohorts were due to work on the project are beginning in April 2021. However, this has not commenced as yet. We have submitted an expression of interest form to be involved in the work to develop this tool and any other developments in this area.

Summary Community Nursing

Community nursing continues to be on a RAG rating of green, however, this does not consider patient acuity and is based on staffing numbers alone, the staffing is maintained in all areas by staff working additional hours through the bank system.

9.0 Nursing Associates.

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

There are 21 qualified NAs working in a range of services (community nursing, community mental health teams, community health wards) across the trust. 11 trainee NAs are at different stages of their training across all services from Cohorts 5, 6 and 7. There has been a decrease in applicant and participants for the programme especially in the recent cohort where there is only 1 participant. Work is being undertaken within the trust to ascertain why this is and to encourage suitable applicants for future cohorts.

10.0 Conclusion and next steps.

- Work with the PPH Beyond Budgeting project to establish safe staffing requirements on the wards at PPH which incorporates staffing needed for observational levels.
- Complete staffing review in April 2022 across all inpatient areas using agreed national toolkits.
- Continue with focused recruitment plans which have achieved some positive results in securing new staff. Support the international recruitment programme. Support the preceptorship programme to ensure preceptee feel confident to fulfil their role on the wards.
- Continue the implementation of the SafeCare tool to the inpatient wards across the Trust.
- Support the Nurse Associate pathway and recruitment post qualifying. Support with any work streams associated with increasing the Nurse Associate programme take up.
- Continue with involvement with NHSE in the development of national community nursing dependency tool to aid assessment of safe staffing levels within the service. Assist with the scoping of a community nursing tool with senior community managers.



Trust Board Paper

Board Meeting Date	9 November 2021
Title	Executive Report
	For Noting
Purpose	This Executive Report updates the Board of Directors on significant events since it last met.
Business Area	Corporate
Author	Chief Executive
Relevant Strategic Objectives	N/A
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	None
Equality and Diversity Implications	N/A
SUMMARY	This Executive Report updates the Board of Directors on significant events since it last met.
ACTION REQUIRED	To note the report and seek any clarification.

Trust Board Meeting 9 November 2021

EXECUTIVE REPORT

1. Never Events

Directors are advised that no 'never events' have occurred since the last meeting of the Trust Board.

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

2. Staff Vaccination Programme 2021 – October 2021 Update

Introduction

Seasonal influenza and COVID-19 have the potential to add substantially to the winter pressures the NHS usually faces, particularly if infection waves from both viruses coincide. The timing and magnitude of potential influenza and COVID-19 infection waves for winter 2021/22 are currently unknown, but mathematical modelling indicates the 2021/22 influenza season in the UK could be up to 50% larger than typically seen and it may start earlier than usual. The uptake ambitions for this coming season set out in the national flu letter reflect the importance of protecting people against flu this winter and should be regarded as the minimum level to achieve.

The Staff Flu Programme commenced late September as in previous years, a decision by the Joint Committee of Vaccinations and Immunisations (JCVI) on the COVID booster programme was approved and commenced at the end of September.

Health and Social Care staff are part of the priority grouping for both the flu vaccine and the Covid boosters, all Covid vaccines were expected to be delivered to Health and Social Care staff by 17 October 2021 although there is also a requirement that the COVID-19 booster should not be given before 182 days post 2nd dose and therefore not all staff were legible for the booster before 17 October. Staff who did not receive the booster through our clinic are accessing it through the national booking system.

The Flu Letter of 17 July 2021 highlighted that flu vaccinations should be offered to 100% of frontline and patient facing staff, with an ambition of vaccinating at least 85% nationally. COVID-19 boosters are to be offered to staff who have previously

received at least one COVID vaccine, however there must be a six-month gap from the second vaccine.

As in previous years all board members are expected to have the flu vaccination, and this has been achieved.

Delivery of the Campaign

This year's campaign is being managed by the Lead Nurse for Immunisations and is being delivered through a series of clinics at the Wokingham Vaccine Centre, clinics at the main Trust sites and roving peer vaccinators.

Digital vouchers are also available for those who would find receiving their vaccine at a local pharmacy a better option.

The campaign commenced on 25th September and will continue to 31st December 2021 for the influenza vaccine and for the COVID-19 Booster ran from 25th September to 17th October 2021, in line with national guidance for health and social care staff .

Monthly reporting on vaccination uptake will be provided to the Trust Board and Divisional Directors and weekly figures will be shared weekly throughout the campaign.

Flu uptake as of 28th October 2021:

All staff **42.2%**; Clinical staff **37%**

Table 1: Uptake by Directorate

Directorate	Staff Due	Vaccinated	Not Vaccinated	% compliance
Community Health West Services	997	441	556	44.23
Mental Health West Services	920	320	600	34.78
Children, Young People and Families Services	729	334	395	45.82
Corporate Services	692	328	364	47.40
Community Health East Services	612	204	408	33.33
Mental Health East Services	325	110	215	33.85
MH Inpatients	317	55	262	17.35

Table 2: Uptake by staff group

Staff Group	Staff Due	Vaccinated	Not Vaccinated	% Compliance
Additional Clinical Services	1065	311	754	29.2
Allied Health Professionals	508	240	268	47.2
Add Prof Scientific and Technic	455	169	286	37.17
Students	23	7	16	30.43
Medical and Dental	202	90	112	44.55
Healthcare Scientists	13	4	9	30.77
Nursing and Midwifery Registered	1213 3479	469	744	38.66
Admin and Clerical	1158	551	607	47.58
Estates and Facilities	111	16	95	14.41

Covid Booster uptake figures as of 28th October 2021:

All staff 33.8% Clinical staff 29.2%

Table 3: Uptake by staff group

Staff Group	Staff Due	Vaccinated	Not Vaccinated	% Compliance
Additional Clinical Services	1065	203	861	19.15
Allied Health Professionals	508	202	306	39.76
Estates and Ancillary	111	14	97	12.61
Administrative and Clerical	1158	461	696	39.9
Nursing and Midwifery Registered	1213	378	832	31.41
Healthcare Scientists	13	1	12	7.69
Medical and Dental	202	84	118	41.58
Students	23	5	18	21.74
Add Prof Scientific and Technic	455	144	309	32.09

Mandated Covid vaccination for health and social care staff

The legislation around the need for staff working and going into care homes to have received both 1st and 2nd doses of the Covid vaccine comes into force from 11th November. Whilst there are some staff who are yet to receive both doses, there are

less than 5 staff who could not be accommodated in their current service and therefore are being redeployed.

The consultation to extend this requirement to wider Health and Social Care staff closed on 22nd October 2021 and whilst there is no formal announcement on the outcome at the time of writing this report, it should be noted that the Secretary of State for Health and Social Care has indicated that they are 'leaning toward' making this a requirement. Current uptake of both 1st and 2nd doses of the COVID vaccine is approximately 90% of all Berkshire Healthcare staff; work is ongoing to raise this further with continued support for those yet to receive the vaccine but who are not exempt.

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

3. Care Quality Commission State of Care Report

At the end of October 2021, the Care Quality Commission (CQC) published its new State of Care report, setting out its annual assessment of the quality of health and social care in England over the past year. Key points include:

- CQC highlights the impact of COVID-19 on people's experiences of care, with many struggling to access the care they need due to the strain on health and care services.
- It emphasises its concerns over adult social care services and warns of a "tsunami of unmet need across all sectors" unless workforce pressures in social care are reversed and capacity in the sector increased.
- It emphasises the challenges in access facing some groups over others, such as older people, people from Black and ethnic minority backgrounds, people from more deprived areas and those with a learning disability. It recognises that trusts are keen to tackle their waiting lists with a focus on health inequalities.
- CQC raises particular concerns around urgent and emergency services, ambulance handovers, a rise in demand for mental health services, and staffing pressures in adult social care. It recognises the impact of these ongoing pressures on the health and social care workforce.
- It singles out the benefits of the 'discharge to assess' model for managing transfers of care, and highlights that continued funding for it would support local partners to build relationships and increase capacity in rehabilitation and step-down services.
- The report focuses on the significant quality concerns stemming from closed cultures and noted a higher risk of closed cultures in mental health services. Through their inspections, the CQC identified six common themes of closed cultures, including: incidents of abuse and use of restrictive practices; problems around the competence and training of staff; a culture of covering up mistakes; an absence of oversight by leadership and management staff; a sub-standard quality of care and a lack of reporting quality issues.
- CQC also highlights its quality concerns in maternity services where it feels improvement has not been fast enough.

- CQC discusses the challenges for integrated care systems, including the need to better understand health inequalities, for better integration of health and social care, and the urgent need to prioritise workforce planning.

Executive Lead: Julian Emms, Chief Executive

Presented by Julian Emms
Chief Executive
November 2021

Trust Board Paper

Board Meeting Date	9th November 2021
Title	Financial Summary Report September 2021
	For Noting
Purpose	To provide the Trust Board the financial position for the period ending 30 September 2021.
Business Area	Finance
Author	Chief Financial Officer
Relevant Strategic Objectives	3. - Strategic Goal: To deliver financially sustainable services through efficient provision of clinical & non-clinical services
CQC Registration Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Meeting regulatory requirements
Equalities / Diversity Implications	N/A
SUMMARY	<p>The Trust is reporting a surplus of £1.0m to the end of September 2021, £1.0m better than planned. The Trust has come through H1 in a strong financial position in preparation for the challenges of H2.</p> <p>Both income and pay costs show substantial increase in September due to the payment and funding of the 21/22 pay award and the recognition of Elective Recovery Income and associated accrued costs.</p> <p>Overall workforce growth is lower than planned, with elements of investment income deferred as a result. Marginal COVID costs continue to at a lower level that funded.</p> <p>Planned capital expenditure year to date is £2.5m, £1.1m behind plan.</p> <p>Cash balances remain strong at £47.8m</p>
ACTION REQUIRED	The Board is invited to note the report.

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Finance Report

Financial Year Ending 2021/22

September 2021

Purpose

To provide the Board and Executive with a summary of the Trust's financial performance for the period ending 30 September 2021.

Document Control

<i>Version</i>	<i>Date</i>	<i>Author</i>	<i>Comments</i>
1.0	17/10/2021	Rebecca Clegg	Draft
2.0	18/10/2021	Paul Gray	Final

Distribution

All Directors

All staff needing to see this report.

Confidentiality

Where indicated by its security classification above, this document includes confidential or commercially sensitive information and may not be disclosed in whole or in part, other than to the party or parties for whom it is intended, without the express written permission of an authorised representative of Berkshire Healthcare NHS Foundation Trust.

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1.0 Income & Expenditure

M6 Sep 2021	In Month			YTD			H1
	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m	Plan £'m
Operating Income	26.7	24.4	2.3	144.0	143.9	0.1	143.9
Elective Recovery Fund	1.4	1.1	0.2	1.7	3.4	(1.8)	3.4
Top Up Funding	0.5	0.5	0.0	3.1	3.1	0.0	3.1
COVID Funding	0.8	0.8	0.0	4.8	4.8	0.0	4.8
Donated Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Income	29.4	26.9	2.6	153.6	155.2	(1.6)	155.2
Staff In Post	18.8	17.2	1.6	97.2	99.7	(2.5)	99.7
Bank Spend	1.8	1.4	0.4	9.6	8.7	0.8	8.7
Agency Spend	0.5	0.3	0.2	2.5	1.8	0.7	1.8
Total Pay	21.1	18.9	2.2	109.3	110.2	(1.0)	110.2
Purchase of Healthcare	1.9	1.7	0.2	10.1	10.0	0.1	10.0
Drugs	0.5	0.5	0.0	2.7	2.8	(0.1)	2.8
Premises	2.9	2.2	0.7	9.7	10.8	(1.1)	10.8
Other Non Pay	1.8	2.1	(0.3)	10.9	11.5	(0.6)	11.5
PFI Lease	0.5	0.5	0.0	3.2	3.2	0.0	3.2
Total Non Pay	7.5	7.0	0.6	36.6	38.3	(1.6)	38.3
Total Operating Costs	28.7	25.9	2.8	145.9	148.5	(2.6)	148.5
EBITDA	0.7	1.0	(0.2)	7.7	6.7	1.0	6.7
Interest (Net)	0.3	0.3	0.0	1.950	2.0	0.0	2.0
Depreciation	0.7	0.7	(0.0)	4.057	4.0	0.0	4.0
Disposals	0.0	0.0	0.0	0.000	0.0	0.0	0.0
PDC	0.1	0.1	0.0	0.702	0.7	0.0	0.7
Total Financing	1.1	1.1	0.0	6.7	6.7	0.0	6.7
Reported Surplus/ (Deficit)	(0.4)	(0.1)	(0.2)	1.0	0.0	1.0	0.0

Key Messages

The table above illustrates the financial performance against the Trust's plan for the first half (H1) of 2021/22. The plan reflected our agreed system contribution for the period and the revised assumptions on additional system Elective Recovery Fund (ERF) income to be allocated to offset increases in expenditure.

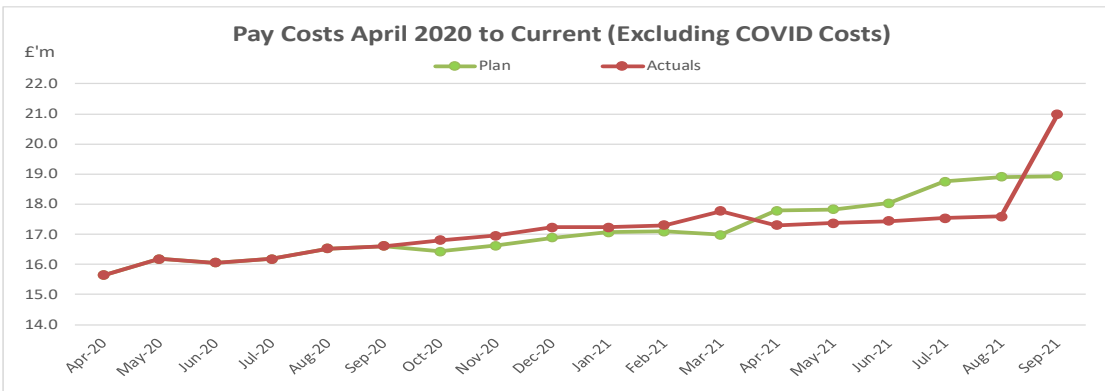
The Trust reported a £0.4m deficit against a £0.1m deficit plan for September and an outturn for H1 of a £1m surplus, in line with the revised forecast at Q1.

In Q2, the plan assumed that Service Development and Spending Review Funding would be recognised, matching planned increases in expenditure. Costs have not materialised as planned and this has resulted in £2.6m of income being deferred into the second half of the year.

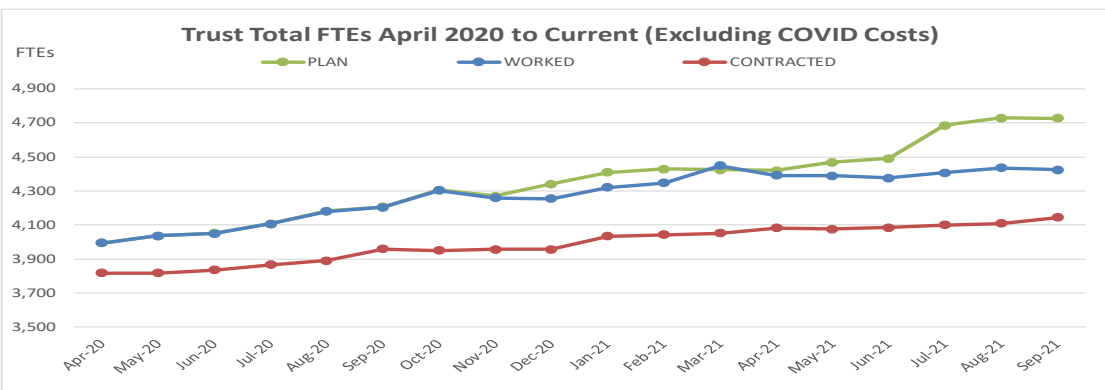
The Trust had originally agreed to undertake capital to revenue transfers of £2.7m as part of the plan to deliver the capital programme within the ICS control total. Due to a late change this has reduced to £1.7m with both income and expenditure being accounted for in full in month 6. The estates and IM&T schemes that were due to be funded from the ERF are behind plan, but it is expected that the position will be recovered by the end of H2.

Marginal costs attributable to COVID continue to be lower than anticipated and this is adding to our better than planned performance.

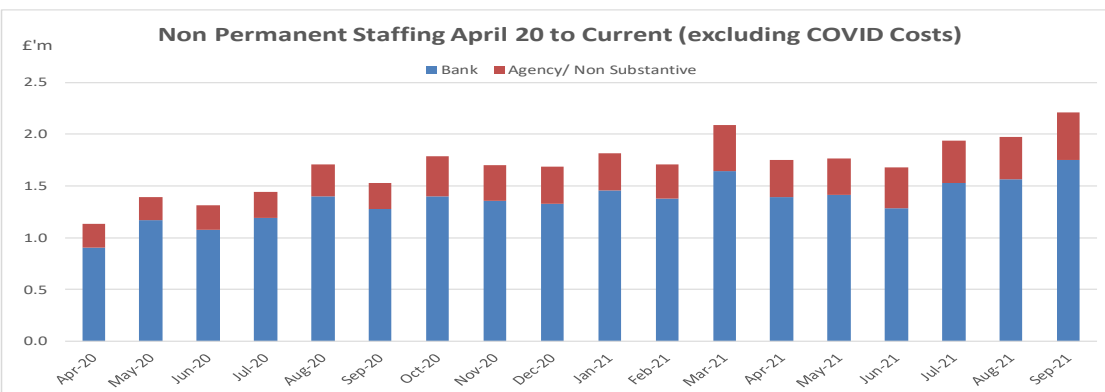
Workforce



Staff Costs	
YTD	£'m
2021/22	108.2
2020/21	97.2
	▲ 11%
Prior Yr	£'m
Sep-21	21.0
Sep-20	16.6
	▲ 26%



FTEs		
Prior Mth	CFTE	WFTE
Sep-21	4,144	4,423
Aug-21	4,109	4,435
	▲ 1%	▼ 0%
Prior Yr	CFTE	WFTE
Sep-21	4,144	4,423
Sep-20	3,958	4,204
	▲ 5%	▲ 5%



Staff Costs		
YTD	Bank	Agency
	£'m	£'m
2021/22	8.9	2.4
2020/21	7.0	1.5
	▲ 27%	▲ 60%
Prior Yr	Bank	Agency
	£'m	£'m
Sep-21	1.8	0.5
Sep-20	1.3	0.3
	▲ 37%	▲ 83%

Key Messages

Pay costs in September were £21m (excluding COVID costs). This includes £2.9m for the pay award in H1 of which £2.5m related to back pay for April to August.

Underlying pay excluding COVID costs has risen monthly, with costs in September £0.7m higher than April.

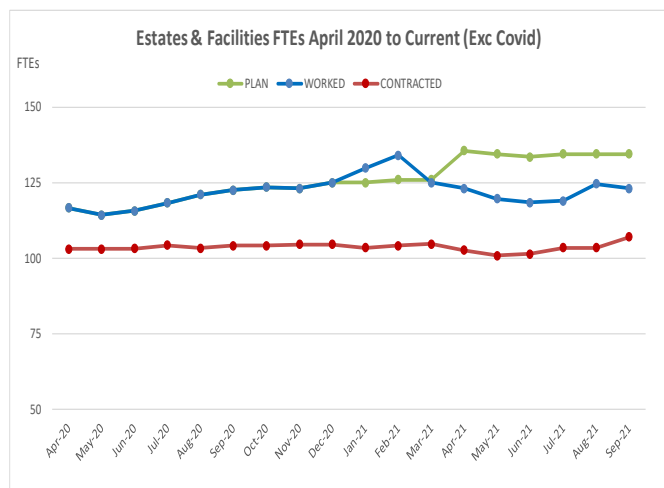
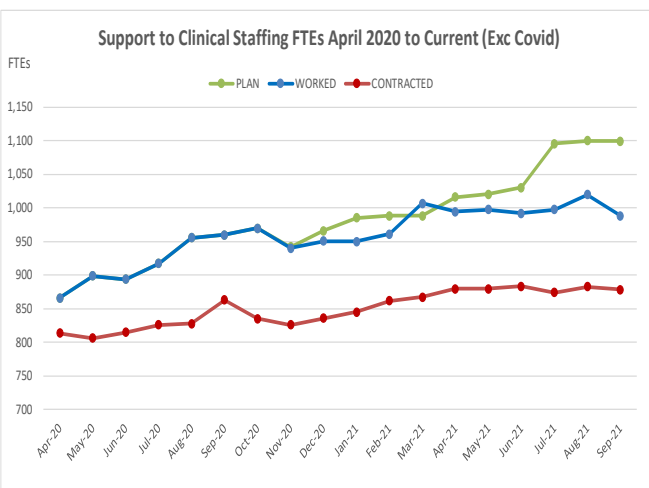
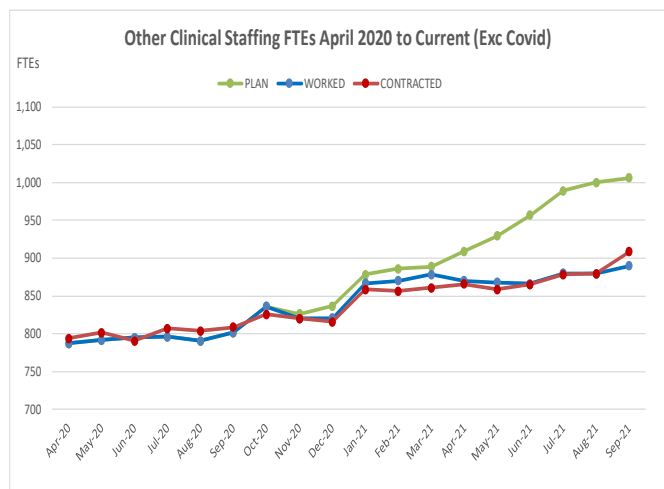
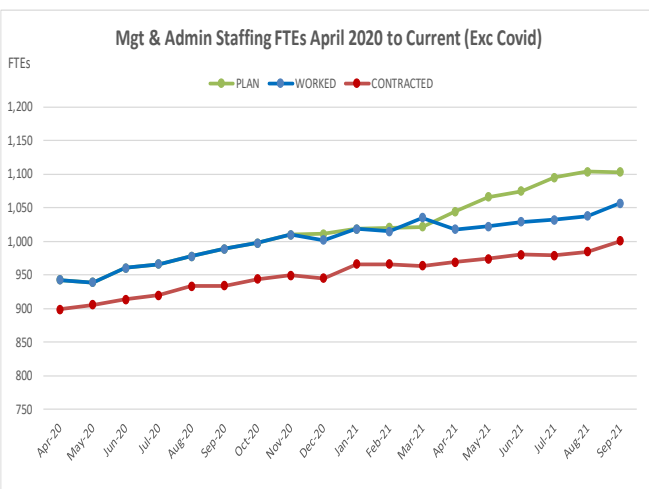
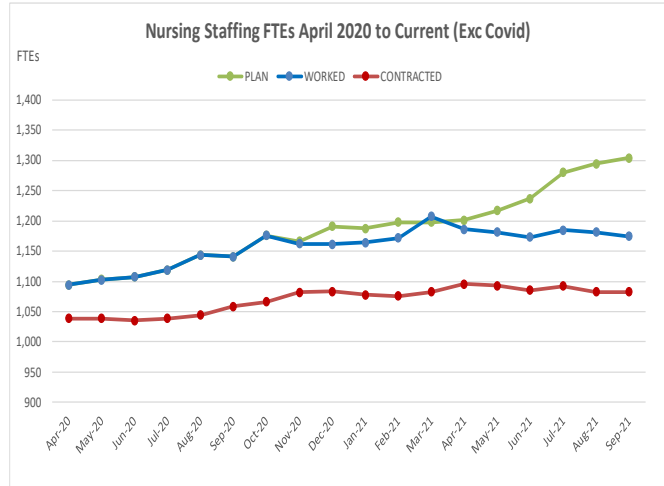
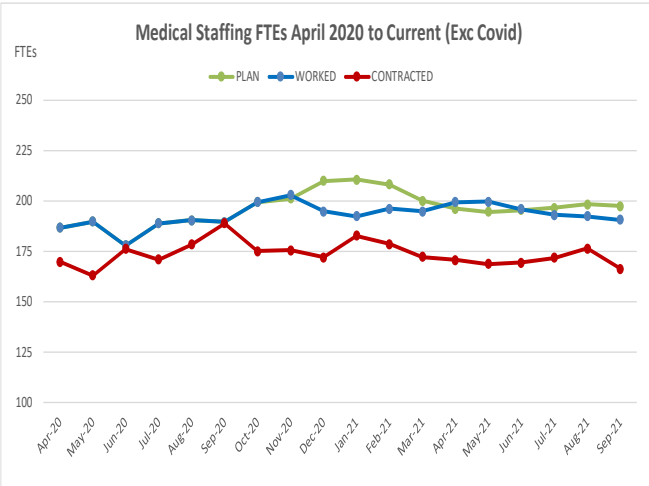
Despite the increase in underlying costs, the level of recruitment remains well below planned levels, with costs in the month £0.9m below plan including offsetting non permanent staffing costs.

Non Permanent staffing costs increased in month mainly as a result of the pay award.

The level of staffing costs attributable to COVID increased above £0.1m in September following a dip in the previous month.

Contracted WTEs increased by 34 in September, but worked WTEs reduced by 12. The increase in contracted WTEs included planned recruitment to expand the immunisation team (16 WTE) and neurodiversity team (7 WTE) and linked to MH investments in the West for perinatal and IAPT (9 WTE). There was also an increase in corporate across a number of functions.

Staffing Detail

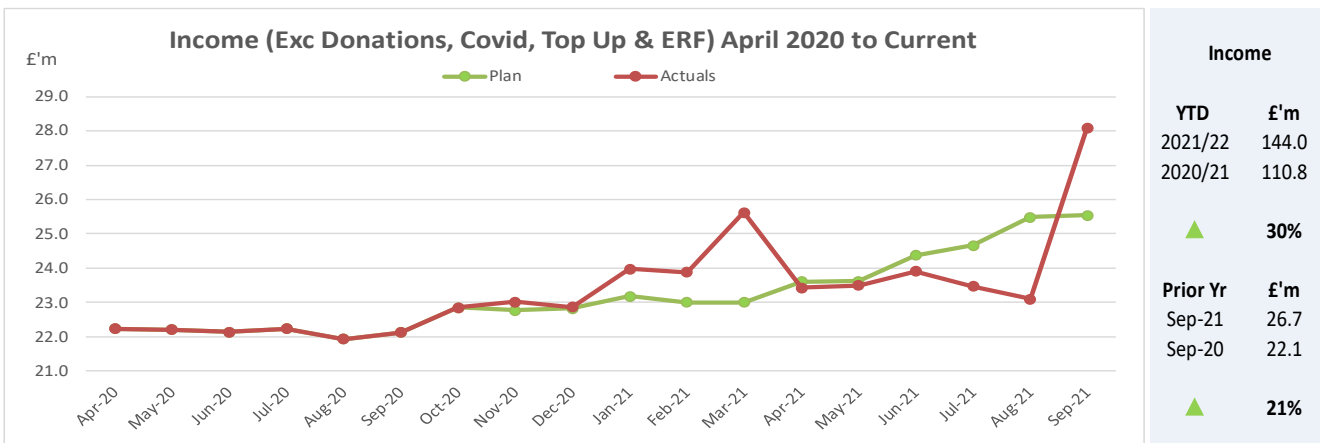


Key Messages

The tables above provide current staffing numbers broken down into core staffing groups. The planned levels reflect assumptions on underlying recruitment, as well as an expectation of staffing increases funded through commissioner investment. Some CCG investments are still to be agreed and actual staff groups recruited may differ to plan.

This month there were increases in contracted numbers across other clinical staff and management and admin offsetting a reduction in medics.

Income & Non Pay

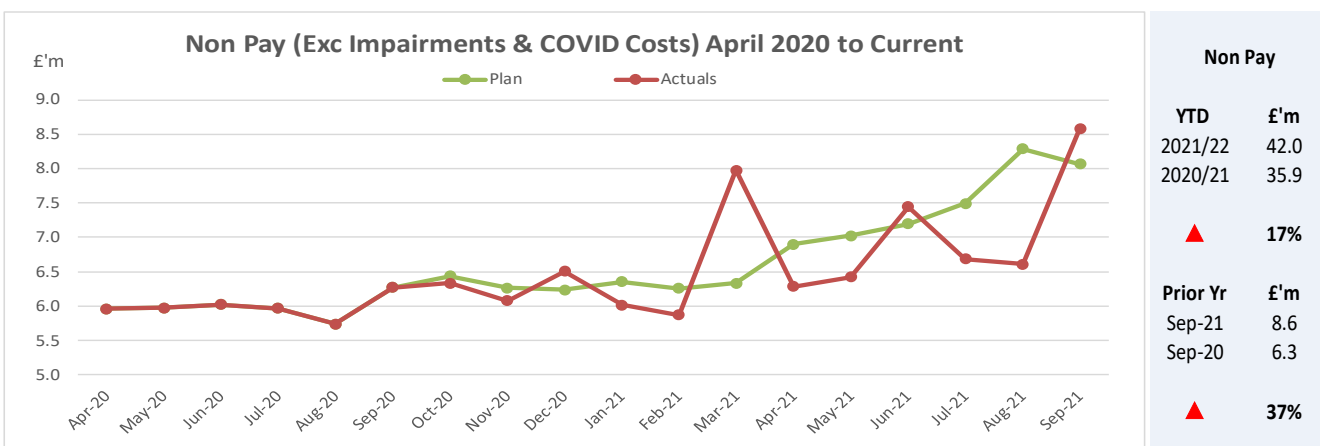


Key Messages

The income plan, above, reflects the latest view of agreed block contracts for H1, but excludes our agreed £4.8m COVID allocation, £3.1m deficit support and £3.4m ERF funding. The plan assumed that Service Development Funding and Spending Review Funding would be recognised from Q2, offsetting a planned increased in cost, however, as at the end of September, income of £2.6m has been deferred.

As at the end of September, the Trust has contributed £5.5m to the overall level of ERF earned across BOB ICS in H1. In a change from previous months, the Trust has accrued for its share of funding, which is now £1.7m and has matched expenditure against this for H1 with an expectation that expenditure is incurred, largely in H2.

It has also been assumed that c£3m of funding is made available in H2 to cover the pay award costs for H1.



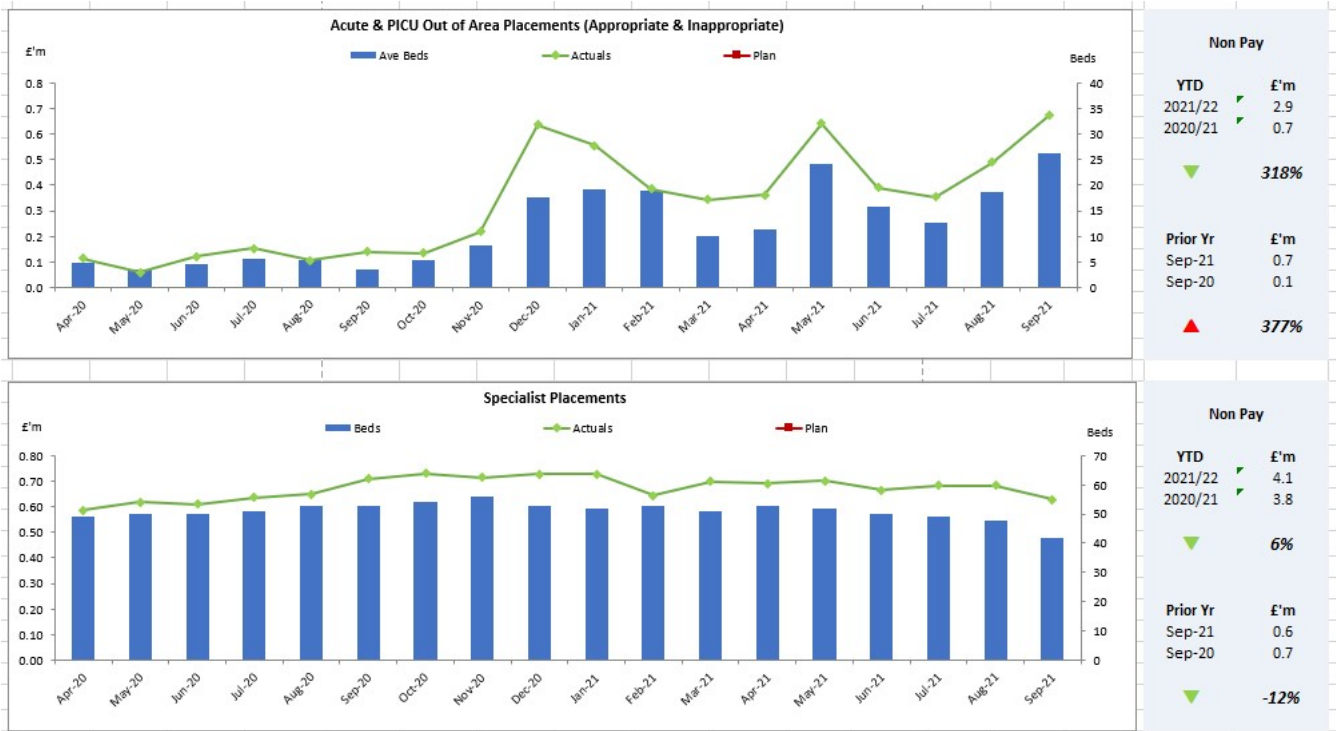
Key Messages

Non Pay spend was £8.6m in month, which was £0.5m above plan, however, this was the result of accruing for additional expenditure to be funded by the Elective Recovery Fund and when taking account of this, the variance against plan was a £0.9m underspend. The variance to plan continues to relate to a delay to some estate and IT costs which may now slip into the second half of the year.

In addition there was a further £0.1m of COVID related costs.

The Trust continues to experience pressure on Out of Area Placement costs with an average of 26.4 beds costing £0.7m in September compared with an average of 18.8 beds costing £0.5m in August. Further analysis and narrative can be found on the next page.

Non Pay Expenditure: Placement Costs



Key Messages

Out of Area Placements. The average number of placements increased in September from 18.8 to 26.6 with costs increasing from £0.5m per month to £0.7m per month.

Specialist Placements continue to hold at a steady cost level but with lower bed numbers due to COVID related bed closures.

Since July 2021 we have seen a substantial increase of demand upon our PPH bed base alongside a reduction in availability due to COVID related closures. These two occurrences have seen an increased need for out of area placements. We have managed to purchase 8 additional Extra contractual Acute beds and 5 PICU beds and these have been in place since July and have been fully occupied since August 2021. This means that we are able to meet the continuity principle set by NHSE&I and therefore these beds are not recorded as inappropriate OAPs, but whilst this helps with our trajectory to zero it still leaves us with a financial cost pressure. Furthermore with a worsening position in September 2021 and a lack of out of area provision we have looked to purchase an additional 6 beds and will fill these.

We have reset a programme board and this will look at 2-3 areas that are felt to have the biggest potential to address the continued pressure. Three of the six localities are in escalation (this is an increased scrutiny position) and whilst this is helping in terms of identifying any blockages it cannot mitigate fully the increased pressures through demand at the front door and reduced bed capacity in PPH due to COVID closures. The Programme Board, in the first instance, would want to concentrate efforts on bringing the numbers back into line with PPH bed base and the additional 13 beds.

2.0 Balance Sheet and Cash

Balance Sheet	20/21	Current Month			YTD		
	Actual £'m	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m
Intangibles	5.4	4.3	4.5	(0.2)	4.3	4.5	(0.2)
Property, Plant & Equipment (non PFI)	38.4	38.2	38.8	(0.6)	38.2	38.8	(0.6)
Property, Plant & Equipment (PFI)	55.5	55.3	55.6	(0.3)	55.3	55.6	(0.3)
Total Non Current Assets	99.3	97.7	98.9	(1.1)	97.7	98.9	(1.1)
Trade Receivables & Accruals	13.9	12.7	9.4	3.3	12.7	9.4	3.3
Other Receivables	0.2	0.1	0.2	(0.0)	0.1	0.2	(0.0)
Cash	39.1	47.8	37.5	10.2	47.8	37.5	10.2
Trade Payables & Accruals	(34.5)	(33.2)	(28.5)	(4.6)	(33.2)	(28.5)	(4.6)
Current PFI Finance Lease	(1.6)	(1.6)	(1.6)	(0.0)	(1.6)	(1.6)	(0.0)
Other Current Payables	(6.1)	(12.4)	(6.7)	(5.8)	(12.4)	(6.7)	(5.8)
Total Net Current Assets / (Liabilities)	10.9	13.4	10.2	3.1	13.4	10.2	3.1
Non Current PFI Finance Lease	(25.5)	(24.6)	(24.6)	(0.0)	(24.6)	(24.6)	(0.0)
Other Non Current Payables	(2.8)	(3.5)	(2.5)	(0.9)	(3.5)	(2.5)	(0.9)
Total Net Assets	82.0	83.0	81.9	1.1	83.0	81.9	1.1
Income & Expenditure Reserve	30.6	31.0	30.5	0.5	31.0	30.5	0.5
Public Dividend Capital Reserve	20.0	20.0	20.0	0.0	20.0	20.0	0.0
Revaluation Reserve	31.4	32.0	31.4	0.6	32.0	31.4	0.6
Total Taxpayers Equity	82.0	83.0	81.9	1.1	83.0	81.9	1.1

Cashflow	20/21	Current Month			YTD		
	Actual £'m	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m
Operating Surplus/(Deficit)	4.9	0.1	0.3	(0.2)	3.7	2.6	1.1
Depreciation and Impairments	10.3	0.7	0.7	(0.0)	4.1	4.1	(0.0)
Operating Cashflow	15.2	0.7	1.0	(0.2)	7.7	6.7	1.1
Net Working Capital Movements	11.0	(1.8)	0.1	(1.9)	7.5	(0.5)	7.9
Proceeds from Disposals	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Donations to fund Capital Assets	(0.0)	0.0	0.0	0.0	(0.0)	0.0	(0.0)
Donated Capital Assets	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Capital Expenditure (Net of Accruals)	(7.9)	(1.6)	(1.4)	(0.2)	(3.5)	(4.8)	1.3
Investments	(7.9)	(1.6)	(1.4)	(0.2)	(3.6)	(4.8)	1.2
PFI Finance Lease Repayment	(1.5)	(0.1)	(0.1)	0.0	(0.8)	(0.8)	0.0
Net Interest	(4.0)	(0.3)	(0.3)	(0.0)	(2.0)	(2.0)	(0.0)
PDC Received	0.8	0.0	0.0	0.0	0.0	0.0	0.0
PDC Dividends Paid	(1.0)	(0.2)	(0.2)	0.0	(0.2)	(0.2)	0.0
Financing Costs	(5.7)	(0.7)	(0.7)	0.0	(3.0)	(3.0)	0.0
Other Movements	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Net Cash In/(Out)Flow	12.7	(3.4)	(1.1)	(2.4)	8.6	(1.6)	10.2
Opening Cash	26.4	51.2	38.6	12.6	39.1	39.1	0.0
Closing Cash	39.1	47.8	37.5	10.2	47.8	37.5	10.3

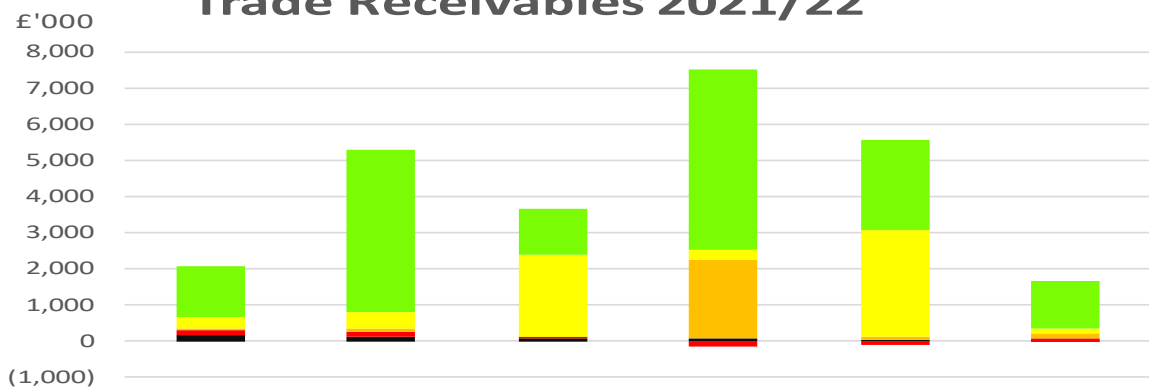
Key Messages

The Trust's closing cash balance for September 2021 was £47.8, which is £10.3m above plan but represents a reduction in the closing cash balance since last month of £3.4m. Contributing to the cash position are a net inflow of cash related to income received in advance of anticipated activity and a net increase in working capital balances.

The first half surplus of £1m and slippage against capital expenditure of £1.1m are both adding to the current cash surplus. It is anticipated that the capital underspend will continue to reduce into the second half of the year. A revised cash forecast will be developed as part of the H2 planning process.

Cash Management

Trade Receivables 2021/22

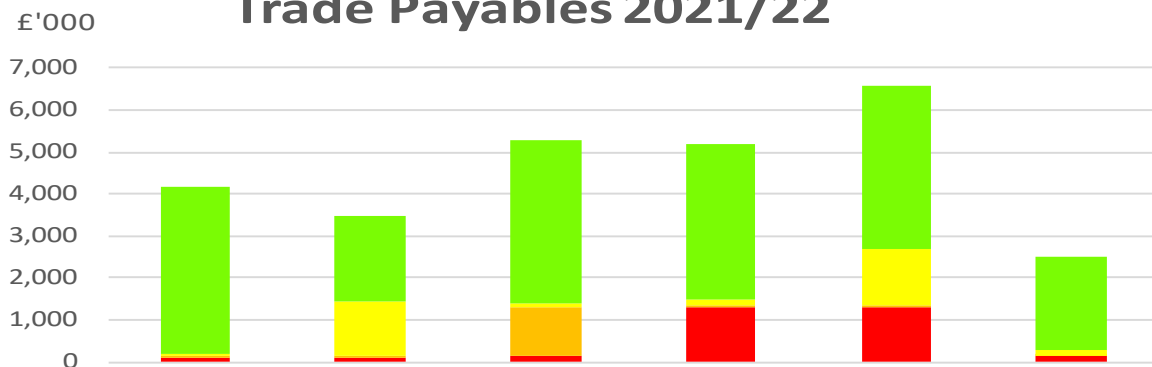


	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
<30 Days	1,413	4,488	1,270	5,029	2,507	1,329
>30 <60 Days	316	472	2,289	262	2,966	121
>60 <90 Days	73	77	22	2,193	62	139
>90 <180 Days	131	124	22	(139)	(84)	70
>180 Days	163	139	90	69	64	13

Key Messages

Overall debtors balances decreased by £3.8m, mainly due to a decrease in 30 to 60 days balances relating to repayment of NHSPS balances. Balances over 60 days remain at a similar low level to prior months. We continue to pursue settlement of the older balances and do not consider the balances to be at risk at this moment.

Trade Payables 2021/22



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
<30 Days	3,976	2,070	3,920	3,697	3,890	2,223
>30 <60 Days	88	1,266	63	152	1,311	143
>60 <90 Days	12	54	1,187	21	60	23
>90 days	109	111	136	1,322	1,309	126

Key Messages

Overall Creditors decreased by £4m, due to a decrease in current balances as well as decrease in balances over 30 to 60 days and decrease in balances over 90 days both relating to clearing the NHSPS balances.

3.0 Capital Expenditure

Schemes	Current Month			Year to Date			FY
	Actual £'000	Plan £'000	Variance £'000	Actual £'000	Plan £'000	Variance £'000	Plan £'000
<u>Estates Maintenance & Replacement Expenditure</u>							
Erleigh Road (LD etc works)	0	13	(13)	0	43	(43)	135
Other Trust Owned Properties	32	0	32	33	0	33	0
Leased Non Commercial (NHSPS)	59	39	20	121	100	21	370
Head Office Relocation	0	88	(88)	0	192	(192)	800
Leased Commercial other	(0)	14	(14)	(0)	35	(35)	135
Wokingham Willow House Projects	236	350	(114)	758	950	(192)	950
Environment & Sustainability	14	5	9	14	19	(5)	49
Various All Sites	0	12	(12)	8	47	(39)	130
Statutory Compliance	0	21	(21)	(0)	98	(98)	240
Subtotal Estates Maintenance & Replacement	342	542	(200)	934	1,484	(550)	2,809
<u>IM&T Expenditure</u>							
IM&T Business Intelligence and Reporting	0	0	0	(0)	0	(0)	0
IM&T Refresh & Replacement	938	37	901	949	1,030	(81)	2,102
IM&T System & Network Developments	14	44	(30)	141	160	(19)	466
IM&T GDE & Community Projects	36	36	(0)	147	220	(73)	465
Subtotal IM&T Expenditure	988	117	871	1,237	1,410	(173)	3,033
Subtotal CapEx Within Control Total	1,330	659	671	2,171	2,894	(723)	5,842
<u>CapEx Expenditure Outside of Control Total</u>							
PPH - LD to Jasmine	(0)	0	(0)	143	131	12	131
PPH Fire Doors	0	0	0	95	116	(21)	116
PPH Place of Safety	0	13	(13)	0	83	(83)	200
PPH Zonal Heating Controls	0	29	(29)	0	77	(77)	350
PPH Ward Bedroom Door Mechanisms (Swipe Access)	0	18	(18)	60	153	(93)	320
Service change/redesign (not included in ICH)	0	10	(10)	0	27	(27)	200
Other PFI projects	0	57	(57)	65	179	(114)	631
PPH Elimination of Dormitories - PDC Funded	0	10	(10)	0	26	(26)	120
Donated Assets	0	0	0	8	0	8	0
Subtotal Capex Outside of Control Totals	(0)	137	(137)	371	792	(421)	2,068
Total Capital Expenditure	1,329	796	534	2,541	3,686	(1,145)	7,910

Key Messages

The Trust has a capital control total of £5.8m, in addition to the £2.1m of spend outside of system control total, with the overall plan being £7.9m. Year to date spend is £1.1m behind plan.

Estates, Maintenance and Replacement is £0.6m behind plan, year to date with £0.2m relating to the profiling of expenditure on the Willow House and Head Office Relocation schemes. The majority of the work on Willow House has now been completed and the remaining spend is expected to happen in October. There is a delay in the Head Office Relocation project, which means that some of the planned £0.8m spend may slip into next year. The remaining underspends relate to IM&T various projects (£0.2m) and PFI schemes (£0.4m).

The underspend against PFI schemes is due in part to the Ward Bedroom Door Mechanism project (£0.1m) which is expected to be completed by the end of Q3. Other PFI projects such as Place of Safety (£0.1m) are in the design phase, Zonal Heating Controls (£0.1m) and most of the Other PFI projects (£0.1m) are in the feasibility phase.

As we move into the second half of the year, it will be important to have a realistic forecast outturn in place for all schemes not yet completed as the ability to undertake capital expenditure is constrained within the ICS and it is important that we make best use of our control total.

Trust Board Paper - Public

Board Meeting Date	9 th November 2021
Title	True North Performance Scorecard Month 6 (September 2021) 2021/22
	For Noting
Purpose	To provide the Board with the True North Performance Scorecard, aligning divisional driver metric focus to corporate level (Executive and Board) improvement accountability against our True North ambitions, and Quality Improvement (QI) break through objectives for 2021/22.
Business Area	Trust-wide Performance
Author	Chief Financial Officer
Relevant Strategic Objectives	2 - To provide safe, clinically effective services that meet the assessed needs of patients, improve their experience and outcome of care, and consistently meet or exceed the standards of Care Quality Commission (CQC) and other stakeholders.
CQC Registration/Patient Care Impacts	All relevant essential standards of care.
Resource Impacts	None.
Legal Implications	None.
Equality and Diversity Implications	None.
Summary	The True North Performance Scorecard for Month 6 2021/22 (September 2021) is included. Individual metric review is subject to a set of clearly defined “business rules” covering how metrics should be considered dependent on their classification for driver improvement focus, and how performance will therefore be managed.

	<p>The business rules apply to three different categories of metric:</p> <ul style="list-style-type: none"> • Driver metric: the few key improvement drivers with target performance and will be the focus of meeting attention. • Tracker Level 1 metric: no attention required if within set threshold for the period. Threshold performance usually defined by regulator / external body and relates to “must do” national standards or areas of focus. Update required if threshold performance is missed in one month. • Tracker metric: no attention required unless performance is deteriorating from threshold for a defined period (over four months). Threshold set internally, where sustained underperformance will trigger a review of threshold level or need to switch to a driver metric dependent on capacity. <p>Note - several indicators have been temporarily suspended nationally or locally due to the COVID-19 pandemic. These are highlighted in grey to indicate this status.</p> <p>Month 6</p> <p>Performance business rule exceptions, red rated with the True North domain in brackets:</p> <p>Driver Metrics</p> <p>Context and update to driver performance to be provided in discussion of counter measure action and development:</p> <ul style="list-style-type: none"> • Falls incidents in Community & Older Adult Mental Health Inpatient Wards (Harm Free Care) – red at 36 against a target of 20. Red for 4 months against a stretch target. Oakwood (11), Henry Tudor (5) and Rowan (5) were the highest contributors. Existing countermeasures are in place, but additional activities are being implemented: <ul style="list-style-type: none"> ○ Celebrate success – Donnington with significant reductions despite high occupancy. ○ Oakwood – 5 falls for one patient with 15 falls prior to admission; individual counter measure is 1:1 nursing but remains challenging. ○ Henry Tudor – 5 falls were with one patient with challenging behavior, similar countermeasures to Oakwood.
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	<ul style="list-style-type: none"> ○ Community East and West wards are recruiting a mental health practitioner to support complex patients. ○ Technical issues have been resolved and working to re-integrate falls devices. ○ Rapid Improvement Event scheduled for 24/25 November 2021 to support this breakthrough objective. <ul style="list-style-type: none"> ● Self-harm incidents on mental health wards (excluding LD) (Harm Free Care) – 51 incidents against a target of 42. Snowdrop ward was the highest contributor with 26 incidents followed by 8 on Bluebell, Daisy and Sorrel. Headbanging was the highest contributory self-harm type, followed by superficial cutting and ligatures. The reduction in ligatures is being attributed to countermeasures. ‘Safe wards’ interventions are being used such as the ‘Zen den’, a ‘getting to know you folder’ and self-soothing bag on admission, patient held safety crosses to achieve ‘harm free days’. Safety huddles continue. ● Patient Friends and Family Test (FFT) recommend rate: % (Patient Experience) - at 89% against a 95% target. There is a project underway to implement a new system, so this measure will be reviewed in Q4. ● Patient Friends and Family Test (FFT) response rate: % (Patient Experience) - at 6% against a 15% target. There is a project underway to implement a new system, so this measure will be reviewed in Q4. ● Mental Health Clustering (Patient Experience) - at 78.7% against an 80% target. Services are operating in a challenging environment which is impacting their ability to keep above target. There has been a significant improvement in performance but remains below target. Action plans are in place to improve this metric. ● Physical assaults on staff (Supporting our Staff) – at 47 incidents against a target of 44. Rose (17), Campion (5), Daisy (5) and Sorrel (5) wards were the highest contributors this month. Snowdrop continues to do well with 4 incidents. Work on tackling racial abuse is on-going, as is restrictive practices (i.e., restraint, rapid tranquilisation and observations). Sorrel ward has introduced a new countermeasure based on analysis of their data by implementing a review and planning process prior to seclusion.
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	<ul style="list-style-type: none"> • Fire Evacuation training for Inpatient staff (Supporting our Staff) – a recent review of the fire metric has split inpatient staff training from other staff. Currently at 87.9% against a 95% target. There is a review of data for this cohort, including which will includes removing those staff on long-term sickness. • Mental Health: Acute Average Length of Stay (bed days) (Money Matters) – at 52 days against a target of 30 days. Pressures continue, and length of stay remains a focus for teams. The Trust is participating in a project across the South with the Benchmarking network about Length of Stay in Mental Health acute wards of patients with a stay of over 90 days. An improvement project is also underway. This is further challenged by a number of wards closed to admission due to COVID-19 patients. A number of pre-commissioned beds are available to mitigate some of the pressures. • Inappropriate Out of Area Placements (Money Matters) – at 898 days against a quarter 2 target of 490 days. Pressures continue and wards closed to admissions will further challenge this metric. Pre-commissioned beds should mitigate some of the pressures. <p>Tracker Metrics (where red for 4 months or more)</p> <ul style="list-style-type: none"> • Statutory Training: Information Governance (Supporting our Staff) – at 94.8% against a 95% target, with 9 months red although was suspended temporarily due to the COVID pandemic. • Sickness rate (Regulatory Compliance) – red at 4.47% against a target of 3.5%. This is not a “hard” compliance focus with NHSI but is tracked. One month red. • CYP referred for an assessment or treatment of an ED will access NICE treatment <1 week (Urgent) (Regulatory Compliance) – red at 50% against a 95% target by 2021. • CYP referred for an assessment or treatment of an ED will access NICE treatment <4 weeks (Routine) (Regulatory Compliance) – red at 88.7% against a 95% target by 2021. • Community Health Services: 2 Hour Urgent Community Response%. (Regulatory Compliance – System Oversight Framework) – red at 74.2% against an 80% target.
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Action	The Board is asked to note the new True North Scorecard.
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True North Performance Scorecard – Business Rules & Definitions

The following metrics are defined as and associated business rules applied to the True North Performance Scorecard:

Driver - True North / break through objective that has been prioritised by the organisation as its area of focus	Tracker Level 1 - metrics that have an impact due to regulatory compliance	Tracker - important metrics that require oversight but not focus at this stage in our performance methodology
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Rule #	Metric	Business Rule	Meeting Action
1	Driver is Green in current reporting period	Share success and move on	No action required
2	Driver is Red in current reporting period	Share top contributing reason , the amount this contributor impacts the metric, and summary of initial action(s) being taken	Standard structured verbal update
3	Driver is Red for 2+ reporting periods	Produce full structured countermeasure summary	Present full written countermeasure analysis and summary
4	Driver is Green for 6 reporting periods	Retire to Tracker level status	Standard structured verbal update and retire to Tracker
5	Tracker 1 (or Tracker) is Green in current reporting period	No action required	No action required
6	Tracker is Red in current reporting period	Note metric performance and move on unless they are a Tracker Level 1	If Tracker Level 1 , then structured verbal update
7	Tracker is Red for 4 reporting periods	Switch to Driver metric	Switch and replace to Driver metric (decide on how to make capacity i.e. which Driver can be a Tracker)

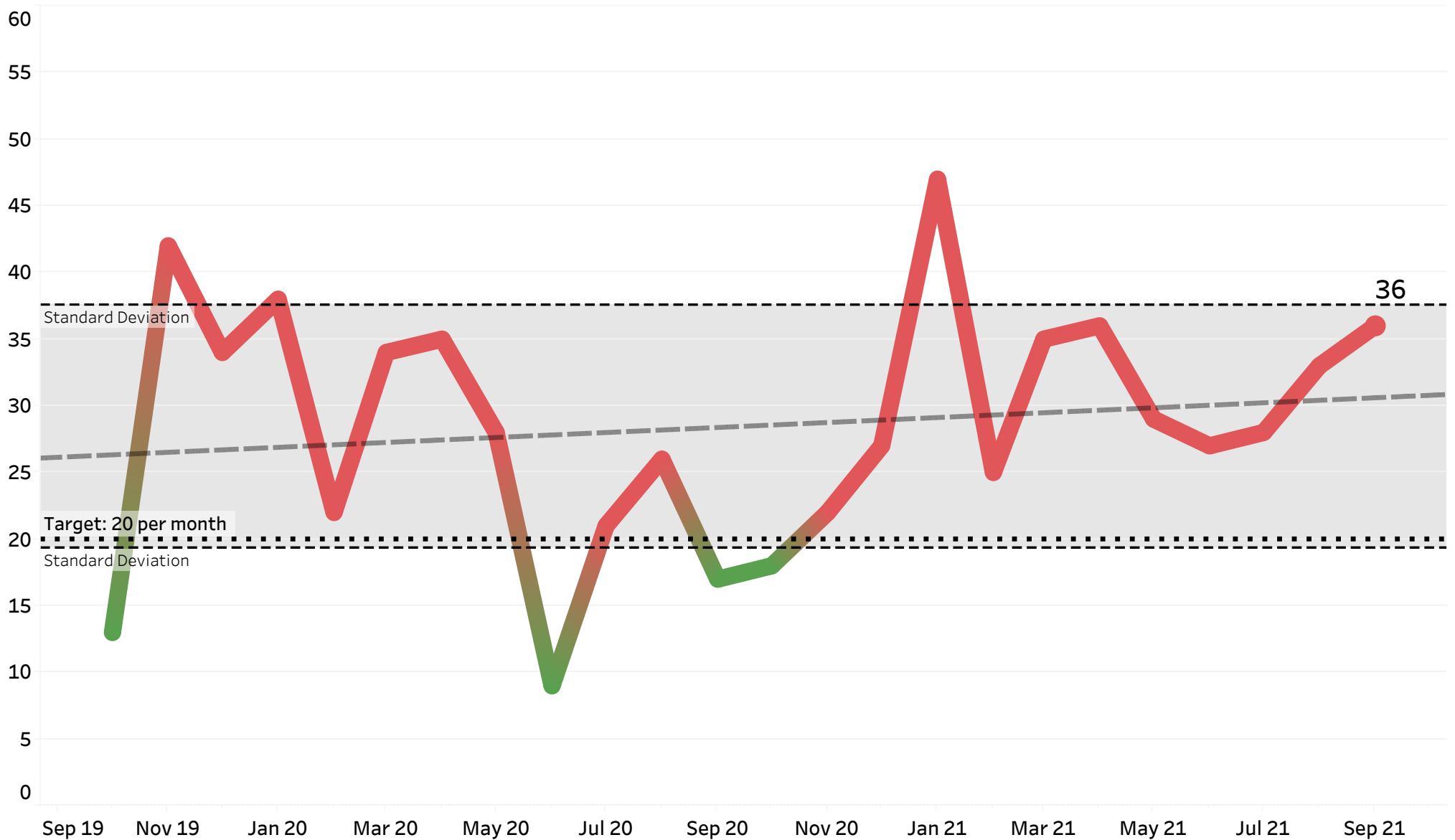
		Harm Free Care											
Metric	Target	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21
Falls incidents in Community & Older Adult Mental Health Inpatient Wards	20 per month	17	22	24	46	26	25	37	17	23	27	33	36
Self-Harm Incidents on Mental Health Inpatient Wards (excluding LD)	42 per month	67	76	46	110	127	177	76	42	128	124	56	51
Pressure ulcers acquired at BHFT due to lapse in care - Grade 3 & 4 (Cumulative YTD)	<18 per year	0	0	1	1	1	0	0	0	0	0	0	0
Number of suicides (per month)	Equal to or less than 3 per month	4	3	1	1	4	3	2	1	4	0	2	1
Physical Health Checks 7 Parameters	50% by 30th September 2021, then 60%								19%	31%	43%	52%	68%
Gram Negative Bacteraemia	1 per ward per year	0	0	0	0	0	0	0	0	0	0	0	0
		Patient Experience											
Patient FFT Recommend Rate: %	95% compliance		87%	78%	85%	88%	93%	90%	92%	79%	89%	85%	89%
Patient FFT response rate: %	15% compliance		87%	4%	3%	6%	5%	5%	5%	6%	6%	6%	6%
Mental Health Clustering within target: %	80% compliance	81.7%	80.9%	78.5%	75.7%	76.2%	74.9%	73.9%	73.5%	71.5%	77.2%	80.4%	78.7%

Performance Scorecard - True North Drivers (Sept 2021)

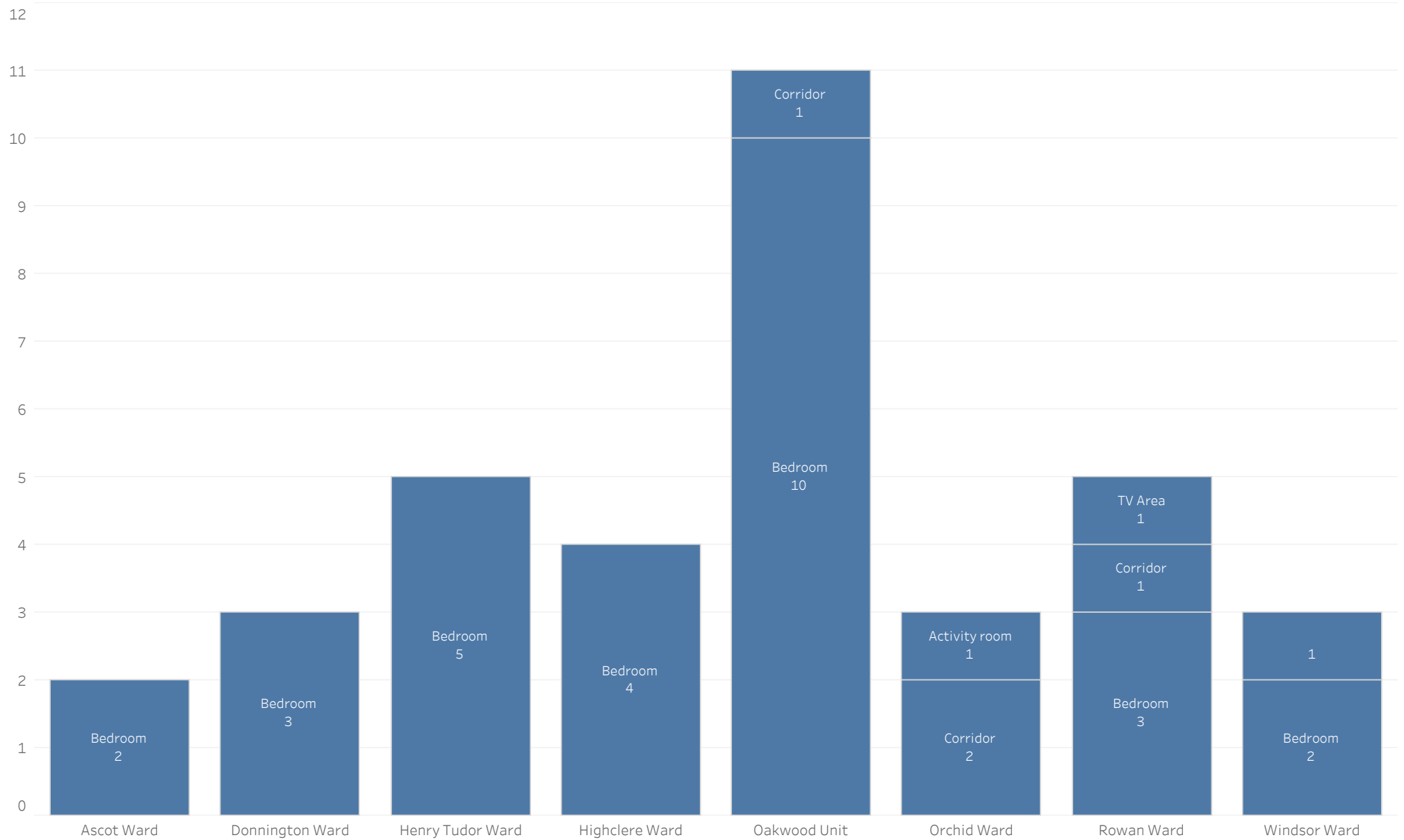
		Supporting our Staff											
Metric	Target	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21
Physical Assaults on Staff	44 per month	34	44	73	58	52	55	54	42	50	66	55	47
Staff Engagement Score (Annual Staff Survey) [Suspended centrally in April due t..	Score of 10	7.40	7.40	7.40	7.40	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
WRES and WDES outcome improvement	TBC												
Fire Evacuation	95% compliance												87.9%
		Money Matters											
CIP target (£k): (Cumulative YTD)													
Financial surplus £k (excl. STF): (Cumulative YTD to plan) [Suspended centrally due to CO..													
Mental Health: Acute Occupancy rate (excluding Home Leave): % [Suspended centrally due to COVID]	85% Occupancy	90.6%	90.5%	91.8%	83.3%	86.1%	91.9%	97.4%	97.5%	96.0%	96.0%	90.6%	93.1%
Control total target (£k): (Cumulative YTD)	TBC												
Mental Health: Acute Average Length of Stay (bed days)	30 days	43	43	46	45	42	46	47	50	50	49	50	52
Staff turnover (excluding fixed term posts)	<16% per month	13.8%	13.7%	13.1%	13.1%	13.0%	12.4%	12.5%	12.5%	13.1%	13.8%	14.2%	
Staff turnover (including fixed-term posts)	<16% per month	16.9%	16.9%	16.4%	15.4%	15.3%	14.7%	14.7%	14.6%	15.3%	15.8%	15.1%	
Inappropriate Out of Area Placements	490 Cumulative Total Q2	164	338	679	390	797	998	180	607	876	168	460	898

Harm Free Care Driver: Fall incidents in Community & Older Adult Mental Health Inpatient Wards (Oct 19 to Sep 21)

Any incident (all approval statuses) where sub-category excluding Sat or lowered to floor & near miss, Location exact excluding Patient/staff home and incident type = patient

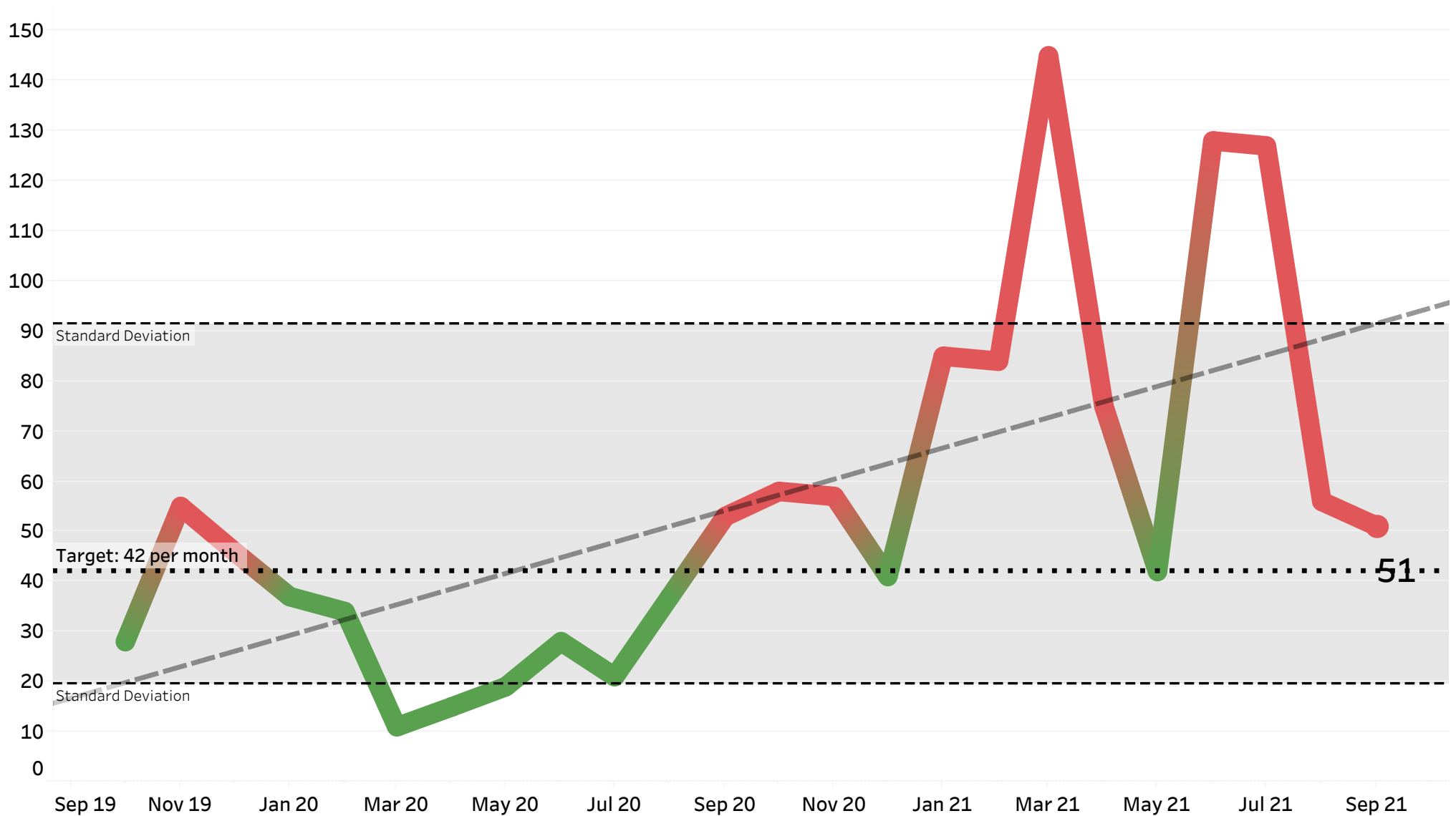


Harm Free Care Driver: Fall incidents in Community and Older Adult Mental Health Inpatient Wards (Sept 21)

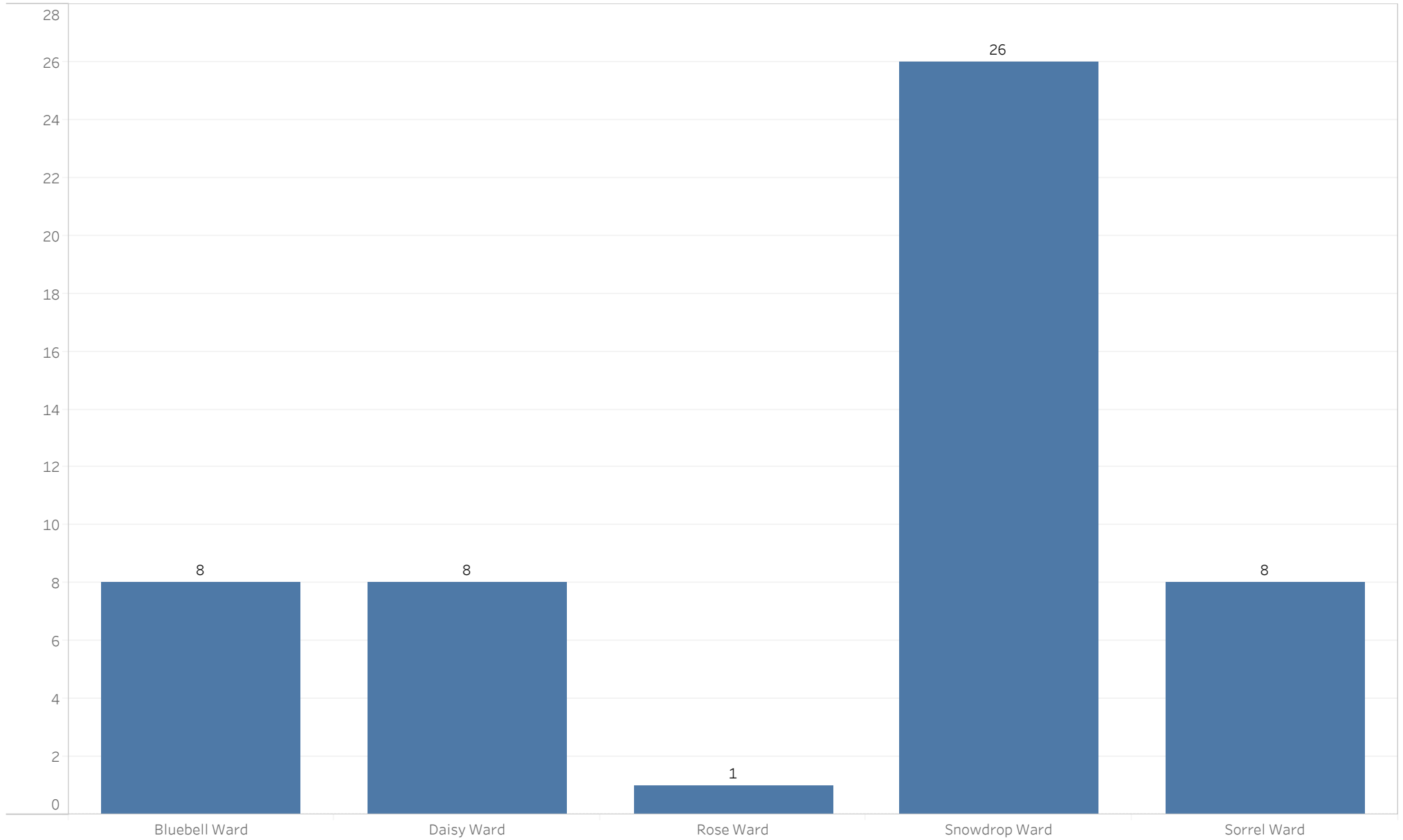


Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards (excluding LD) (Oct 19 to Sep 21)

Any incident (all approval statuses) where category = self harm

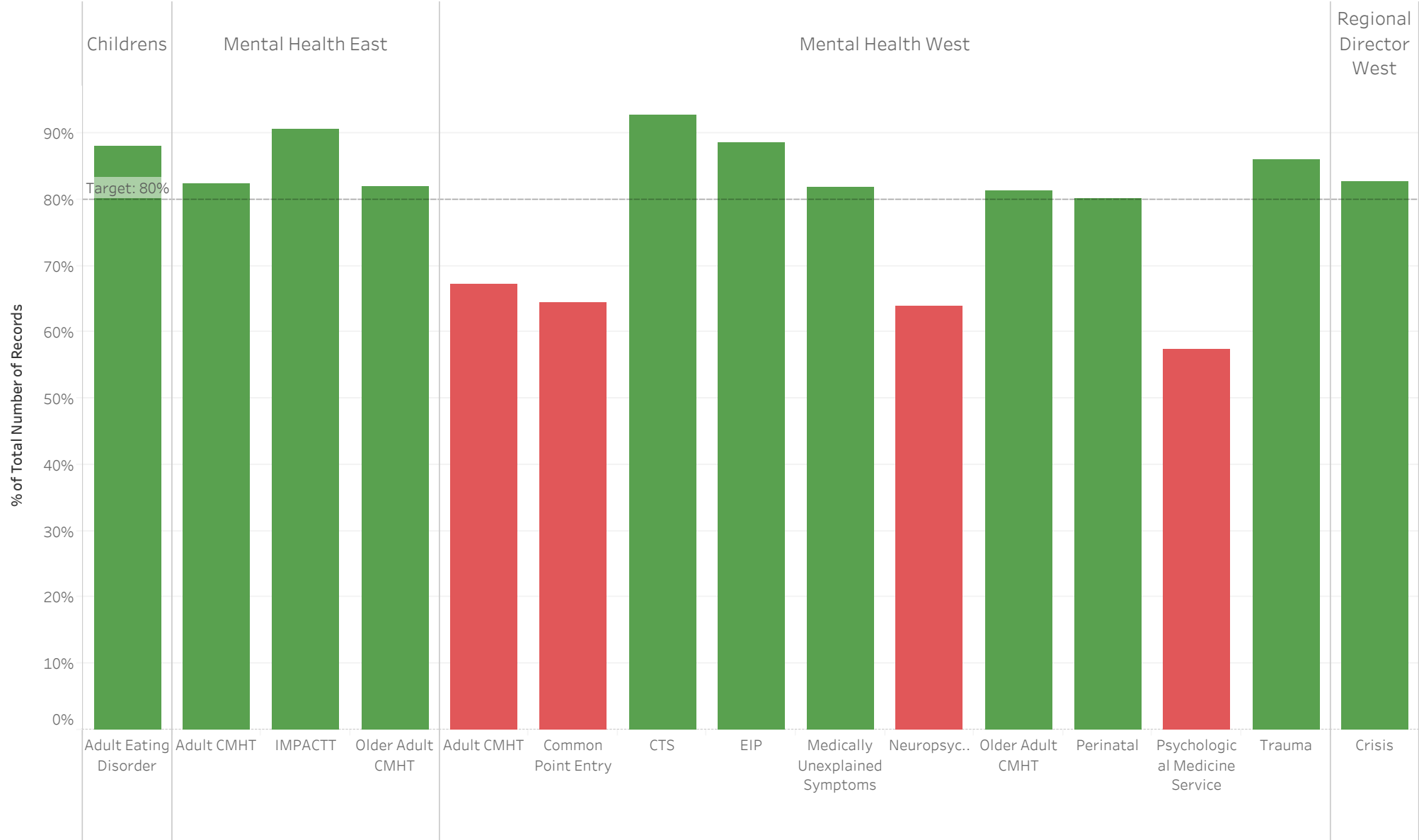


Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards (excluding LD) by location (Sept 21)



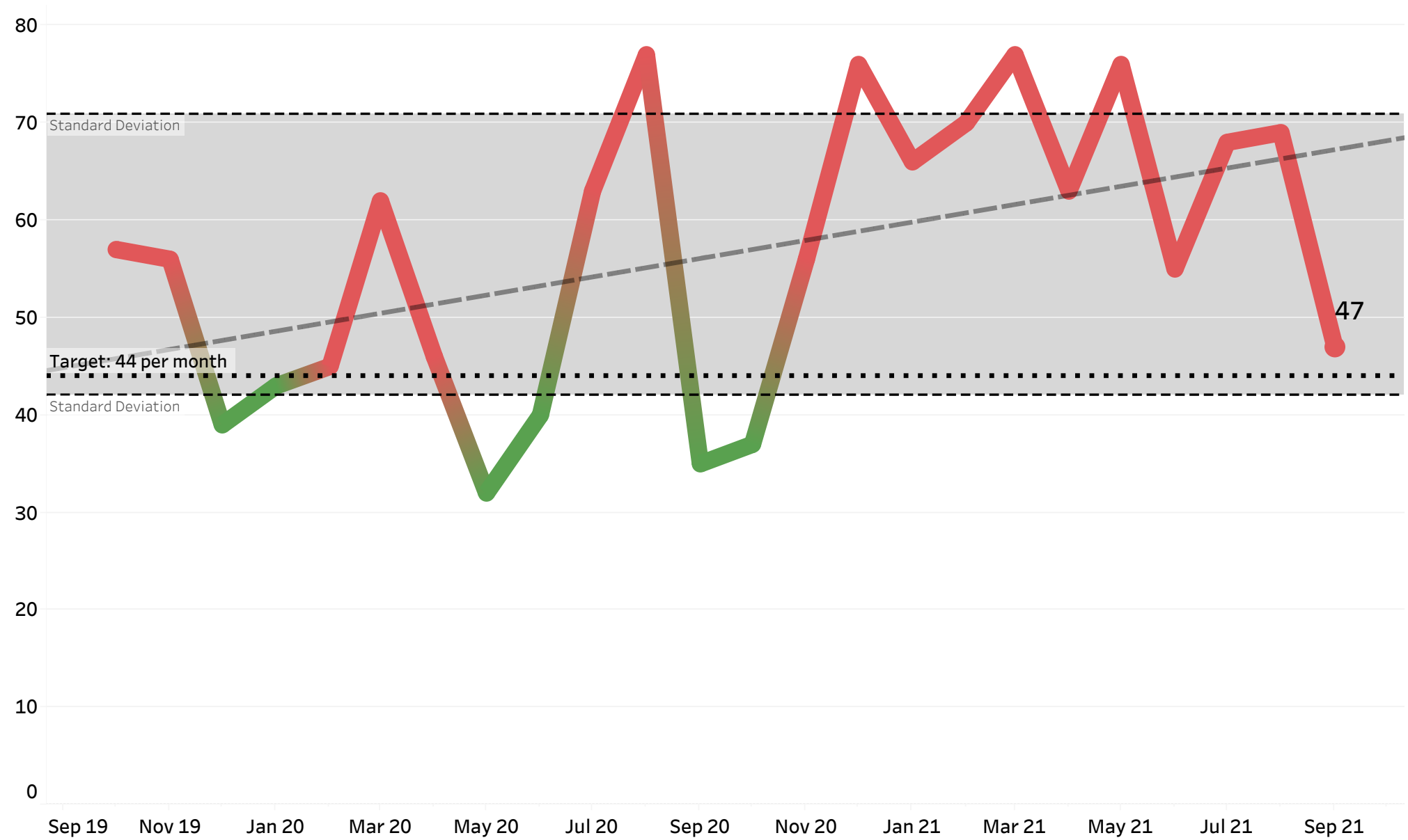
Patient Experience: Clustering breakdown (Sept 2021)

Outpatient Cluster Status (by Service)

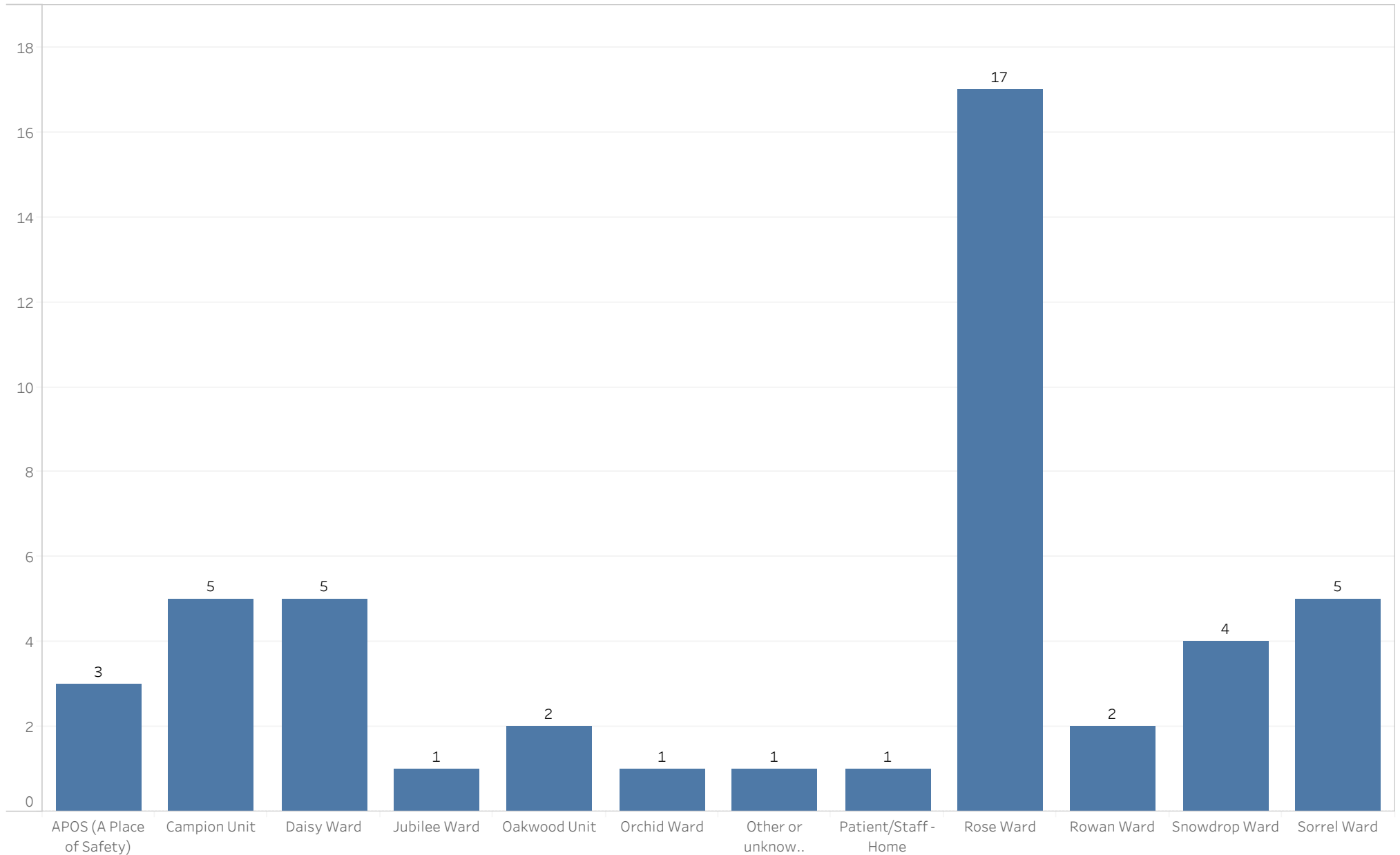


Supporting Our Staff Driver: Physical Assaults on Staff (Oct 19 to Sep 21)

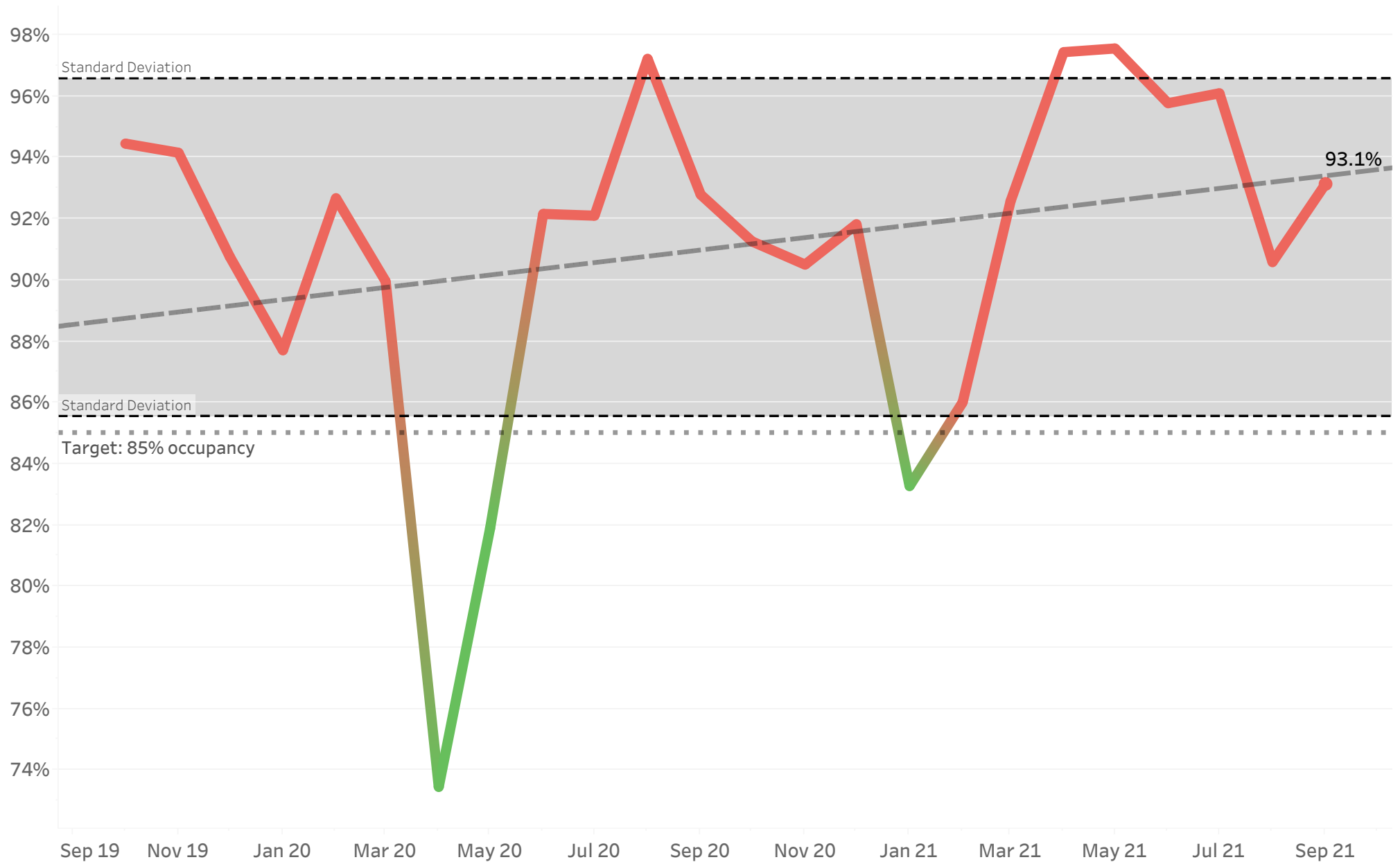
Any incident where sub-category = assault by patient and incident type = staff



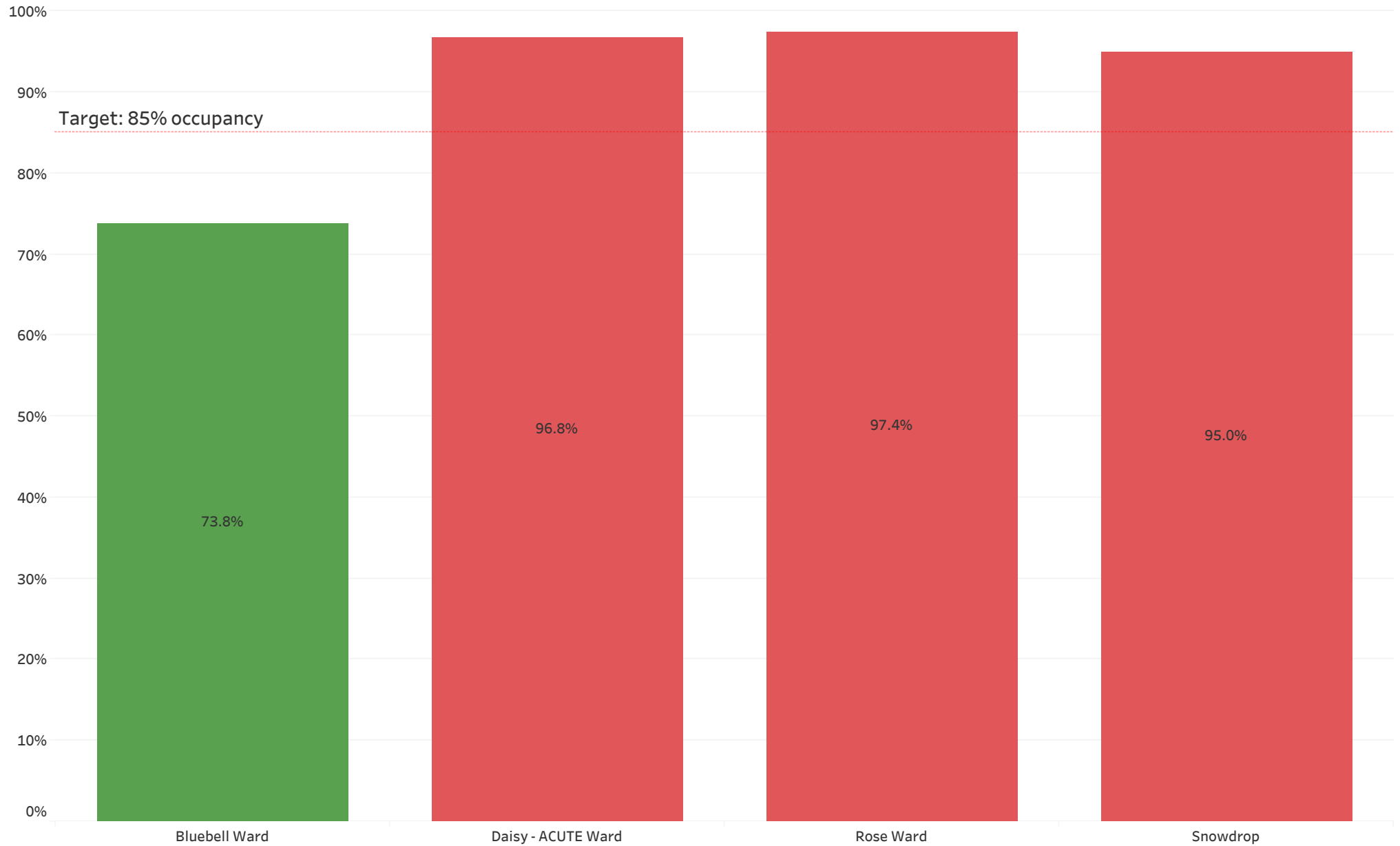
Supporting Our Staff Driver: Physical Assaults on Staff by Location (Sept 2021)



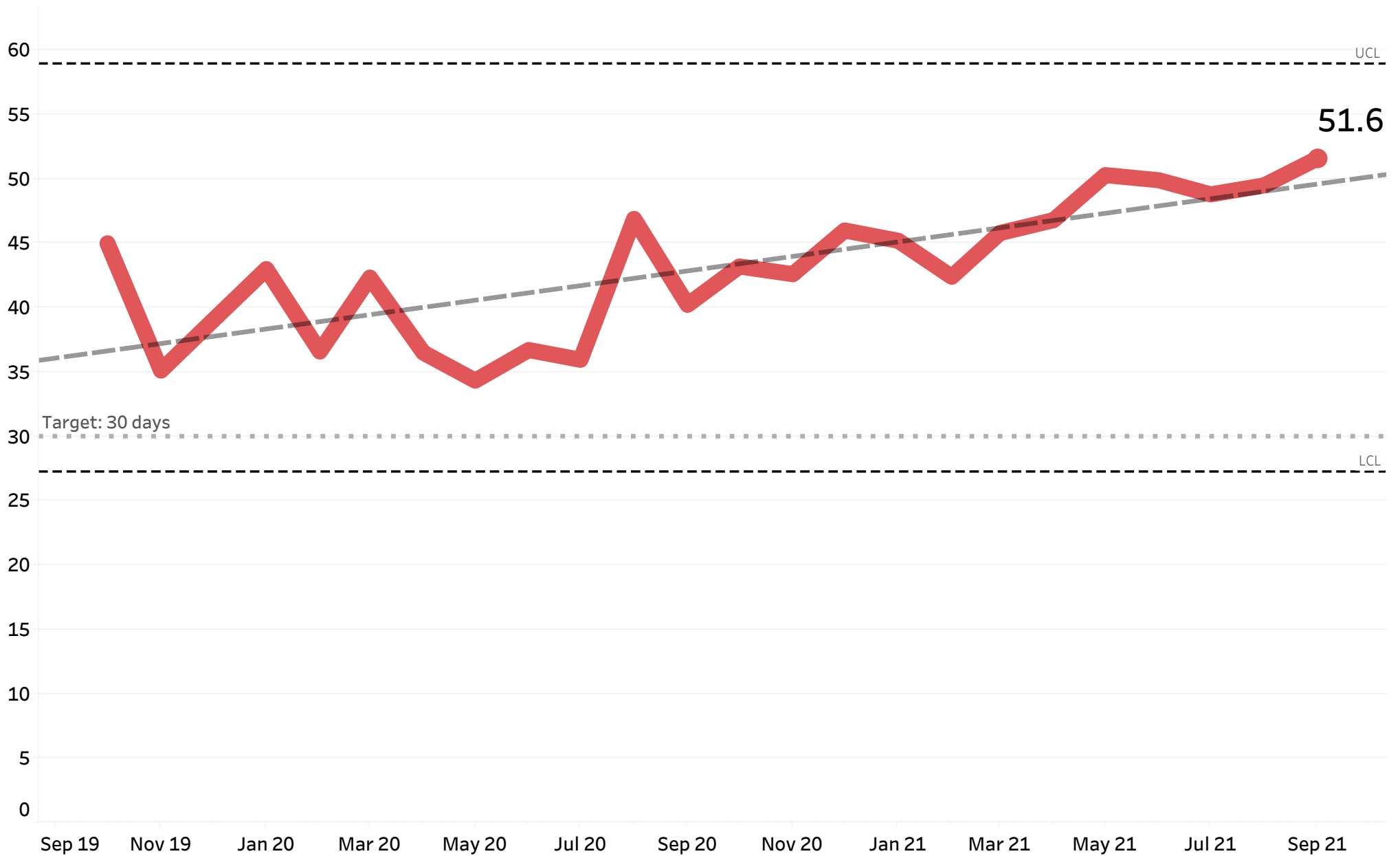
Money Matters: Mental Health Acute Bed Occupancy Rate (Oct 19 to Sep 21)



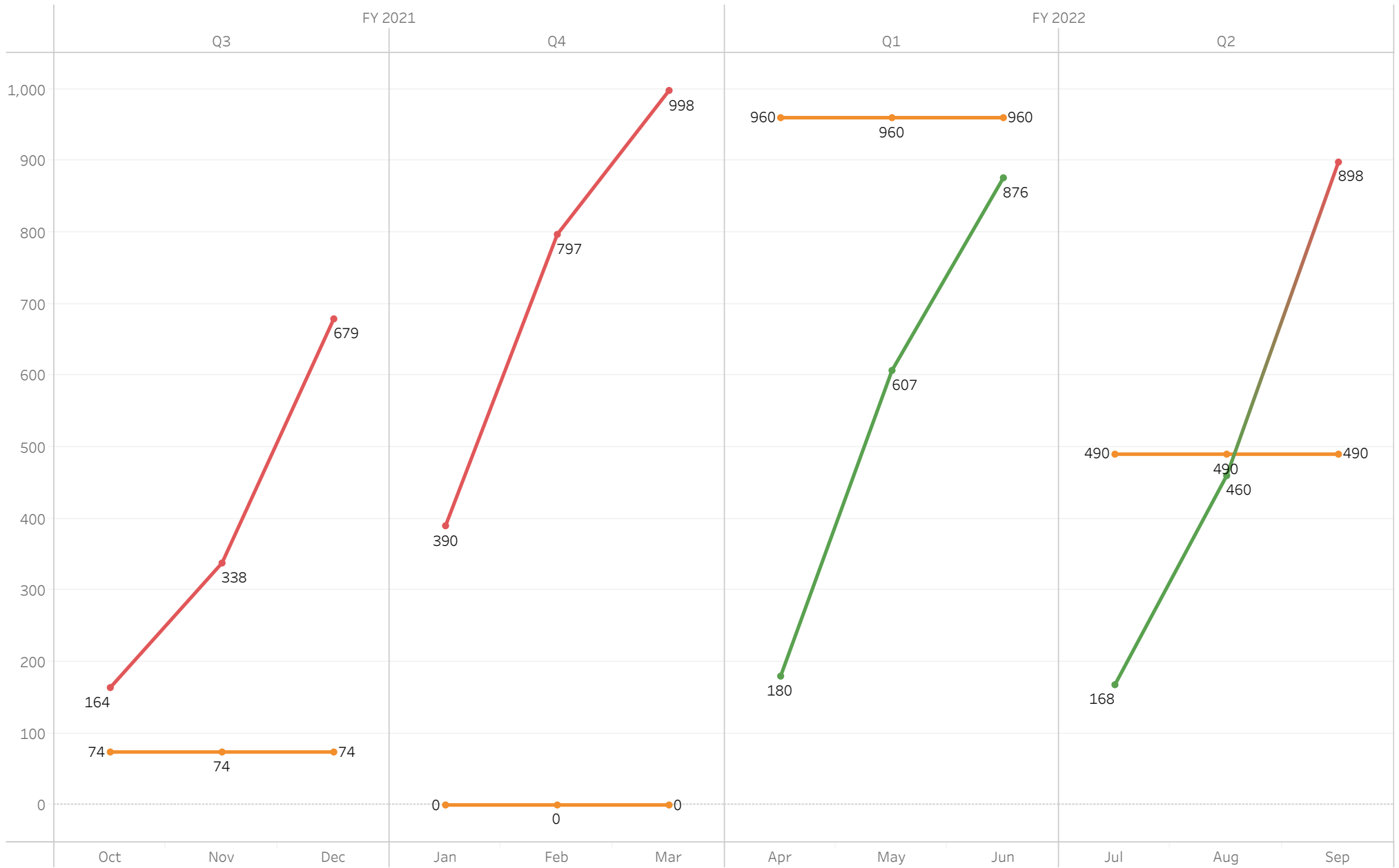
Money Matters Driver: MH Acute Bed Occupancy by Unit (Sept 2021)



Money Matters: Mental Health: Acute Average Length of Stay (bed days) (Sept)



Money Matters Driver: Inappropriate Out of Area Placements



True North Harm Free Care Summary

Tracker Metrics

Metric	Threshold/Target	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21
Pressure ulcers acquired due to lapse in (Inpatient Wards)	<10 incidents	0	0	0	1	0	0	0	0	0	0	0	0
Pressure ulcers acquired due to lapse in (Community East)	< 6 incidents	0	0	2	0	0	0	0	0	0	0	0	0
Pressure ulcers acquired due to lapse in (Community West)	< 6 incidents	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health: AWOLs on MHA Section	16 per month	3	9	3	3	2	10	5	3	4	8	5	9
Mental Health: Absconsions on MHA section(Excl: Failure to return)	8 per month	4	3	0	9	10	4	5	11	13	9	7	17
Mental Health: Readmission Rate within 28 days: %	<8% per month	7.43	6.65	5.89	7.09	8.59	8	6.60	7.29	8.40	8.30	6.70	5.09
Patient on Patient Assaults (LD)	4 per month	0	3	0	3	1	1	0	0	1	1	0	2
Uptake of at least one patient outcome measure (ReQoL) in adult Mental Health for new referrals from April 2019[Suspended c..	15% by March 2020; 20% by June 2021	13.4%	12.6%	12.9%	13%	12.9%	13.9%	14.4%	14.2%	13.1%	13.8%	13.6%	14.0%
Suicides per 10,000 population in Mental Health Care (annual)	8.3 per 10,000	5.2	5.2	5.2	5.2	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9
Self-Harm Incidents within the Community [Suspended centrally due to COVID]	31 per month	1	1	0	1	0	1	2	2	0	0	0	13
Smoking Status Recorded	55% until Sept 2021								48%	60.1%	65.4%	73.0%	74.5%

True North Patient Experience Summary

Tracker Metrics

		Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21
Mental Health: Prone (Face Down) Restraint	4 per month	1	5	1	6	7	9	4	3	9	5	3	2
Patient on Patient Assaults (MH)	38 per month	7	14	11	9	25	8	18	17	15	16	23	21
Health Visiting: New Birth Visits Within 14 days: %	90% compliance	92.7%	92.0%	91.2%	94.5%	95.0%	91.2%	88.2%	94.3%	94.1%	96.7%	93.7%	90.6%
Mental Health: Uses of Seclusion	13 in month	15	11	9	4	12	4	11	15	13	15	11	15

True North Supporting Our Staff Summary

Tracker Metrics

	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21
Gross vacancies: % [Suspended centrally due to COVID] <10%												
Statutory Training: Fire: % 90% compliance	92.4%	91.1%	92.3%	91.5%	85.0%	83.7%	90.2%	91.5%	91.5%	90.8%	90.7%	90.9%
Statutory Training: Health & Safety: % 90% compliance	96.0%	95.0%	95.9%	95.7%	92.5%	92.5%	95.1%	95.1%	95.1%	95.0%	95.0%	95.3%
Statutory Training: Manual Handling: % 90% compliance	92.5%	93.1%	94.0%	93.8%	86.0%	95.0%	87.8%	88.6%	88.9%	90.0%	90.0%	91.2%
Mandatory Training: Information Governance: % 95% compliance	94.0%	94.8%	95.2%	93.8%	89.0%	88.4%	92.0%	91.9%	94.7%	92.0%	94.6%	94.8%
PDP (% of staff compliant) Appraisal: % 95% compliance 'by 30th June 2021'	95.3%	94.4%	91.9%	88.9%	88.1%	86.1%	10.0%	74.4%	90.7%	95.4%	93.6%	92.6%

True North Money Matters Summary

Tracker 1

		Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21
Mental Health: Delayed Transfers of Care (NHSI target) Monthly and Quarterly [Suspended centrally due to COVID]	7.50%	9	4.29	3.59	3.30	2	3.50	3.10	3	4	5.09	4.39	1.89

Tracker Metrics

CHS Inpatient Occupancy	80-85% Occupancy	74.7%	72.7%	79%	83.5%	75.0%	70%	82.0%	83.5%	86%	85%	83%	88.2%
Mental Health: Non-Acute Occupancy rate (excluding Home Leave): % [Suspended centrally due to COVID]	80% Occupancy	75.68%	65.10%	66.21%	73.42%	73.04%	69.89%	74.37%	77.48%	78.36%	86.46%	86.46%	88.89%
DNA Rate: % [Suspended centrally due to COVID]	5% DNAs	4.29%	4.39%	4.20%	4.29%	4%	4.29%	4.5%	4.29%	7.5%	4.90%	4.70%	4.79%
Community: Delayed transfers of care Monthly and Quarterly [Suspended centrally due to COVID]	7.5% Delays	10.1%	2.5%	7.29%	10.6%	6.70%	10.6%	7.79%	7.19%	5.60%	9.70%	7.79%	3.59%

Regulatory Compliance - Tracker Level 1 Summary

Metric	Threshold / Target	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21
C.Diff due to lapse in care (Cumulative YTD)	0	0	0	0	0	0	0	0	0	0	0	0	0
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) infection rate	tbc	0	1	0	1	2	0	1	1	2	0	0	0
Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate per 100,000 bed days	2 in East; 4 in West	0	0	0	0	0	1	0	0	0	1	0	0
Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	0	0	0	0	0	0	0	0	0	0	1	0	0
Count of Never Events in rolling six- month period (Safe Domain)	0	0	0	0	0	0	0	0	0	0	0	0	0
EIP: People experiencing a first episode of psychosis treated with a NICE approved package of care within 2 weeks of referral: %	60% treated	91.7	100	100	88.9	75	88.9	90.9	75	80	50	100	100
A&E: maximum wait of four hours from arrival to admission/transfer /discharge: %	95% seen	97.8	98.6	98.0	98.9	98.0	99.2	98.4	99.3	99.3	98.9	98.8	99.2
People with common mental health conditions referred to IAPT will be treated within 18 weeks from referral: %	95% treated	100	100	100	100	100	100	100	100	100	100	100	100
People with common mental health conditions referred to IAPT will be treated within 6 weeks from referral: %	75% treated	98	98	98	98	98	99	98	98	98	98	98	98
People with common mental health conditions referred to IAPT completing a course of treatment moving to recovery: %	50% treated	58.5	60.5	53.3	54.9	52.7	53.8	54	55.0	54	54	55.9	52
Proportion of patients referred for diagnostic tests who have been waiting for less than 6 weeks (DM01 - Audiology): % [Suspended centrally due to C..	99% seen	100	100	99.5	99.6	99.1	99.6	99.3	99.2	99.7	100	99.7	99.1
Diabetes - RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	100	100	100	100	100	100	100	100	100	100	100	100
CPP- RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	100	100	100	100	100	100	98.6	100	98.0	100	94.6	96.7
Sickness Rate: %	<3.5%	3.60	4.29	4.08	4.73	3.50	3.04	3.46	3.43	3.83	4.17	4.47	
CYP referred for an assessment or treatment of an ED will access NICE treatment <1 week (Urgents): %	95% (by 2021)	100%	71.4%	59.1%	56.7%	44.4%	54.7%	0%	0%	33.3%	50%	60%	50%
CYP referred for an assessment or treatment of an ED will access NICE treatment <4 weeks (Routines): %	95% (by 2021)	42.8%	52.1%	58.1%	45.5%	45.8%	48.5%	3.33%	50%	50%	54.5%	34.7%	38.7%
Patient Safety Alerts not completed by deadline	0	0	0	0	0	0	0	0	0	0	0	0	0

Regulatory Compliance - System Oversight Framework

Metric	Threshold / Target	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21
Community Health Services: 2 Hour Urgent Community Response %.	80%							63.2%	66.7%	72.7%	72.5%	73.5%	74.2%
Community Health Services: Inpatient Number of Discharges by 5pm	TBC							397	499	474	566	514	199
E-Coli Number of Cases identified	Null							1	1	2	0	0	2
CHS: VTE Risk Assessment	TBC												
A&E - % Face to Face Assessment within 1 hour	TBC							90.2%	90.4%	88.5%	92%	96%	98.5%
Crisis Response Times % 1 hour :-	TBC											18%	35.5%
Crisis Response Times % 4 hours :-	TBC											44%	26.9%
Crisis Response Times % 24 hours :-	TBC												
4 Week Access Target for Children's Mental Health Services	TBC												
4 Week Access Target for Adults' mental health services	TBC												
4 Week Access Target for Older Person's mental health services	TBC												
Personality Disorder Services	TBC												
Adult Eating Disorder Services	TBC												
Community Rehabilitation Pathways	TBC												
Expand Early Intervention in Psychosis	TBC												
Individual Placement Support - Access Target	TBC												
Number of people with SMI having an annual physical health check	TBC											22%	31%
Potential under reporting of NRLS Safety Incidents	TBC												
Ethnicity and most deprived quintile proportions across service restoration ..	TBC												
From Data Sets - Proportions of patient activities with an ethnicity code	TBC												
Proportion of staff who say they have a positive experience of engagement	TBC											7.5%	7.5%
Number of people working in the NHS who have had a 'flu vaccination	TBC												
Proportion of staff in senior leadership roles who are from a BME backgrou..	TBC												
Proportion of staff in senior leadership roles who are women	TBC												
CQC - Quality of Leadership	TBC												
Aggregate score for NHS Staff Survey questions that measure perception of..	TBC												
People promise index	TBC												
Health and wellbeing index	TBC												
Proportion of staff who say they have personally experienced harassment, ..	TBC											6.70%	6.70%
Proportion of staff who say they have personally experienced harassment, ..	TBC											6.70%	6.70%
Proportion of staff who say they have personally experienced harassment, ..	TBC											7.90%	7.90%
Proportion of people who report that in the last three months they have co..	TBC											43%	43%
Percentage of staff who say they are satisfied or very satisfied with the opp..	TBC											70.1%	70.1%
% of jobs advertised as flexible	TBC												
Staff retention rate (all staff)	TBC				86.7%	86.7%	87.5%	87.4%	86.5%				
Performance against Financial Plan	TBC												
Underlying Financial Position	TBC												
Run Rate Expenditure	TBC												
Overall trend in reported financial position	TBC												
Mental Health 72 Hour Follow Up	TBC						86%	84%	84%	87%	85%	86.2%	88.5%

Trust Board Paper

Board Meeting Date	9 November 2021
Title	Audit Committee – 27 October 2021
	For Noting
Purpose	To receive the unconfirmed minutes of the meeting of the Audit Committee of 27 October 2021
Business Area	Corporate
Author	Company Secretary for Rajiv Gatha, Audit Committee Chair
Relevant Strategic Objectives	4. – True North Goal: deliver services that are efficient and financially sustainable
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Meeting requirements of terms of reference.
Equality and Diversity Implications	N//A
SUMMARY	The unconfirmed minutes of the Audit Committee meeting are attached.
ACTION REQUIRED	The Trust Board is asked: a) To receive the minutes and to seek any clarification on issues covered

Unconfirmed Draft Minutes

Minutes of the Audit Committee Meeting held on

Wednesday, 27 October July 2021

(Conducted via Microsoft Teams)

Present: Rajiv Gatha, Non-Executive Director, Committee Chair
Mehmuda Mian, Non-Executive Director
Mark Day, Non-Executive Director *(substituting for Naomi Coxwell)*

In attendance: Paul Gray, Chief Financial Officer
Rebecca Clegg, Interim Director of Finance
Debbie Fulton, Director of Nursing and Therapies
Minoos Irani, Medical Director
Clive Makombera, RSM, Internal Auditors
Melanie Alflatt, TIAA
Chris Randall, External Auditors
Ben Sheriff, External Auditors
Maria Grindley, Ernst and Young, External Auditors
Sarah Croft, Ernst and Young, External Auditors
Graham Harrison, Head of Financial Services
Julie Hill, Company Secretary
Susanna Yeoman, Divisional Director (present for agenda item 5)
Karen Watkins, Project Management Office *(present for agenda item 5)*

Item		Action
1.A	Chair's Welcome and Opening Remarks	
	Rajiv Gatha, Chair welcomed everyone to his first meeting since taking up his role as Non-Executive Director and Chair of the Audit Committee on 1 October 2021.	
1.B	Apologies for Absence	
	Apologies for absence were received from: Naomi Coxwell, Non-Executive Director and Amanda Mollett, Head of Clinical Effectiveness and Audit.	
2.	Declaration of Interests,	
	There were no declarations of interest.	

3.	Minutes of the Previous Meeting held on 21 July 2021	
	The Minutes of the meeting held on 21 July 2021 were confirmed as a true record of the proceedings.	
4.	Action Log and Matters Arising	
	<p>The Action Log had been circulated.</p> <p>The Committee noted the action log.</p>	
5.	Emotionally Unstable Personality Disorder (EUPD) Pathway Project Closure Report	
	<p>The Chair welcomed Susanna Yeoman, Divisional Director, East Mental Health Services and Responsible Officer for the EUPD Pathway Project and Karen Watkins, Director of Projects to the meeting.</p> <p>For the benefit of the new Chair, the Medical Director explained why the EUPD Pathway Project Closure Report had been presented to the Audit Committee. The Medical Director said that the EUPD pathway was the Trust's first Quality Improvement Project and that due to the complexity of the condition, it had taken nearly four years to develop and implement the new clinical pathway.</p> <p>Karen Watkins explained that the pathway had been developed using a mix of standard project management, quality improvement methodology and co-production with patients.</p> <p>Ms Watkins referred to the table of benefit realisation which provided assurance around the original objectives for the project. It was noted that the EUPD Pathway Monitoring Group established in July 2021 would monitor progress against the benefits and the pathway outcomes and would initiate corrective action when required. The monitoring group would report to the Quality and Performance Executive Group.</p> <p>Ms Watkins referred to the section of the report on project risks and issues and pointed out that there was a RAG rated red risk in relation to staff recruitment and retention in the ASSIST team and two RAG rated amber risks in relation to the resumption of face-to-face consultations post COVID-19 and a risk around the inpatient offer for EUPD patients not being fully embedded due to pressures in other parts of the inpatient service.</p> <p>Susanna Yeoman, Divisional Director, East Mental Health Services and Responsible Officer for the EUPD Pathway Project reported that the project had moved to business as usual in the summer. Ms Yeoman reported that the Trust was closely monitoring the operation of the pathway and said that the first 12 months of data was positive. Ms Yeoman cautioned that the COVID-19 pandemic meant that the last two years were not typical, and that the pandemic had impacted on the acuity of patients.</p> <p>Ms Yeoman identified a couple of themes emerging from the data over the last 12 months:</p> <ul style="list-style-type: none"> • In the first six months there were 76 inpatient admissions of EUPD patients. In the second six months there were 45 inpatient admissions of EUPD patients. This represented a 40% reduction 	

	<ul style="list-style-type: none"> • In the first six months there were 1,900 bed days involving EUPD patients. In the second six months there were 1,600 bed days involving EUPD patients. • There had not been a similar reduction in terms of unplanned contacts, for example, involving the Crisis Team but this may reflect the impact of the COVID-19 pandemic. <p>Ms Yeoman said that it was too early to draw any firm conclusions but there were early indications that the new pathway was making a positive difference to managing EUPD patients.</p> <p>The Chair asked whether the investment in the project had come through as planned or whether there had been any overspends.</p> <p>Ms Yeoman confirmed that the investment had been in two phases as planned and had been subjected to a high degree of scrutiny from the Trust. The Trust had also benefitted from some new national investment to enhance the pathway via the System.</p> <p>Mark Day, Non-Executive Director said that when the project was first established one of the key objectives was around reducing the average length of stay for EUPD inpatients and asked whether there was more that could be done to reduce the average length of stay.</p> <p>Ms Yeoman said that the average length of stay for EUPD patients was moving in the right direction but was not improving as fast as the Trust would like. Ms Yeoman pointed out that a key component of the pathway was the role of the ASSIST team at Prospect Park Hospital to act as gatekeepers by identifying EUPD patients who could be supported in the community.</p> <p>It was noted that the new role for the ASSIST team was launched at around the same time as the start of the COVID-19 pandemic and it was not possible to have the ASSIST team at Prospect Park Hospital during the COVID-19 lockdown. It was hoped that moving forward the ASSIST team would play a key role in reducing hospital admissions and reducing the average length of stay for EUPD patients.</p> <p>The Chair thanked Susanna Yeoman and Karen Watkins for attending the meeting.</p> <p>The Committee noted the report.</p>	
6.A	Board Assurance Framework	
	<p>The Board Assurance Framework had been circulated.</p> <p>The Chief Financial Officer presented the report and said that the Trust Board had reviewed the risks on the Board Assurance Framework at their annual Strategic Planning Day on 12 October 2021.</p> <p>It was noted that the Trust Board had agreed that the three system risks (Risks 3, 4 and 5) should be combined into a single risk which focussed on the associated risks of the Trust being split between two Integrated Care Systems and the associated risks around the Integrated Care Systems becoming legal entities.</p>	

	<p>The Chief Financial Officer also reported that Risk 1 (workforce) had been substantially updated to include the New People Strategy and Equality, Diversity and Inclusion Strategy.</p> <p>It was noted that risk 8B (COVID-19 recovery) had been updated to make reference to the risks around the appropriateness of undertaking virtual/telephone contact versus face-to-face contact.</p> <p>The Committee:</p> <ul style="list-style-type: none"> a) Noted the report; and b) Approved the new risk 3 (which replaced the old Risks 3, 4 and 5) 	
6.B	Corporate Risk Register	
	<p>The Corporate Risk Register had been circulated. The Company Secretary highlighted that it was proposed that the EU Brexit Risk be closed.</p> <p>The Committee:</p> <ul style="list-style-type: none"> a) Noted the report b) Approved the closure of the EU Brexit Risk 	
6.C	Mental Health Act Function, Governance and Assurance	
	<p>The Medical Director presented the report and for the benefit of the new Chair explained that the Committee had requested further assurance in respect of the Trust's Mental Health Act function and governance and the Committee had also requested further assurance about the use of the Place of Safety as an admission bed in exceptional circumstances. It was noted that the paper would also be presented to the Quality Assurance Committee meeting in November 2021.</p> <p>Mark Day, Non-Executive Director and a former Mental Health Act Manager commented that being independent of the Trust, the Mental Health Act Managers were a useful bell weather about the Mental Health Act function and asked whether they had raised any concerns.</p> <p>The Medical Director confirmed that the majority of issues raised by the Mental Health Act Managers related to how the Mental Health Act Office functioned and the administration of the hearings rather concerns about the Trust's compliance with the Mental Health Act and Code of Practice.</p> <p>Mehmuda Mian, Non-Executive Director and Lead for Mental Health Act Managers echoed the Medical Director's comments and said that the Mental Act Managers' frustrations over late papers and the time taken to get getting Trust email addresses had now been resolved.</p> <p>The Committee noted the report.</p>	
7.	Single Waiver Tenders Report	
	<p>A paper setting out the single waivers approved from July to September 2021 had been circulated.</p>	

	<p>The Chief Financial Officer presented the paper and reported that at the start of the COVID-19 pandemic, the Procurement Team had been deployed to support the Trust with sourcing PPE etc. and therefore where possible, existing contracts had been extended.</p> <p>It was noted that the Procurement Team was now working through the backlog of tenders and therefore moving forward there would be a reduction in the number of single waiver tenders.</p> <p>The Chair asked for more information about the legal services contract.</p> <p>The Chief Financial Officer explained that the contract for legal services covered a range of activities, including property, human resources, Mental Health Act and inquest support.</p> <p>The Committee noted the report</p>	
8.	Information Assurance Framework Update Report	
	<p>The Chief Financial Officer presented the paper and said that during the reporting period, the following indicators were audited:</p> <p>High assurance (Green)</p> <ul style="list-style-type: none"> • Falls in Community and Older Adult Mental Health inpatient wards • Mental Health Readmissions within 28 days (audited quarterly) • Mental Health Crisis Resolution Gatekeeping of inpatient admissions <p>Moderate Assurance (Amber)</p> <ul style="list-style-type: none"> • Mental Health: Acute Average Length of Stay • Mental Health 7-Day Follow-Up (audited monthly) <p>It was noted that there are a number of new indicators introduced as part of the System Oversight Framework. Not all had been defined nationally, so had no targets. These would be added once published.</p> <p>Of the indicators audited, there remained recording issues around completeness and accuracy, that did not present material impacts on the indicators. Corrective actions and improvements were in progress for the relevant areas.</p> <p>Mehmuda Mian, Non-Executive Director referred to appendix 1 of the report which set out the Trust's priority indicators for 2021-22 and asked why the mental health clustering target had been RAG rated RED (low) in terms of data quality confidence.</p> <p>The Chief Financial Officer agreed to provide an explanation to the Committee.</p> <p>The Committee noted the report.</p>	PG

9.A	Losses and Special Payments Report	
	<p>The Losses and Special Payments Report covering April 2021 to June 2021 had been circulated.</p> <p>The Chief Financial Officer highlighted that two payments had been paid to the liquidators of a supplier of medical locums in respect of under recovered VAT that was not charged by the agency provider when the invoices were first issued over a period from 2013 to 2018.</p> <p>Mehmuda Mian, Non-Executive Director asked whether it was likely that similar under recovery of VAT cases would come to light in the future.</p> <p>The Chief Operating Officer confirmed that this was a historic case and that it was unlikely that there would be other cases because of the Trust's current processes in place in relation to VAT and agencies.</p> <p>Ms Mian referred to the ex-gratia payment made to a member of staff with a needle stick injury and asked whether there had been any changes to the products used following the case.</p> <p>The Director of Nursing and Therapies confirmed that the Trust always used retractable needles except for a small number of drugs which could not be administered via a retractable needle and said that in most needle stick incidents, the cause was down to human error.</p> <p>The Chair noted that during the first quarter 2021-22 a total of £68,440k of bad debt had been written off and asked for more information.</p> <p>The Chief Financial Officer explained that the Trust had not formally written off bad debts for a number of years and that the sum was an accumulation of write offs over a number of years.</p> <p>The Committee noted the report.</p>	
10.	Clinical Claims and Litigation Quarterly Report	
	<p>The Director of Nursing and Therapies presented the paper and reported that during Quarter 2 there were two new claims (both were clinical negligence claims). It was noted that six claims were closed in Quarter 2.</p> <p>The Director of Nursing and Therapies said that the report also included NHS Resolution's recently refreshed 10 Year Summary of the Trust's Litigation Claims together with the Trust's analysis of the claims.</p> <p>Mehmuda Mian, Non-Executive Director referred to the employer liability claim concerning a staff member reporting discomfort going down to the floor practising supine takedown PMVA technique in training and asked whether this was something specific to the individual or whether there was wider learning.</p>	

	<p>The Director of Nursing and Therapies confirmed that this was specific to the individual. It was noted that NHS Resolution's 10-year summary of litigation claims confirmed that there had not been a similar claim over the last 10 years.</p> <p>Ms Mian also asked for more information about the claim concerning a member of staff being bitten by a dog.</p> <p>The Director of Nursing and Therapies explained that the incident concerned a community nurse being bitten by a dog in a patient's home.</p> <p>Ms Mian commented that the Trust had relatively few claims.</p> <p>The Director of Nursing and Therapies said that Trusts which ran maternity services and undertook complex surgery tended to have a high volume of claims.</p> <p>Mark Day, Non-Executive Director commented that research by Malcolm Gladwell had highlighted the correlation between patients not feeling listened to by clinicians and clinician's perceived lack of empathy and litigation claims. Mr Day said that the importance of good communication with patients and soft skills such as empathy should not be underestimated in terms of reducing the number of litigation claims.</p> <p>The Director of Nursing and Therapies agreed with Mr Day's comments and reported that the NHS Resolution had invited the Trust to participate in a national research project looking at the link between getting the Duty of Candour right and the number of claims. It was noted that the Trust had been selected as a model of good practice in terms of the Duty of Candour.</p> <p>The Committee noted that report.</p>	
<p>11.</p>	<p>Clinical Audit Report</p>	
	<p>The Medical Director presented the paper and reported that the annual Clinical Audit Plan 2021-22 included 28 national quality account reportable projects. Clinical Audits in the Trust remained on track for completion and implementation of improvement actions arising from the findings of the national audits.</p> <p>For the benefit of the new Chair, the Medical Director explained that the national clinical audit reports were considered in full at the Quality Assurance Committee and that the role of the Audit Committee was to seek assurance that the Trust's national annual Clinical Audit Plan was on track.</p> <p>The Chair asked for more information about how the list of national clinical audits was generated.</p> <p>The Medical Director Explained that the Trust paid an annual subscription to participate in the national audit programme and that the list of clinical audits was determined nationally.</p> <p>The Committee noted the report.</p>	

12.	Anti-Crime Service Report	
	<p style="text-align: center;">a) Anti-Crime Service Progress Report</p> <p>Melanie Alflatt, TIAA presented the paper and reported that 14-20 November 2021 was International Fraud Awareness Week. The Anti-Crime Service would be working with the Trust’s Marketing and Communications Team to plan a campaign including both TIAA and the NHS Counter Fraud Authority initiatives.</p> <p>Ms Alflatt reported that the Trust had fully participated in the national Counter Fraud Authority’s COVID-19 post event assurance exercise. It was hoped that the NHS Counter Fraud Authority would be producing a benchmarking report and if so, this would be included in the next update report.</p> <p>Ms Alflatt reported that TIAA had undertaken a number of proactive exercises and would report on the outcome of these exercises together with any recommended remedial actions in future update reports.</p> <p>Ms Alflatt referred to appendix a of the report which set out the Trust’s action plan in respect of compliance with the new Counter Fraud Functional Standards and reported that a number of actions which had been RAG rated Red or Amber were now RAG rated Green. It was noted that work was ongoing in respect of the Trust’s declarations of interest processes and that this was RAG rated Amber.</p> <p>The Chair asked why standard 12 on declarations of interest was still amber.</p> <p>Ms Alflatt explained that compliance with some of the standards required more in-depth work to assess compliance than others and confirmed that the Anti-Crime Specialist was liaising with the Trust to gain a better understanding of the systems and processes around declarations of interest.</p> <p>It was noted that appendix b set out TIAA’s annual progress to date in terms of their proactive and reactive work.</p> <p>The Committee noted the report.</p> <p style="text-align: center;">b) Counter Fraud Awareness Survey Report</p> <p>The results of TIAA’s Counter Fraud Awareness Survey had been circulated.</p> <p>Mehmuda Mian, Non-Executive Director said that the results of the Counter Fraud Awareness Survey were reassuring that demonstrated that staff knew how to access information and how to raise concerns around fraud.</p> <p>Mark Day, Non-Executive Director reminded the meeting that prior to the COVID-19 pandemic, the Audit Committee used to hold lunchtime development sessions prior to the meetings on a range of topics. The sessions were also open to members of the Finance, Investment and Performance Committee members. Mr Day suggested that Fraud Awareness would be useful topic for a development session.</p> <p>Ms Alflatt said that she would be happy to run a session a Fraud Awareness development session. The Internal Auditors and External Auditors indicated that they would also be happy to support the session.</p>	<p style="text-align: right;">MA/MG/ CM</p>

	<p><i>(there was further discussion about development sessions under “Any Other Business)</i></p> <p>The Committee noted the reports.</p>	
13.	<p>Internal Audit Progress Report</p> <p>a) Internal Audit Progress Report</p> <p>Clive Makombera presented the paper and highlighted the following points:</p> <ul style="list-style-type: none"> • Since the last meeting the following draft reports had been issued: Applications and Key Financial Controls • The majority of the audits set out in the Internal Audit Plan for 2021-22 had start dates agreed with the Trust’s management. It was important that these dates were adhered to as far as it was practicable to ensure that the annual internal audit plan was delivered to time • There were two outstanding management actions, but these had been covered by the Medical Director’s paper to the Committee on the MHA Office • The Internal Auditors were working with the Company Secretary to complete the Assurance Map <p>The Chair asked when the Committee would receive the final reports. Mr Makombera reported that draft reports were issued to management and when finalised these reports would be presented to the Audit Committee for review.</p> <p>b) RSM Integrated Care System (ICS) Workshop Summary Report</p> <p>The RSM ICS Workshop Summary Report had been circulated.</p> <p>The Committee noted the reports.</p>	
14.	<p>External Audit - Charitable Funds Annual Report and Accounts 2020-21</p> <p>The welcomed Ben Sheriff and Chris Randall, former External Auditors to the meeting.</p> <p>a) Charitable Funds Annual Report and Financial Statements 2020-21</p> <p>The Charitable Funds Annual Report and Financial Statements had been circulated.</p> <p>b) External Auditors Independent Examination of the Financial Statements on the Trust’s Charitable Fund 2020-21</p> <p>Ben Sheriff reported that the External Auditors had conducted an independent review of the Charitable Funds. It was noted that the External Auditors had confirmed that there were no material matters that had come to their attention in connection with the examination.</p> <p>Mr Randall reported that the External Auditors had identified a non-disclosure deficiency of analysis of assets and liabilities between funds. It was noted that this had not been disclosed in the financial statements, as management</p>	

	<p>believed that the overall analysis provided in the balance sheet was clear enough for a user of the financial statement.</p> <p>The Chair asked whether the non-disclosure deficiency had been flagged in previous audits. Mr Sheriff confirmed that the External Auditors had raised the issue in previous years.</p> <p>The Audit Committee reviewed the Charitable Funds Annual Report and Accounts 2020-21 and agreed to recommend that the Trust's Corporate Trustees formally approve the Annual Report and Accounts at their meeting immediately after the Trust Board meeting on 9 November 2021.</p>	
14.	Minutes of the Finance, Investment and Performance Committee meeting held on 16 August 2021	
	The minutes of the Finance, Investment and Performance Committee meeting held on 16 August 2021 were received and noted.	
15.	Minutes of the Quality Assurance Committee held on 24 August 2021	
	The minutes of the Quality Assurance Committee meetings held on 24 August 2021 were received and noted.	
17.	Minutes of the Quality Executive Committees held on July 2021, August 2021 and September 2021	
	The minutes of the Quality Executive Committee meetings held on 19 July 2021, 16 August 2021 and 20 September were received and noted.	
18.	Board Sub-Committees Annual Review of Effectiveness	
	<p>The results of the annual review of effectiveness of the Finance, Investment and Performance Committee, Appointments and Remuneration Committee and Quality Assurance Committee had been circulated.</p> <p>The Committee noted the report.</p>	
19.	Application of Financial Limits to the Scheme of Delegation	
	<p>The Chief Financial Officer highlighted the proposed amendments to the Application of Financial Limits to the Scheme of Delegation:</p> <ul style="list-style-type: none"> • Amending the policy review period from two to three years • Updating the policy to include the new role of Deputy Chief Executive • Minor amendments to tendering limits reduced from £164,176 to £122,976 • Amending the name from "EU Tender" to "Find a Tender" <p>The Committee approved the proposed change to the Trust's Application of Financial Limits to the Scheme of Delegation.</p> <p>The Chair asked whether the Trust's delegation limits were similar to other comparable Trusts.</p>	

	<p>The Chief Financial Officer said that the delegation limits would vary from trust to trust particularly around the limits for approving business cases as this would reflect individual trusts' risk appetites.</p> <p>The Committee approved the proposed change to the Trust's Application of Financial Limits to the Scheme of Delegation.</p>	
20.	Draft Annual Report to the Council of Governors	
	<p>The Company Secretary presented the report and said that the Committee's draft Annual Report to the Council of Governors would be updated to include discussions from today's meeting. The final report would be presented to the Council of Governors meeting on 1 December 2021.</p> <p>The Chair confirmed that he would be happy to attend the Council of Governors meeting on 1 December 2021 and present the report.</p> <p>The Committee noted the report.</p>	
21	Annual Work Plan	
	<p>The Audit Committee's work programme had been circulated.</p> <p>The Committee's Annual Work Plan was noted.</p>	
22.	Any Other Business	
	<p>Lunchtime Development Sessions</p> <p>Mehmuda Mian, Non-Executive Director said that she would welcome the lunchtime development sessions re-starting virtually. It was noted that the development sessions were paused at the start of the COVID-19 pandemic.</p> <p>Ms Mian invited the Committee to identify future topics. The Company Secretary suggested that it would be useful to have a session on Cyber Security. Clive Makombera said that he would be support the session. It was agreed that other Board members would be invited to attend the virtual development sessions.</p>	JH
23.	Date of Next Meeting	
	19 January 2022	

The minutes are an accurate record of the Audit Committee meeting held on 27 October 2021.

Signed: - _____

Date: - 27 October 2021 _____

Trust Board Paper

Board Meeting Date	09 November 2021
Title	Use of Trust Seal
	For Noting
Purpose	This paper notifies the Board of use of the Trust Seal
Business Area	Corporate
Author	Company Secretary
Relevant Strategic Objectives	N/A
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Compliance with Standing Orders
Equalities and Diversity Implications	N/A
SUMMARY	<p>The Trust's Seal was affixed to:</p> <ul style="list-style-type: none"> Leases in relation to three residential properties in Reading (75 Kings Road, RG4 8DS, 222 Goshawk Road, RG4 8BL and 351 Goshawk Road, RG4 8DY) to Dimensions (UK) Ltd
ACTION	To note the update.