

### COUNCIL OF GOVERNORS

The next meeting will be held on Wednesday, 1 December 2021  
starting at 10.30 am

(Conducted via MS Teams)

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

### AGENDA

ITEM	DESCRIPTION	PRESENTER	TIME
1.	<b>Welcome &amp; introductions</b>	Naomi Coxwell, Non-Executive Director, meeting Chair	2
2.	<b>Apologies for Absence</b>	Company Secretary	1
3.	<b>Declarations of Interest</b> 1. Amendment to the Register 2. Agenda items	All All	1
4.1	<b>Minutes of Last Formal Meeting of the Council of Governors – 22 September 2021</b>	Naomi Coxwell, Non-Executive Director, meeting Chair	2
4.2.	<b>Matters Arising</b>	Naomi Coxwell, Non-Executive Director, meeting Chair	5
5.	<b>Improving Physical Health Checks for People with Severe Mental Illness Presentation</b> (Enclosure)	Kerry Harrison, Senior Lead for Physical Health (Community Mental Health Services)	15
6.	<b>Neurodiversity Presentation</b>	Mairi Evans, Divisional Director	15
7.	<b>Annual Audit Committee Report</b> (Enclosure)	Rajiv Gatha, Chair of the Audit Committee	15
8.	<b>Committee/Steering Groups</b> Reports: a) Living Life to the Full (Verbal update and Revised Terms of Reference for ratification) b) Membership & Public Engagement (Enclosure) and ratification of the revised Terms of Reference c) Quality Assurance meeting (Verbal update)	Committee Group Chairs and Members	10
9.	<b>Executive Reports from the Trust</b> 1. Patient Experience Quarter 2 Report (Enclosure)	Liz Chapman, Head of Service Engagement and Experience	15

	2. Performance Report ( <i>Enclosure</i> )	Julian Emms, Chief Executive	
10.	<b>Governor Feedback Session</b> <i>This is an opportunity for governors to feedback relevant information from any (virtual) external meetings/events they have attended</i>	Naomi Coxwell, Non-Executive Director, meeting Chair	
11.	<b>Any Other Business</b>	Naomi Coxwell, Non-Executive Director, meeting Chair	5
12.	<b>Dates of Next Meetings</b> <ul style="list-style-type: none"> <li>02 February 2022 – Joint CoGs and NEDs meeting</li> <li>09 March 2022 – Formal Council meeting</li> </ul>	Naomi Coxwell, Non-Executive Director, meeting Chair	2
13.	<b>CONFIDENTIAL ISSUE:</b> 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.	Naomi Coxwell, Non-Executive Director, meeting Chair	2
14.	<b>To approve the minutes of the private session of the Council of Governors meeting held on 22 September 2021</b>	Naomi Coxwell, Non-Executive Director, meeting Chair	2

**Minutes of the Council of Governors Meeting held on**

**Wednesday, 22 September 2021 at 10.30 am**

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

	<p><b>Present:</b> Martin Earwicker, Chair</p> <p><b>Public Governors:</b> Jon Wellum Andrew Horne Brian Wilson Amran Hussain Madeline Diver Raymond Buckland Verity Murracane Joan Moles John Jarvis Tom Lake Paul Myerscough</p> <p><b>Staff Governors:</b> June Carmichael Guy Dakin Julia Prince</p> <p><b>Appointed Governors:</b> Cllr Deborah Edwards Suzanna Rose</p> <p><b>In attendance:</b> Julian Emms, Chief Executive Julie Hill, Company Secretary Paul Gray, Acting Chief Financial Officer Jennifer Knowles, Executive Office Manager &amp; Assistant Company Secretary Naomi Coxwell, Non-Executive Director Aileen Feeney, Non-Executive Director Chris Fisher, Non-Executive Director Mark Day, Non-Executive Director David Buckle, Non-Executive Director Stephanie Wynter (Staff Governor Designate) Linda Jacobs, Executive Assistant</p> <p><b>Guests:</b> Chris Randall, Deloitte LLP (External Auditors) Heidi Ilsley, Deputy Director of Nursing Katie Humphrey, Carers Lead</p>
<b>1.</b>	<b>Welcome and Introductions</b>
	Martin Earwicker, Chair welcomed everyone to the meeting.
<b>2.</b>	<b>Apologies for absence</b>
	Apologies were received from: Cllr Isobel Mattick, Cllr Graham Bridgman, John Barrett, Roz Crowder, Cllr Natasa Pantelic, Natasha Berthollier and Tom O’Kane.

<b>3.</b>	<b>Declarations of Interest</b>
	<p><b>1) Annual Declarations of Interest</b> None declared</p> <p><b>2) Agenda items</b> None declared</p>
<b>4.1</b>	<b>Minutes of Last Formal Meeting of the Council of Governors and Matters Arising - 16 June 2021</b>
	The minutes the meeting held on 16 June 2021 were approved as a correct record of the meeting.
<b>5.</b>	<b>External Auditors Report to the Council of Governors</b>
	<p>The report was taken as read.</p> <p>The Chair welcomed Chris Randall from Deloitte LLP, Trust External Auditors.</p> <p>Chris Randall presented the External Auditors report to the Council of Governors and highlighted the following points:</p> <ul style="list-style-type: none"> <li>• The Trust's Head of Internal Audit opinion for the year 2020-21 was that: "The organisation has an adequate and effective framework for risk management, governance and internal control. However, work identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective."</li> <li>• The External Auditors concluded from the annual review of the effectiveness of internal control that the Trust had a sound system of internal control and no significant internal control issues had been identified.</li> <li>• The Trust had adapted its governance arrangements to enable it to support an agile response to the pandemic.</li> <li>• The Trust played an active part in two local Integrated Care Systems (ICS): Frimley Health and Care; and Berkshire West, Oxfordshire and Buckinghamshire; with a dedicated Berkshire West Integrated Care Partnership within this (although the focus was primarily at the ICS level, rather than the Berkshire West level). Being part of two systems made governance more complex for the Trust.</li> <li>• A key element of this report was the External Auditors commentary on the Trust's arrangements to secure economy, efficiency and effectiveness in the use of resources. Our work considering these arrangements was based on our assessment of the adequacy of the arrangements the Trust had put in place, based on our risk assessment. The commentary did not consider the adequacy of every arrangement the Trust had in place.</li> <li>• The External Auditors had not identified any significant weaknesses in the Trust's Value for Money arrangements, and so had not reported any recommendations in respect of significant weaknesses.</li> <li>• The Trust's Charity was not consolidated and was subject to a separate independent examination that was not included in this report.</li> </ul> <p>Paul Myerscough asked who apart from the Governors and Trust staff saw the External Auditors report.</p> <p>Chris Randall said Deloitte reported into the National Audit Office, who were the auditors for the NHS overall, and a copy was sent to them along with a report on any significant risks.</p> <p>Tom Lake asked for more detail on the implications of early termination the PFI contracts</p> <p>Chris Randall reported when the contract ended decisions will needed to be made on how assets were managed and any future contractual arrangements.</p>

	<p>Julian Emms said the Trust paid a mortgage/rental on the building with the facilities provided by ISS under the PFI contract and when the building was handed back to the owner, plans needed to be put in place to manage this.</p> <p>Chris Randall reported that the “Well Led” elements of the last CQC report published on 26 March 2020 rated the Trust as “Outstanding”. The Trust continued to manage risk under its risk management policy and identified new risks relating to Covid-19 and the recovery of services.</p> <p>Jon Wellum asked if the Trust continued to be a leading benchmarker.</p> <p>Chris Randall said the Trust measured up well, the CQC Report of “Outstanding” was beneficial and supported the work being done by the management team. The Trust also had a positive track record in financial planning and delivery and a strong record in cost improvement plans.</p> <p>The Chair said that the External Auditors Report was also included in the Trust’s Annual Report and Accounts which was laid before Parliament and was available from the Trust’s website.</p> <p>Chris Fisher, Chair of the Audit Committee, on behalf of the Trust, Audit Committee and Council of Governors thanked Deloitte for their work and professionalism over the last 3 years.</p> <p>The Chair thanked Chris Fisher for his work as Non-Executive Director and Chair of the Audit Committee and said his work was appreciated by the Council of Governors.</p>
<b>6.</b>	<b>Trust Annual Report and Accounts 2020-21 (Presentation)</b>
	<p>The Chair welcomed Julian Emms, Chief Executive.</p> <p>Julian Emms shared a presentation and reported that during the first wave of the Covid-19 pandemic some community services were suspended, and staff redeployed to services that continued to operate.</p> <p>The Trust’s priority was to keep everyone safe infection prevention and control guidance was rigorous, and staff were using appropriate PPE. Services were adapted using online appointments, over 8,000 per month. Utilising technology to help safeguard staff by allowing those who could work from home.</p> <p>In December 2020, the Trust was selected to support the national Covid-19 Vaccination Programme. Over 36,000 doses of vaccine were given to staff and those from our health and social care partners.</p> <p>The Trust had delivered joined-up care and with NHS and local authority colleagues established Rapid community discharge services to facilitate the timely discharge from hospital and ensure hospitals did not become overwhelmed. Operating 7 days a week including expanded discharge teams, simplified funding for onward care, dedicated transport and 7 days a week intensive therapy on Wards.</p> <p>We have supported the wellbeing of our staff and others working in the NHS and social care by providing a dedicated psychological staff support service.</p> <p>We came top in the sector for staff engagement in the national NHS Staff Survey. However, there is more to do with regard to race, disability and sexual orientation.</p> <p>Julian said that the Trust had huge support from the public, communities, business and individuals and that he was overwhelmed by the compassion, messages of support and generous donations.</p>

	<p>Paul Gray, Acting Chief Financial Officer shared a presentation providing a summary of the Trust's financial position.</p> <p>A revised financial regime was implemented in March 2020 in response to the Covid-19 pandemic. Additional costs from the pandemic response were funded centrally, PPE was procured and funded centrally, further central funding available to ensure NHS able to breakeven, payments in advance from Commissioners to ensure sufficient cash and efficient programmes were suspended.</p> <p>A surplus of £0.9m was returned in 2020/21. There was a £25 million plus increase in income and expenditure which included costs and funding received to accommodate additional staff, purchasing equipment and adapting buildings to accommodate social distancing.</p> <p>We continued to operate under an adapted financial regime on 2021/22. A breakeven plan has been submitted for the first half of 2122, continue to receive financial support for covid costs, funding available to increase activity levels/reduce waiting lists and plan to invest £7.9m capital expenditure agreed with BOB ICS. This regime is being rolled forward into the second half of 2021/22.</p>
<b>7.</b>	<b>Committee/Steering Groups</b>
	<p>Reports:</p> <p><b>a) Living Life to the Full Group</b> The report was taken as read</p> <p><b>b) Membership &amp; Public Engagement Group and minor change to the Group's Terms of Reference</b> The report was taken as read.</p> <p>Tom Lake reported membership was going well, there was a reduction in Berkshire but increasing in other areas. School nurses have been engaging with children and young people, also No. 5 a counselling charity in Reading who are actively taking part in activities and decision making. Talking Therapies also have strong public engagement through self-referrals.</p> <p><b>c) Quality Assurance</b> The report was taken as read.</p> <p>At the last meeting there was a presentation about waiting times and related issues for Child and Adolescent Mental Health and the Berkshire Eating Disorders Service.</p> <p>The service has a Common Point of Entry which feeds into a Rapid Response Team, an Eating Disorder Team, an Anxiety and Depression Team, and teams based in the six localities. There is enormous pressure from a rising rate of referrals, a substantial increase in the complexity of referrals, a ten-fold increase in referrals tagged as urgent (reflecting referrer anxiety,) long waiting times except for urgent referrals, and a lot of management effort going into re-structuring services to increase efficiency, utilise new funding which has been obtained for several parts of the service, and recruit staff. Recruiting staff is very slow and difficult because there is a national shortage.</p> <p>An invitation was extended to Governors to join the Committee.</p>
<b>8.</b>	<b>Executive Reports from the Trust</b>
	<p><b>1. Patient Experience Quarter 1 Report</b> The report was taken as read.</p>

The Chair welcomed Heidi Ilsley, Deputy Director of Nursing.

Heidi highlighted the following key points:

- 59 formal complaints received in Q1, 3 of which related to Covid-19.
- There has been an increase in MP complaints, which is being monitored as there has been a significant increase.
- The new survey "I Want Great Care" will be rolled out in October 2021.
- An Internal Audit has taken place on the patient experience process, two areas for recommendation were highlighted: capturing ethnicity data and a taking deep dive analysis into services.

The Chair asked if the Carers Lead would take a lead on the on capturing carer feedback. Heidi Ilsley advised the Carers Lead would be leading on this.

Andrew Horne asked if the ethnicity data was backed up by any other data.

Heidi Ilsley said ethnicity data was new to the reports and more detailed data was taking place and at present there was nothing to compare with, but this would be monitored.

Tom Lake asked of ethnicity was part of a patient's record or if this was added to a complaint.

Heidi Ilsley advised that most of the information was on Rio but if not, patients were asked to provide this information.

The Chair thanked Heidi and said that by capturing data, particularly ethnicity, more comprehensively we would be better able to identify any trends.

## **2. Performance Report**

The report was taken as read.

Andrew Horne noted the Out of Area Placements occupied bed days had increased significantly and asked if we expected this to reduce.

Julian Emms said there had been a national increase in demand for placements and as a result of pandemic some beds have been closed due to outbreaks on acute wards.

Andrew Horne noted that the Cardio Metabolic CQUIN figures were low and said this should be part of the ward admission.

Julian Emms said there had been a significant improvement with additional staff in place to ensure accurate recording of information and ensuring it was suggested a presentation be given to the Council of Governors on the work on physical health aspects for patients.

Paul Myerscough said the Health Service Journal Award for Autism and ADHD work to improve mental health support for children and adults with Autism and Attention Deficit Hyperactivity Disorder in East Berkshire which was doing well and asked why this was not the replicated in West Berkshire.

Julian Emms said there were differences between East and West Berkshire as there were two ICS's which had different priorities and ways of working.

Paul Myerscough added that he had attended a meeting on EUPD Pathway where a team who had done similar work in the East were coaching staff in the West on co-production, our way of working and developing new services.

Julian Emms said the EUPD Pathway was co-produced and was solely a Berkshire Healthcare piece of work and there were now Service User Networks (SUN) working across all localities.

	<p>Paul Myerscough also asked how the Wellbeing Matters website was operated and funded.</p> <p>Julian Emms said this was operated by the Trust and centrally funded to provide psychological support to staff providing health and social care.</p> <p>The Chair said the Trust recognised we were within two ICSs and would like to have a common approach going forward.</p> <p>Guy Dakin asked if the measures to reduce staff assaults, 170 in the last quarter, were making a difference and if there was a way of mitigating the harm caused to staff.</p> <p>Julian Emms said these incidents were caused by a small number of patients and personalised mitigations were put in place for these patients. Involving staff and patients in Violence Reduction Programmes to identify triggers for patients and making bespoke programmes for individual patients continued to be a focus for the Trust.</p> <p>Julia Prince clarified a statement in the performance report about staff working in care homes needing to be vaccinated against COVID-19 and said that the Trust had not accessed staff medical records to identify those staff who were not vaccinated.</p> <p>Jon Wellum asked if there was an established system for the learning from the bespoke responses to staff assaults.</p> <p>Julian Emms said all staff were trained in quality improvement and identifying the triggers for assaults remained a top priority for the Trust.</p> <p>Tom Lake said he had visited Sorrell Ward and was told a trigger can be when a planned activity, accompanied by a member of staff, did not take place due to other demands. The patient can become frustrated and this may result in a staff assault.</p>
<b>9.</b>	<p><b>Carers Strategy Presentation</b></p> <p>The Paper taken as read.</p> <p>The Chair welcomed Katie Humphrey, Carers Lead to the meeting.</p> <p>Katie provided an update on the Carers Strategy and reflected on the Impact of Covid-19. She provided a useful overview on what had been achieved and our plans for the future. and highlighted the following:</p> <ul style="list-style-type: none"> <li>• Up to 13.6 million people could be providing unpaid care (as carers) in the United Kingdom today. There were an additional 4.5 million unpaid carers in the United Kingdom since the coronavirus outbreak.</li> <li>• Based on the Triangle of Care (ToC) national guidance, best practice had identified six standards for services to work towards</li> <li>• The Trust's Carers Strategy aligned with the direction of travel set by NHS England/Improvement and the six local authorities in Berkshire</li> <li>• The principles were consistent with NICE guidelines</li> <li>• A Trust Carers Lead had been appointed</li> <li>• There was engagement with ICS partners</li> <li>• Friends, Family and Carers Steering Group</li> <li>• Implementation Plan; identified key priorities and initiatives, Task &amp; Finish Groups and Action Plans.</li> <li>• Care Awareness Training (online and face to face) being developed</li> <li>• Review confidentiality policy and develop guidance for carers and staff</li> <li>• Baseline evaluation to identify services with Carer Lease/Champions or similar</li> <li>• Develop Carers Charter</li> <li>• Access funding for bespoke projects</li> </ul>



	<p>Paul Myerscough asked if Governors could look at the E-learning and feedback from a Governors view.</p> <p>Katie Humphrey welcomed this and invited Governors to join the Task and Finish Group.</p> <p>Verity Murrice said it was good to see engagement in the diversity of Carers as this can impact the mental health of Carers due to the amount of work involved and noted Carers with disabilities was not in the statistics.</p> <p>Madeline Diver said she was working with Carers Groups in Bracknell Forest and would be interested in E-Learning and access to Carers opinions as it can be difficult to gather information on what support Carers require.</p> <p>Katie Humphrey said she looking at creating a Register of Carers. Madeline Diver expressed her interest in being involved.</p> <p>Jon Wellum asked if there was a Carers Mission Statement.</p> <p>Katie Humphrey said "All Berkshire Healthcare services will have a defined carer offer, which is informed, understood and valued by carers." and said a Carers Charter would also be created.</p> <p>Tom Lake asked for the presentation be circulated to all Governors.</p> <p>The Chair thanked Katie Humphrey for her presentation.</p>
<b>10.</b>	<b>Appointment of Lead and Deputy Lead Governors</b>
	The Governors were asked to formally appoint Paul Myerscough as Lead Governor and Jon Wellum as Deputy Lead Governor. The Governors agreed the appointments.
<b>11.</b>	<b>Governor Feedback Session</b>
	None.
<b>12.</b>	<b>Any Other Business</b>
	<ul style="list-style-type: none"> <li>Paul Myerscough asked for visibility of the high-level ICS Meetings as he had been contacted by the Lead Governor at Oxford Health and would like to do some horizon scanning on the two ICSs.</li> </ul> <p>The Chair said the Chairs of ICSs tended to meet informally. The meeting would become formal meetings when the new Integrated Care Boards were established .</p> <ul style="list-style-type: none"> <li>The Chair reported that he had spoken to the Director of Nursing and Therapies about re-starting Service Visits, and it had been agreed they can go ahead abiding by the infection prevention and control measures in place.</li> </ul>
<b>13.</b>	<b>Date of Next Meetings</b>
	<p><i>3 November 2021 - Joint Trust Board and Council of Governors Meeting</i></p> <p><i>1 December 2021 - Formal Council of Governors Meeting</i></p>
<b>14.</b>	<b>CONFIDENTIAL ISSUE:</b>
	The Council of Governors passed 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.
<b>15.</b>	
	There was be a confidential session of the meeting to discuss the recommendations of the Council of Governors' Appointments and Remuneration Committee.

# Physical Health in Serious Mental Illness

## Annual Physical Health Checks

Kerry Harrison  
Senior Physical Health Lead



01 December 2021

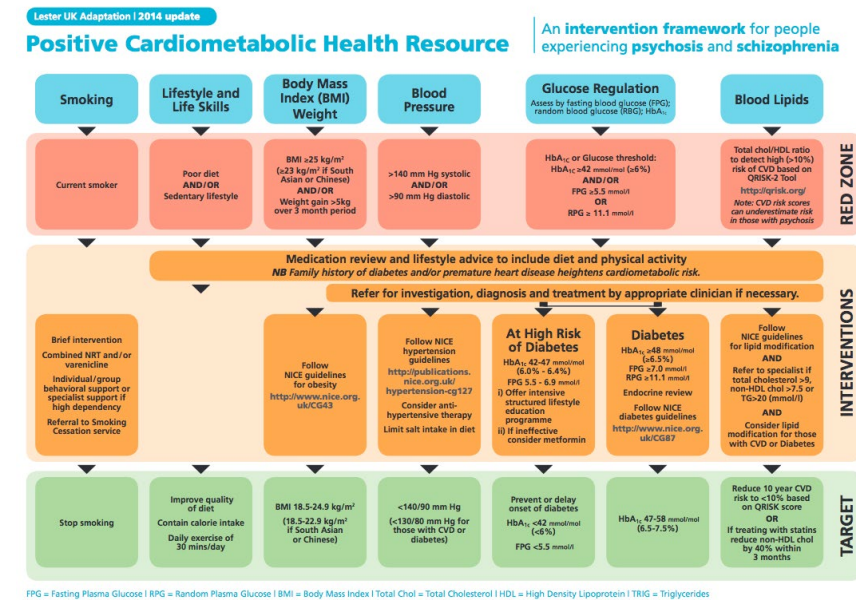
# Why this is important

- People with a serious mental illness (SMI) die on average 20 years younger than the general population
- Premature deaths largely due to preventable or treatable conditions i.e. cardiovascular disease, diabetes, liver disease and cancer
- People with SMI are:
  - *likely to have higher alcohol consumption*
  - *3 times more likely to smoke*
  - *have double the risk of obesity and diabetes*
  - *3 times the risk of hypertension*
  - *5 times the risk of dyslipidaemia*

# The annual physical health check

In secondary care:

- **Physical health checks** offered to patients with SMI within a year of diagnosis / re referral to CMHT
  - *BMI*
  - *Smoking*
  - *Alcohol consumption*
  - *Blood glucose*
  - *Blood lipids*
  - *Blood pressure*
- **Interventions** to address abnormalities and improve physical wellbeing



# Quality Improvement in PHC for SMI

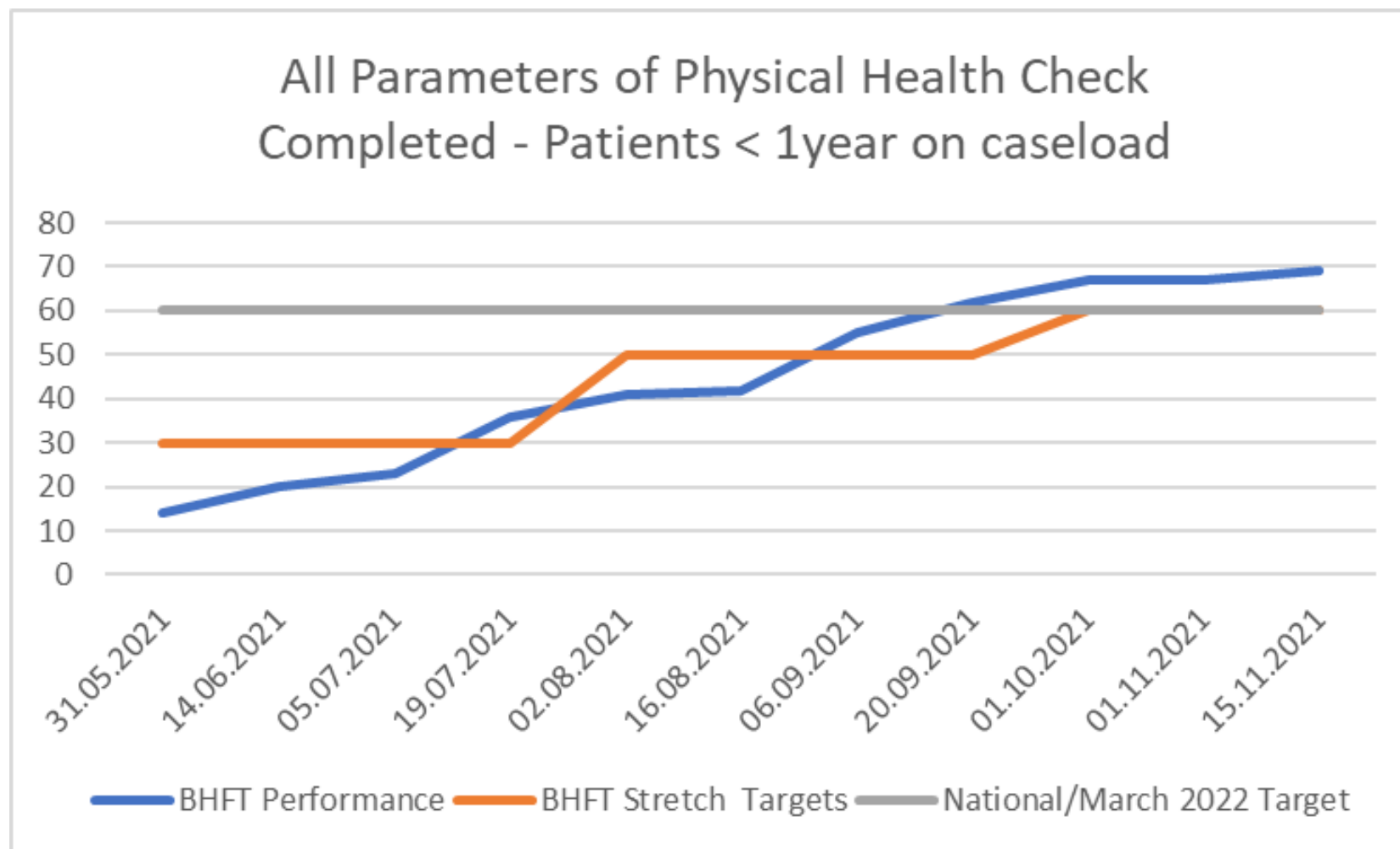
- Physical health team in each division
- QI methodologies:
  - *A3 Thinking*
  - *Root Cause Analysis/Fishbone*
  - *Data Tool*
  - *Improvement Huddles*
  - *Plan Do Study Act*
- Clinics across 6 localities and a home visit offer
- Compassionate and tenacious approach

Have you reviewed your Performance Board? Remember to follow the Standard Work

DO NOT CUT AND PASTE ONLY COPY AND PASTE CELLS		Improvement Huddle Board				All 7 Cities - New paragraph for COPD, CVD, Diabetes, etc. COPD, CVD, Diabetes, etc.	
Huddle Time	3	New Improvement Ideas	2	Work in Progress	Implemented Tickets		
30 Minutes		Quick Wins Patient Experience Supporting our Staff Becoming Smarter		Quick Wins 1 2 3			
1 Standard Work		Example 1				5 Celebrations	
						6 Weekly Recording	
Escalated Tickets	4	P-I-C-K Chart		Plan Do Study Act			
1		Problem/Issue High Impact Investigate		1 2 3			
2		Easy Hard					
3		Keep for later Low Impact Check					

# Physical Health Checks

June – Nov 2021



# Next Steps

- Physical activity offer
- Sport in Mind collaboration – activity journals
- Physical health toolkit for mental health practitioners
- Ongoing educational events and bite sized training
- Improve access to physical health checks for patients over a year since diagnosis (in collaboration with primary care)





# Questions

Contact Details:

[Kerry.Harrison@berkshire.nhs.uk](mailto:Kerry.Harrison@berkshire.nhs.uk)



**Annual Report of the Trust's Audit Committee to the Council of Governors  
January 2021 to December 2021**

## **SUMMARY**

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

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

## **Introduction**

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

As requested by the Council of Governors, this annual reported has been expanded to provide more detail about the work of the Committee. It should be noted that the full minutes of the Audit Committee are presented to the next meeting of the Public Trust Board (the Trust Board's meeting papers are available from the Trust's website at <https://www.berkshirehealthcare.nhs.uk/about-us/key-documents/board-meetings>

## **Committee Membership**

The members of the Committee during 2021 (all of whom are Non-Executive Directors) were as follows:

Chris Fisher, Non-Executive Director and Audit Committee Chair (until 30 September 2021)  
Rajiv Gatha, Non-Executive Director and Audit Committee Chair (from 1 October 2021)  
Naomi Coxwell, Non-Executive Director  
Mehmuda Mian, Non-Executive Director  
Mark Day, Non-Executive Director (deputising for Naomi Coxwell at the October 2021 meeting).

Executive support to the Committee included regular attendance by the Deputy Chief Executive and Chief Financial Officer, Director of Finance, Director of Nursing and

Therapies, Medical Director and Head of Clinical Effectiveness and Audit. The Committee is supported by the Company Secretary.

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

During 2021, the Committee met on five occasions, including May 2021 when the Annual Accounts were presented.

All meetings were quorate.

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

### **Committee Chair**

Chris Fisher, Chair of the Audit Committee's term of office ended on 30 September 2021. Mehmuda Mian, Non-Executive Director and Naomi Coxwell, Non-Executive Director led the tributes to Chris Fisher at the July 2021 Committee meeting.

Members and regular attendees at the Committee agreed that Mr Fisher had been an outstanding Chair of the Audit Committee and wished him well for the future.

Rajiv Gatha, Non-Executive Director took up his role as Audit Committee Chair on 1 October 2021.

### **Committee Self-Assessment of Effectiveness**

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

The results of the latest self-assessment exercise were reported to the July 2021 Audit Committee meeting.

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

The Council of Governors Appointments and Remuneration Committee reviewed the terms of office of the Non-Executive Directors and presented a proposal to the September 2021 Council of Governors meeting to extend individual terms of office. This would ensure that the Trust did not have an influx of new Non-Executive Directors during a period of significant change as the Integrated Care Systems became legal entities.

The Committee members also fed back that they found the personal development sessions which used to take place when the Committee held face to face meetings very informative.

## **Council of Governors Appointment of New External Auditors**

The Council of Governors appointed Ernst and Young as the Trust's External Auditors from April 2021 for three years. Deloitte undertook the Trust's audit of the Annual Accounts 2020-21 and the Charitable Funds Accounts 2020-21.

## **Summary of Work Undertaken**

During 2021 key activity included:

### **A) Board Assurance Framework and Corporate Risk Register**

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

### **B) Cyber Security Annual Report 2019-20**

At our January 2021 meeting, the Chief Information Officer presented the Trust's Cyber Security Annual Report. We noted that the move to mass home working had demonstrated that the Trust's resilience and business continuity provision was effective. The Trust achieved Cyber Essentials Plus certification in March 2020 and recertification of ISO27001 was achieved in October 2020.

The Committee discussed an incident at the Trust's computer server room, Bath Road which involved fire bottles being discharged. The Chief Information Officer explained that this was due to a maintenance error causing the system to erroneously detect a fire and the fire bottles being discharged. The fire bottles contained particle safe material and there was no damage incurred, but it took several days to fix the issue.

The Chief Information Officer confirmed that he was assured that the issue had been rectified by the Estates and Facilities Department.

The Committee noted that the Trust had now moved to the Microsoft Office 365 system which was a more resilient system because it was spread across different data centres and was an online system and could therefore be accessed via any computer and mobile devices.

### **C) Information Governance Annual Report 2019-20**

The Information Governance Annual Report used to be presented to the Trust Board but in consultation with the Deputy Chief Executive and Chief Financial Officer and the Medical Director, it was agreed that the report would be presented to the Audit Committee.

We noted that the Information Commissioner's Office had contacted the Trust to ask if the Trust would agree to a voluntary audit. It was noted that the Trust had agreed, and the Information Commissioner's Officer had confirmed that there were no major areas for concern. The Committee sought and received assurance that leaving the European Union would not impact the Trust in terms of GDPR regulations and data flows because the Trust had moved all its systems to the United Kingdom.

### **D) Independent Review of the Quality Improvement Programme**

The Committee had suggested that the Trust commission an independent review of the Quality Improvement Programme. The Medical Director reported that the

Executive were in the process of developing a framework for the Quality Improvement Programme which included governance, value for money and performance. The Medical Director proposed inviting Senior Managers to review the Quality Improvement Programme and report to the Committee in January 2022 rather than undertaking an independent review at this stage.

The Committee agreed that if the internal review highlighted any significant issues of concern or if the programme was going off track, the Trust would have the option of commissioning an independent review.

The Committee supported the proposal and Chris Fisher, Chair explained that the reason why he had originally suggested an independent review was that the Trust had committed a significant amount of money to the Quality Improvement Programme and if successful, he wanted the Trust to have the confidence to undertake other significant transformational programmes in the future.

#### **E) Emotionally Unstable Personality Disorder Pathway Project Update**

The Committee had requested an update on the Emotionally Unstable Personality Disorder Pathway because of the pathway's contribution to the Trust's bed optimisation work aimed at hospital avoidance, reducing the average length of in-patient stay and timely discharge from hospital.

The Committee received an update on the Emotionally Unstable Personality Disorder Pathway at its January 2021 meeting. The Medical Director reported that the development of the Emotionally Unstable Personality Disorder (EUPD) Pathway was progressing as planned, but since the COVID-19 pandemic, the acuity of non-EUPD patients requiring in-patient services had increased which in turn had resulted in an increase in the number of Out of Area placements.

The Medical Director explained that a Quality Improvement approach was taken to develop the EUPD pathway and commented that the biggest challenge during phase 1 of the programme was to reach a consensus around the key issues. The pathway was co-produced with service users, carers and stakeholders and was based on the best clinical evidence.

The Committee noted that the Trust had made good progress in implementing most elements of the pathway. The Trust was collecting data to measure the impact of the project. It was too early to quantify the impact of the pathway but there were early indications that the pathway was having a beneficial impact.

The Committee received an update on the Emotionally Unstable Personality Disorder Pathway at its October 2021 meeting. The Committee noted that the Emotionally Unstable Personality Disorder Pathway project had not transitioned to "business as usual". It was agreed that it was too early to draw any firm conclusions but there were early indications that the new pathway was making a positive difference in managing this cohort of patients in terms of reduced hospital admissions and reduced length of hospital stay.

#### **D) Clinical Audit Programme**

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

identified for further improvements are reviewed by the Quality Assurance Committee.

#### **E) Data Quality Assurance**

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

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

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

#### **F) Single Waiver Report**

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

#### **G) Losses and Special Payments Report**

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

#### **H) Clinical Claims and Litigation Report**

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

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

We convened a special meeting in May 2021 to approve the Trust's Annual Accounts on behalf of the Trust Board. The Committee congratulated the Deputy Chief Executive and Chief Financial Officer and his team for completing the final accounts which meant that the audit was conducted virtually.

#### **J) Mental Health Act Function, Governance and Assurance**

The Committee reviewed the Mental Health Act Compliance Trust Wide risk on the Corporate Risk Register and requested further assurance about the use of the Place of Safety as an admission bed at Prospect Park Hospital. The Medical Director presented a paper on the Trust's governance processes in relation to the Mental Health Act Function. The Medical Director provided assurance that the Place of Safety was only used as an admission bed in exceptional circumstances. The Committee noted that the report would also be presented Quality Assurance Committee.

## K) Other Matters

The Committee also receives:

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

There are no substantial issues or concerns that the Audit Committee needs to draw to the Council's attention from its work in 2021.

### External Audit Matters

The Trust's External Auditors, Deloitte, attended the September 2021 Council of Governors meeting to present their audit report to the Governors. For the second year running, due to the COVID-19 pandemic, NHS Improvement had removed the requirement for the Trust's Quality Accounts 2020-21 to be subject to external assurance so the External Auditors' report to the Governors only included their comments on their audit of the Trust's year-end accounts.

The External Auditors audited the Trust's 2020-21 accounts and issued an unqualified audit opinion.

The External Auditors confirmed that the Trust had adapted its processes for assessing financial and performance information, including identifying areas for improvement in response to the pandemic. The External Auditors concluded that these changes were appropriate in the context of the prevailing environment and priorities. In addition, the External Auditors did not identify any significant weaknesses in the Trust's value for money arrangements.

### Internal Audit Reports

A copy of the Internal Auditor's 2020/21 annual report to the Audit Committee is provided at Appendix 2 (*to be attached to the report to the Governors*) for fuller information and assurance purposes.

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

However, the Internal Auditors had identified further enhancements to the framework of risk management, governance and internal control to ensure that it remained adequate and effective.

The Head of Internal Audit Opinion acknowledged that the internal audit work for 2020-21 had been undertaken through the substantial operational disruptions caused

by the COVID-19 pandemic. The Internal Auditors recognised that there had been a significant impact on both the operations of the organisation and its risk profile and the annual internal opinion should be read in this context (a copy of the Annual Audit Report will be attached to the Council of Governor's Annual Audit Report)

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

A summary of the audit reviews is set out below:

**a) IT Project Management (Substantial Assurance)**

The focus of the review was on the IT project management controls and processes at the Trust. The use of technology to enable the delivery of a new model of care in mental health was at the centre of the Trust's ambition as a Global Digital Exemplar for mental health. The Global Digital Exemplar ambition formed part of the focus of the audit.

The Auditors identified no further actions.

**b) Quality Improvement Programme (Reasonable Assurance)**

The focus of the review was to assess whether the training was effectively being rolled out to staff, how lessons were being learned and implemented across each wave (cohort of staff being trained in quality improvement methodology) and the effectiveness of the implemented of the Quality Management Information System (QMIS) tools and techniques within team.

The review identified two medium and two low priority issues.

The medium priority action was around introducing monthly self-assessment by Teams which had been coached by the Quality Improvement team on the use of QMIS to be named a "pulse check" to evaluate the continued and sustained use of QMIS tools at the Trust.

The two low priority actions were around the Trust formulating a formal quality improvement strategy documentation. Without a formal quality improvement strategy in place there was a risk that the long-term process of measuring success of the quality improvement programme against stated objectives may not be possible to clearly measure. The other low priority action was that detailed reporting and learning on the Covid-19 outbreak will continue to be undertaken within the 2020-21 reporting period which can be used to inform and improve processes for the future when business as usual can resume.

**c) Financial Governance (Advisory)**

The NHS Chief Executive and Chief Operating Officer wrote to the Chairs of all NHS organisations on 17 March 2020 to communicate the "important and urgent next steps on NHS response to COVID-19". Within the letter it was recommended that

NHS organisations undertake an urgent review of financial governance to ensure decisions to commit resources in response to COVID-19 were robust.

The Auditors were generally satisfied that the Trust's financial processes were adequately designed and that effective financial governance controls were in place to manage risks within the Trust during the COVID-19 pandemic.

The Auditors identified two low priority issues around the payment of invoices within relevant timescales and around ensuring that value for money was also sought alongside meeting the Trust's need for speedy procurement during the COVID-19 pandemic.

#### **d) Patient Experience and Learning from Complaints (Reasonable Assurance)**

The report acknowledged that the governance roles within localities and patient safety and quality meetings triangulate patient experience information with other quality and performance information to improve the quality and safety of patient care. However, the Auditors made a medium rated recommendation that the Trust should continue to triangulate patient experience information with other quality and performance data to further improve the quality and safety of patient care.

The Auditors recommended that the management should continue to strengthen existing processes and would ensure learning and feedback arising from services was shared across the Trust. It was also recommended that the Trust should continue to improve the recording of ethnicity data in relation to complaints.

### **Overall Internal Audit Programme Progress**

*The table below sets out the ratings of the audit reviews conducted in 2020-21 which were not finalised when the Council of Governors received last year's annual audit committee report.*

*The table also sets out the ratings of the audit reviews conducted so far during 2021-22.*

<b>Audit Area</b>	<b>Risk Rating</b>
<b>2020/21</b>	
IT Project Management	Substantial Assurance
Quality Improvement Programme	Reasonable Assurance
Financial Governance	Advisory
Patient Experience and Learning from Complaints	Reasonable Assurance

<b>Audit Area</b>	<b>Risk Rating</b>
<b>2021-22</b>	
Application Review	TBC
COVID-19 Management – Infection, Prevention and Control	TBC
Apprenticeships	TBC
COVID-19 Recovery/Waiting Lists	TBC
CQC	TBC
Learning from COVID-19	TBC
Financial Management	TBC
Key Financial Controls	TBC



Data Security and Protection Toolkit	<i>TBC</i>
Risk Management	<i>TBC</i>

## **ACKNOWLEDGEMENTS**

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

## **COUNTER FRAUD AND AUDITORS' CONTRIBUTION:**

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

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

## **ACTION:**

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

Prepared by Julie Hill  
Company Secretary

Presented by Rajiv Gatha,  
Chair of Audit Committee

## Terms of Reference

## Audit Committee

### **Copyright**

© Berkshire Healthcare NHS Foundation Trust and its licensors 2007. All rights reserved. No part of this document may be reproduced, stored or transmitted in any form without the prior written permission of Berkshire Healthcare NHS Foundation Trust or its licensors, as applicable.

### **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.

### **Disclaimer**

Berkshire Healthcare NHS Foundation and its sub-contractors have no duty of care to any third party, and accept no responsibility and disclaim all liability of any kind for any action which any third party takes or refrains from taking on the basis of the contents of this document.

## Purpose

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

## Document Control

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

## Document References

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

## Authority

- 1.1 The Audit Committee is constituted as a Standing Committee of the Trust Board of Directors. Its constitution and terms of reference shall be set out as below, subject to amendment at future Board of Directors' meetings.
- 1.2 The Committee is authorised by the Board of Directors to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to cooperate with any request made by the Committee.
- 1.3 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary.

## Purpose

- 2.1 To conclude upon the adequacy and effective operation of the Trust's overall internal control system and independently review the framework of risks, controls and related assurances that underpin the delivery of the Trust's objectives.
- 2.2 To review the disclosure statements that flow from the Trust's assurance processes ahead of its presentation to the Trust Board, including:
  - a. Annual Governance Statement, included in the Annual Report and Accounts and the Annual Plan together with the external and internal auditors' opinions.
  - b. Annual Plan declarations relating to the Assurance Framework.

## Membership

- 3.1 The membership of the Committee shall comprise three Non-Executive Directors, at least one of whom shall have recent and relevant financial experience, plus, ex officio, the Chair of the Finance, Investment & Performance Committee. The Chair of the Quality Assurance Committee will attend as and when there are appropriate matters to discuss with the Audit Committee.
- 3.2 The Chair of the Trust and the Chief Executive shall **not** be members.
- 3.3 The Chair of the Committee will be a Non-Executive Director and will not be a member of any other standing Committee of the Board.
- 3.4 A quorum shall be two members.

## In attendance at meetings

- 4.1 The Committee will be supported by the following in attendance:
  - Chief Financial Officer
  - Director of Finance
  - Medical Director
  - Head of Clinical Effectiveness and Audit
  - Director of Nursing and Therapies

- The Company Secretary
- 4.2 The Committee can invite the Chairman and Chief Executive as well as other Trust Directors or Officers to attend to discuss specific issues as appropriate.
- 4.3 The Committee will be attended by representatives of the following:
- External Audit
  - Internal Audit
  - Counter Fraud
  - Clinical Audit
- 4.4 The Committee will consider the need to meet privately, at least once a year, with both the internal and external auditors. The internal and external auditors may request a private meeting with the Committee at any time.

### **Frequency and Administration of Meetings**

- 5.1 The Committee will meet at least 4 times a year. It may meet more frequently at any time should circumstances require.
- 5.2 It will be supported by the Company Secretary who will agree the agenda for the meetings and the papers required, directly with the Chair.
- 5.3 Minutes of all meetings shall be formally recorded and submitted, together with recommendations where appropriate, to the Board of Directors.

### **Duties**

#### **Governance Risk Management and Internal Control**

- 6.1 The Committee shall review the establishment and maintenance of an effective system of integrated Governance, risk management and internal control, across the Trust's clinical and non-clinical activities that support the achievement of its objectives.
- 6.2 The Committee shall ensure that the Board Assurance Framework is effective in enabling the monitoring, controlling and mitigation of risks to the Trust's strategic objectives.
- 6.3 In particular, the Committee will review the adequacy of the following:
- a. All risk and control related disclosure statements, together with any accompanying Head of Internal Audit statement, external audit opinion or other independent assurances, prior to endorsement by the Board;
  - b. The underlying assurance processes that indicate the following:
    - The degree of the achievement of corporate objectives
    - The effectiveness of the management of principal risks
    - The appropriateness of the disclosure statements

- c. The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements.
- 6.4 The Committee shall request and review reports and positive assurances from Directors and managers on the overall arrangements for governance (including clinical audit and data quality), risk management and internal control.

### **Audit & Counter Fraud**

- 6.5 The Committee shall ensure that there is an effective internal audit function and clinical audit function that provide appropriate independent assurance to the Audit Committee and includes the following:
  - a. Review the Internal Audit Plan, operational plan and programme of work and recommend this for acceptance by the Trust Board of Directors.
  - b. The review of the findings of internal audits and the management response.
  - c. Discussion and agreement with the External Audit of the nature and scope of the External Audit annual plan.
  - d. The review of all external audit reports, including the agreement of the annual audit letter before submission to the Board and any work completed outside the External Audit annual plan.
  - e. Review and approval of the Counter Fraud Plan and operational plans.
  - f. The review of the findings of the Counter Fraud plan and the management response.

### **6.6 Clinical Audit**

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

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

### **Financial Reporting**

- 6.8 The Committee shall review the Annual Accounts and Financial Statements before submission to the Board.
- 6.9 It will ensure that the financial systems for financial reporting to the Board are subject to review as to completeness and accuracy of the information provided to the Board.
- 6.10 It will review the annual accounts of the Charitable Trustees prior to submission.

## **Reporting**

6.11 The Committee will routinely review the minutes of:

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

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

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

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

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

- a. The fitness for purpose of the assurance framework.
- b. The completeness and embeddedness of risk management.
- c. The integration of Governance arrangements.
- d. The Committee's self-assessment and any action required.

## **Other functions**

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

6.16 It will review the following:

- a. Schedules of losses & compensations and making recommendations to the Board
- b. Any decision to suspend Standing Orders
- c. Decision to waive the competitive tendering rules when requested by the Board
- d. New and existing claims
- e. Information Governance and Caldicott Guardian Annual Report

6.17 It will approve changes in accounting policies.

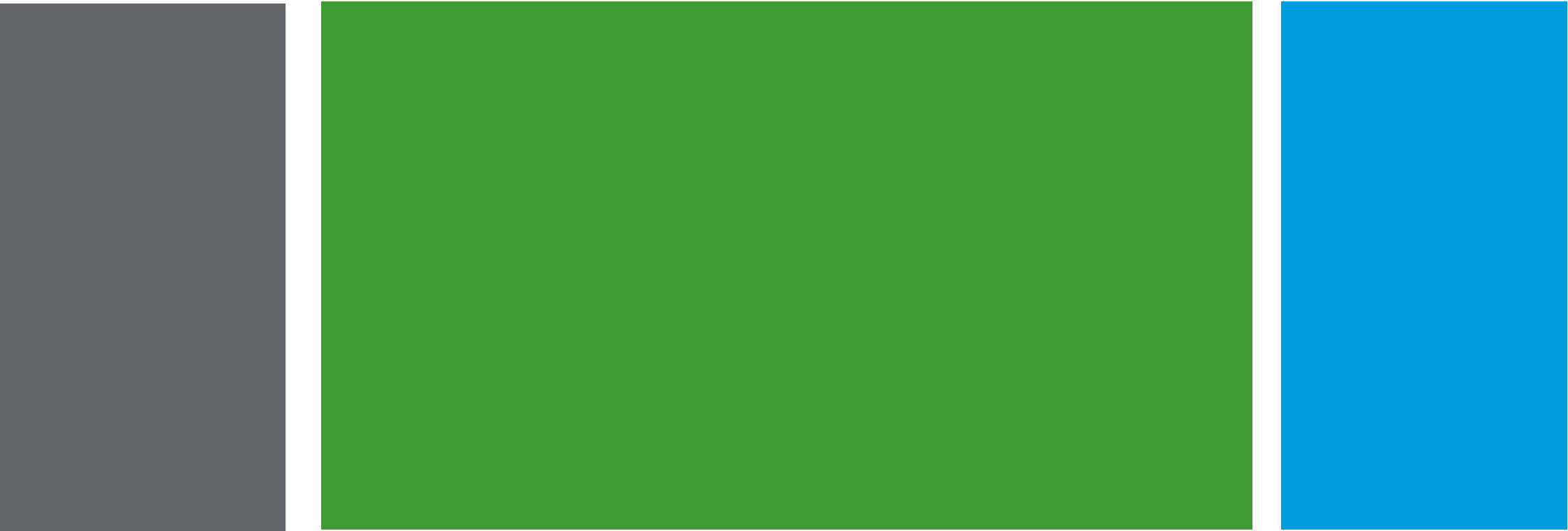
6.18 It will review the performance of the Audit Committee through self-assessment and independent review to be completed at least annually. It will also review the output from the annual self-assessment exercises conducted by other Board Committees.

- 6.19 It will provide oversight of the Trust's processes for ensuring robust data quality and will review periodic reports on data quality performance.
- 6.20 The Committee shall provide assurance on the quality checks of data used in the preparation of the Performance Assurance Framework.
- 6.21 The Committee will provide assurance on the system for identifying cost improvement plans, including the process for ensuring that there are no adverse impacts on quality.

Amended: October 2020  
Board approved: November 2020

Next review: October 2022





# BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Annual internal audit report 2020/21

April 2021

This report is solely for the use of the persons to whom it is addressed.  
To the fullest extent permitted by law, RSM Risk Assurance Services LLP will accept no responsibility or liability in respect of this report to any other party.

# THE ANNUAL INTERNAL AUDIT OPINION

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

## The opinion

For the 12 months ended 31 March 2021, the head of internal audit opinion for Berkshire Healthcare NHS Foundation Trust is as follows:



The risk profile has increased this year and it will be important for the Trust to have effective arrangements in place for service provision and patient safety and these will be areas we focus on in the following year as we come out of Covid.

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

---


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

---

## Scope and limitations of our work

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

- internal audit has not reviewed all risks and assurances relating to the organisation;
- the opinion is substantially derived from the conduct of risk-based plans generated from a robust and organisation-led assurance framework. The assurance framework is one component that the Board takes into account in making its annual governance statement (AGS);
- the opinion is based on the findings and conclusions from the work undertaken, the scope of which has been agreed with management;
- where strong levels of control have been identified, there are still instances where these may not always be effective. This may be due to human error, incorrect management judgement, management override, controls being by-passed or a reduction in compliance;
- due to the limited scope of our audits, there may be weaknesses in the control system which we are not aware of, or which were not brought to our attention; and

- 
- our internal audit work for 2020/21 has been undertaken through the substantial operational disruptions caused by the Covid-19 pandemic. In undertaking our audit work, we recognise that there has been a significant impact on both the operations of the organisation and its risk profile, and our annual opinion should be read in this context.

# FACTORS AND FINDINGS WHICH HAVE INFORMED OUR OPINION

Whilst opportunities for some enhancements to the control environment were identified, we issued the following positive assurance opinions in 2020/21:

- Key Financial Controls – Accounts Payable. (Substantial Assurance).
- IT Project Management. (Substantial Assurance).
- Board Assurance Framework (Substantial Assurance) and Divisional Risk Management. (Reasonable Assurance).
- WRES. (Reasonable Assurance).
- Recruitment and Retention. (Reasonable Assurance).
- Quality Improvement. (Reasonable Assurance).
- Financial Governance. (Advisory).
- DSPT/Cyber Security - Draft. (Advisory).
- Patient Experience/Learning from Complaints – Draft.

In the audits shown as providing Reasonable Assurance we have identified some areas where enhancements are required and in each of these cases management actions have been agreed, the implementation of which will improve the control environment.

We did not issue any No Assurance or Partial Assurance opinions in 2020/21.

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

Based on the work we have undertaken on the Trust's system of internal control; the Trust should consider whether any of the issues raised within our reports should be considered as significant control failings for inclusion in the Annual Governance Statement.

# THE BASIS OF OUR INTERNAL AUDIT OPINION

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

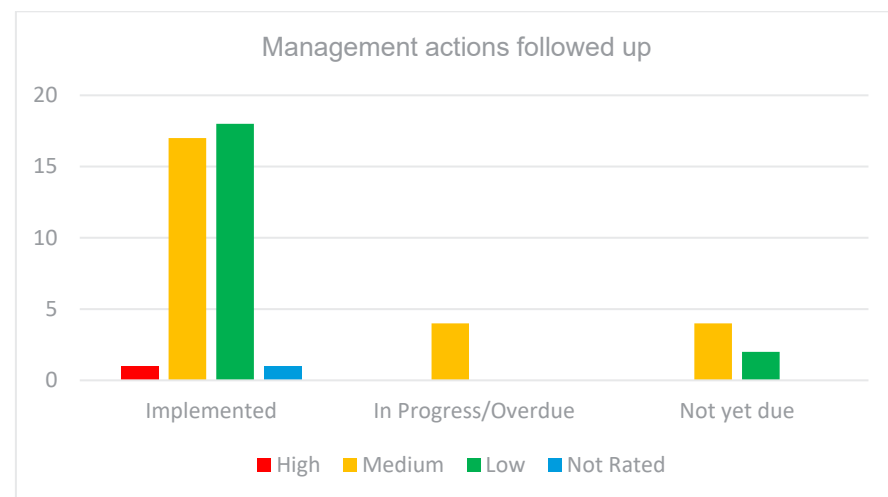
## Acceptance of internal audit management actions

Management have agreed actions to address all of the findings reported by the internal audit service during 2020/21.

## Implementation of internal audit management actions

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

Our follow up of the actions agreed to address internal audit findings shows that the organisation had made progress in implementing the agreed actions. The follow up status as at the 13 April 2021 is as follows:



As reported throughout our progress reports during 2020/21, there were a total of 37 actions (1 high, 17 medium, 18 low and 1 advisory) which were followed up in 2020/21.

27 actions (1 high, 9 medium, 16 low and 1 advisory) were implemented during the year.

4 medium actions relating to Board Assurance Framework and Risk Management, WRES and Recruitment and Retention are overdue and in the process of being implemented.

There are 6 actions (4 medium and 2 low) from final reports which are not yet due for implementation and will be followed up accordingly when they become due.

## Working with other assurance providers

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

# OUR PERFORMANCE

## Wider value adding delivery

Area of work	How has this added value?
Healthcare Benchmarking	We have shared benchmarking information with the Trust including our annual report on the outcomes of Internal Audit opinions across our NHS client base.
Questionnaires / Culture audits	<p>Our culture audits support the Board in terms of engendering the right behaviours within the organisation to support achievement of strategic objectives. We support you by giving confidence to the board that measures put in place to change culture are successful and that behaviour is aligned with your strategic direction, and that the tone at the top is reflected at all levels.</p> <p>Using RSM bespoke 4questionnaire software we circulated a survey to all staff at the Trust as part of our Board Assurance Framework and Risk Management audit to gauge their perceptions of the Trust's approach to risk management and the extent to which there is a clear and embedded risk management culture at all levels within the organisation. Our questionnaire generated 124 responses from staff across the Trust.</p>
Covid-19	During 2020/21 Covid-19 continued to have an impact on all areas of the organisations risk profile, however, we worked closely with management to deliver an internal audit programme which remained flexible and 'agile' to ensure it met the organisations needs in the current circumstances. We also adjusted effectively to homeworking and continued to add value to the Trust.
Employment and HR Update Webinar	<p>We have invited the Trust to an Employment and HR update webinar, which focused on:</p> <ul style="list-style-type: none"> <li>• <b>Employment tax update.</b> Our team of employment tax and legal specialists will be re-examining changes to IR35 following the Government's delay, termination payments and homeworking following COVID-19.</li> <li>• <b>HR update.</b> What part does HR play in IR35 compliance? Returning to the workplace safely following Covid-19 and how potential contractual changes will affect your workforce.</li> <li>• <b>Employment law update:</b> A high level review of the employment law changes to look out for in 2021 and the practical impact of recent cases.</li> </ul>
Coronavirus Briefings	<p>We have shared regular updates and articles regarding the impact of COVID-19 on organisations. The updates and articles focused on:</p> <ul style="list-style-type: none"> <li>• Government financial support for employers.</li> <li>• COVID-19 fraud risks with accompanying advice on mitigation.</li> </ul> <p>Guide for Audit and Risk Committees on financial reporting and management during COVID-19.</p>
Data Analytics	We have used Data Analytics to complete analytical reviews of the data held by the Trust to identify trends / anomalies within the data. This approach also allows 100% of the population to be reviewed. During 2020/21 we

	used data analytics as part of our audits on Key Financial Controls – Accounts Payable and Patient Experience/Learning from Complaints.
<b>Assurance Map</b>	We have developed a bespoke assurance map for the Trust which ensures that we minimise duplication with other assurance providers and it also serves to maximise the assurances available to you. The assurance map also highlights any gaps in your assurance processes.
<b>Client Briefings</b>	As part of our client service commitment, during 2020/21 we issued news briefings to each Audit Committee meeting.
<b>Audit Committee</b>	We contributed to the discussions at the audit committee on various items on the agenda in order to ensure that the Trust benefits from wider input in further developing its governance arrangements.

## Conflicts of interest

RSM has not undertaken any work or activity during 2020/21 that would lead us to declare any conflict of interest.

## Conformance with internal auditing standards

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

Under PSIAS, internal audit services are required to have an external quality assessment every five years. Our risk assurance service line commissioned an external independent review of our internal audit services in 2016 to provide assurance whether our approach meets the requirements of the International Professional Practices Framework (IPPF) published by the Global Institute of Internal Auditors (IIA) on which PSIAS is based. It is a requirement of PSIAS that there is an external assessment every 5 years and a further one is scheduled for 2021.

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

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

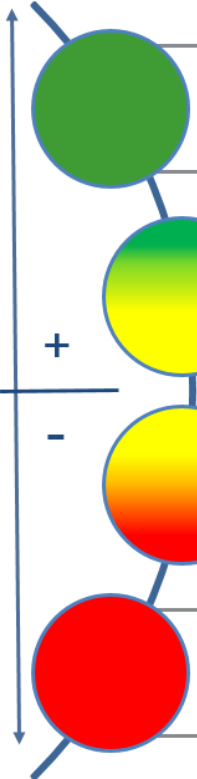
## Quality assurance and continual improvement

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

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

# APPENDIX A: ANNUAL OPINIONS

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

Annual opinions	Factors influencing our opinion
 <div data-bbox="392 459 1176 587"> <p>The organisation has an adequate and effective framework for risk management, governance and internal control.</p> </div> <div data-bbox="392 635 1176 778"> <p>The organisation has an adequate and effective framework for risk management, governance and internal control. However, our work has identified further enhancements to the framework of risk management, governance and internal control to ensure that it remains adequate and effective.</p> </div> <div data-bbox="392 826 1176 970"> <p>There are weaknesses in the framework of governance, risk management and control such that it could become, inadequate and ineffective.</p> </div> <div data-bbox="392 1018 1176 1161"> <p>The organisation does not have an adequate framework of risk management, governance or internal control.</p> </div>	<p>The factors which are considered when influencing our opinion are:</p> <ul style="list-style-type: none"> <li>• inherent risk in the area being audited;</li> <li>• limitations in the individual audit assignments;</li> <li>• the adequacy and effectiveness of the risk management and / or governance control framework;</li> <li>• the impact of weakness identified;</li> <li>• the level of risk exposure; and</li> <li>• the response to management actions raised and timeliness of actions taken.</li> </ul>



## APPENDIX B: SUMMARY OF INTERNAL AUDIT WORK COMPLETED

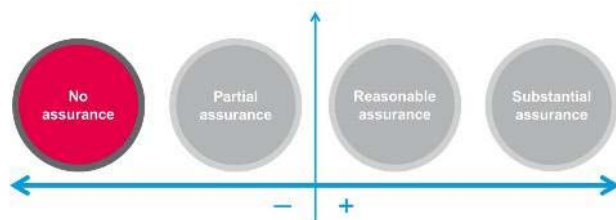
All of the assurance levels and outcomes provided above should be considered in the context of the scope, and the limitation of scope, set out in the individual assignment report.

Assignment	Executive lead	Assurance level	Actions agreed		
			L	M	H
Key Financial Controls – Accounts Payable	Alex Gild, Deputy Chief Executive and Chief Financial Officer / Paul Gray, Director of Finance	Substantial Assurance [●]	1	0	0
IT Project Management	Alex Gild, Deputy Chief Executive and Chief Financial Officer / Paul Gray, Director of Finance	Substantial Assurance [●]	0	0	0
Board Assurance Framework and Risk Management	Alex Gild, Deputy Chief Executive and Chief Financial Officer / Julie Hill, Company Secretary	Board Assurance Framework - Substantial Assurance [●] / Divisional Risk Management - Reasonable Assurance [●]	2	4	0
WRES	Jane Nicholson, Director of People	Reasonable Assurance [●]	2	3	0
Recruitment and Retention	Jane Nicholson, Director of People	Reasonable Assurance [●]	3	2	0
Quality Improvement	David Townsend, Chief Operating Officer	Reasonable Assurance [●]	2	2	0
Financial Governance	Alex Gild, Deputy Chief Executive and Chief Financial Officer / Paul Gray, Director of Finance	No opinion / Advisory [●]	2	0	0
DSPT/Cyber Security - Draft	Alex Gild, Deputy Chief Executive and Chief Financial Officer / Paul Gray, Director of Finance	No opinion / Advisory [●]	3	0	0

Assignment	Executive lead	Assurance level	Actions agreed		
			L	M	H
Patient Experience/Learning from Complaints – Draft	Deborah Fulton, Director of Nursing and Therapies	TBC	TBC		

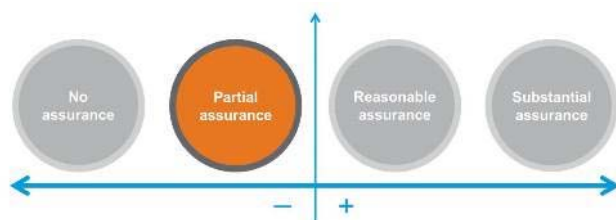
## APPENDIX C: OPINION CLASSIFICATION

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



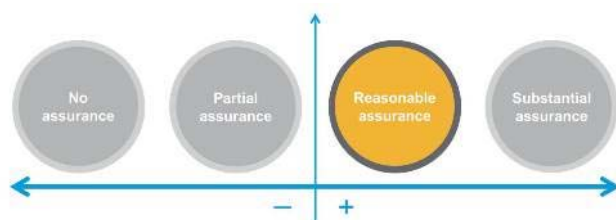
Taking account of the issues identified, the board cannot take assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied or effective.

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



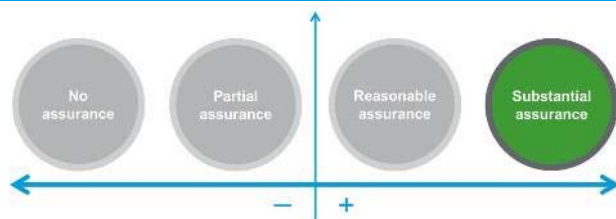
Taking account of the issues identified, the board can take partial assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied or effective.

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



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

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



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

# YOUR INTERNAL AUDIT TEAM

**Clive Makombera, Director**  
**RSM Risk Assurance Services LLP**  
Email address:  
[Clive.Makombera@rsmuk.com](mailto:Clive.Makombera@rsmuk.com)  
Contact telephone number:  
+44 (0)7980 773852

**Sharonjeet Kaur, Manager**  
**RSM Risk Assurance Services LLP**  
Email address:  
[Sharonjeet.Kaur@rsmuk.com](mailto:Sharonjeet.Kaur@rsmuk.com)  
Contact telephone number:  
+44 (0)7528 970219

**rsmuk.com**

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

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

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

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

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

## **COUNCIL OF GOVERNORS LIVING LIFE TO THE FULL GROUP**

### **TERMS OF REFERENCE**

#### **Authority**

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

#### **Summary Purpose**

Identifying barriers to people living their lives to the full to support autonomy, expertise and well-being and to champion good practices as enabling mechanisms to help remove such barriers.

Encouraging discussion amongst Non- Executive and Executive colleagues to promote that cause within Berkshire Healthcare NHS Foundation Trust.

Promoting this philosophy in the Trust's work with partner organisations by promoting training opportunities and supporting the sharing of information and skills.

#### **Membership**

Open to all Governors and any Non-Executive Directors who have an interest.

Approved and invited people that can provide experiences and knowledge relevant to the current agenda who are not formally involved with BHFT, either private individuals or representatives of 3<sup>rd</sup> Sector Organisations.

Nominated Clinical staff from a range of service areas, within both mental and physical health, who can provide relevant information to help the group's discussions, provided this use of their time is justified.

As different objectives and policies are developed by the Trust the co-opting of specific Clinical or Operations staff, on a topic specific or longer-term basis, will also be considered in consultation with the Company Secretary.

The aim is to have a diverse membership with Public Governors from all localities, plus Appointed and Partnership Governors, in order to provide input and feedback from all areas within which the Trust operates.

All Governors are welcome to attend individual meetings to hear specific presentations about BHFT services or talks by 3<sup>rd</sup> Sector organisations.

## **Aims and Working Processes**

Understanding what makes it hard for people to live life to the full, particularly factors within the organisation and presentation of health services and 3<sup>rd</sup> sector services.

Developing an annual work programme, using the October meeting to review the previous 3 meetings for the current year and agreeing priorities for the following year.

## **Responsibilities**

The Living Life to the Full Group will be responsible for the following:

1. Identifying a work programme for a set period, usually between of 1 to 3 years, to look at defined areas as set by the group, which will help act as a focal point to promote a greater general understanding of all aspects of helping patients live a full life post diagnosis.
2. Ensuring that a “Living Life to the Full” perspective informs the Council of Governors’ input to discussions of Trust Policy and Strategic Objectives.
3. Encouraging and actively pursuing collaboration and innovation inside and outside the Trust in the areas of Recovery and self-management, in order to support autonomy and well-being.
4. Helping to facilitate working with partner organisations including statutory bodies, the voluntary sector and user groups including by inviting them to give presentations at the quarterly meetings of the group.
5. Stimulating innovative thinking and highlighting current and new working practises by supporting conferences where ideas can be shared and exchanged between staff, patients, carers, Partners and Commissioners.
6. Identifying and making cases for the responsibilities required to discharge the overall purpose of the group.

Agreed by Group: 13 October 2021

Approved by Council: 03 December 2021

Review Due: October 2022

The trust membership is staying level with a loss of just 32 members out of 12,401. It continues true that it would be desirable to recruit more young adults and more people with a South Asian background.

The group continued its examination of engagement by the most public facing services with a presentation from Talking Therapies lead Alison Salvadori on recruitment by Talking Therapies. Most of the clients self-refer and many through Berkshire Healthcare's Talking Therapies website: **[talkingtherapies.berkshirehealthcare.nhs.uk](https://talkingtherapies.berkshirehealthcare.nhs.uk)**

There are also the **Talking Therapies Berkshire** Twitter channel (**@TTBerkshire**), the facebook page **Talking Therapies Berkshire** and LinkedIn (**[linkedin.com/company/berkshire-healthcare-nhs-foundation-trust](https://www.linkedin.com/company/berkshire-healthcare-nhs-foundation-trust)**) and YouTube channels (**[youtube.com/berkshirehct](https://www.youtube.com/berkshirehct)**) for the trust as a whole. The YouTube channel, of course, holds the video recordings of board meetings and our very own Council of Governor meetings.

The group is gaining an appreciation of how those services which engage directly with the public use the internet and social media to reach their intended audiences.

Talking Therapies has outreach activities, although these are curtailed by the pandemic. We hope to be able to join membership recruitment with some of these outreach activities where they might make our membership more representative of the Berkshire population.

The group has started a modest reviewing activity on some of the trust's social media channels with the aim of offering some governor feedback to the Marcomms department. Others are welcome to join us. Please get in touch if you could give an opinion.

We discussed our terms of reference at our previous meeting and the updated terms are presented here for ratification. The only change we have made is to combine two similar items of the numbered list without loss of meaning.



**D R A F T     22nd September 2021**

**COUNCIL OF GOVERNORS  
MEMBERSHIP AND PUBLIC ENGAGEMENT GROUP  
TERMS OF REFERENCE**

**Authority**

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

**Summary Purpose**

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

**Membership**

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

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

**Responsibilities**

1. Working with officers of the Trust, to develop, review, make recommendations and evolve the Trust's membership strategy.
2. To offer support to officers of the Trust in developing and reviewing the Trust's communications and engagement strategies.
3. To support the recruitment of members according to the Trust's membership strategy.
4. To support Governors in communicating and engaging with Trust members and the public.
5. In these activities to target the reduction of discrimination and health inequalities and to work towards parity of esteem for mental and physical health care.
6. To meet at least four times a year and to report on its work at every ordinary meeting of the Council of Governors.

7. To undertake specific scrutiny on relevant issues remitted to it by Council or by the Trust Board/Executive.
8. To review these terms of reference on a two-yearly basis.

Agreed by Group: 22 September 2021

Approved by Council: 03 December 2022

Review Due: September 2022

## **Patient Experience**

Quarter Two 2021-22 Report

Presented by: Liz Chapman, Head of Service Engagement and Experience

## 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**

	2020-2021						2021-22					
Service	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
<b>Grand Total</b>	<b>1</b>	<b>17</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>27</b>

### 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
<b>Grand Total</b>	<b>8</b>	<b>0</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>20</b>

### 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			
	Reading	WAM	Wokingham	Grand Total
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
<b>Grand Total</b>	<b>1</b>	<b>3</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>11</b>

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
<b>Mental Health complaints - nationally reported</b>	<b>3,598</b>	<b>3,651</b>	<b>3,391</b>	<b>3,450</b>	<b>3,507</b>	<b>3,502</b>	<b>3,335</b>	<b>3,303</b>	<b>2,058</b>	<b>3,049</b>	<b>2,753</b>	<b>2,854</b>
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
<b>Berkshire Healthcare NHS Foundation Trust</b>	<b>49</b>	<b>45</b>	<b>38</b>	<b>51</b>	<b>47</b>	<b>52</b>	<b>56</b>	<b>51</b>	<b>40</b>	<b>47</b>	<b>37</b>	<b>51</b>
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
<b>Grand Total</b>	<b>34</b>	<b>65</b>	<b>39</b>	<b>53</b>	<b>191</b>		<b>55</b>		<b>65</b>	

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
<b>Grand Total</b>	<b>1</b>	<b>1</b>	<b>9</b>	<b>11</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>29</b>

## 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				
	Access to Services	Care and Treatment	Communication	Waiting Times for Treatment	Grand Total
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									
	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	Grand Total
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
<b>Grand Total</b>	<b>1</b>	<b>1</b>	<b>8</b>	<b>8</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>25</b>

## 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		100%	5	75%	6	0%	100%
Bluebell Ward	Mental Health Inpatient 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 talk 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</i> <i>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</i> <i>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>



IMPACTT
<i>"...I am trying to articulate how much good you have done but words are failing me...."</i>
CRHTT
<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>
CAMHS ADHD
<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>
CAMHS Autism Assessment Team (AAT)
<i>"Thank you for all your help. Amazing people, great conversations and overall, absolutely amazing!"</i>

**Table 29: Compliments, comparison by quarter**

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

Liz Chapman

Head of Service Engagement and Experience

29<sup>th</sup> 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 no longer feels able to contact the service. Pt is also very upset at comments that the person read out from their notes. pt hopes the call was recorded and wishes a full apology.	Not Upheld	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 jeopardised 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> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	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 over turned at tribunal. Pt say 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 want 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"> <li>•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.</li> <li>•Highlight this learning via CYPF Patient Safety and Quality meeting</li> <li>•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.</li> <li>•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.</li> <li>•Concerns about paraphrasing specific religious vocabulary and recommend that the correct vocab is used with description included and described as such.</li> </ul>	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 understand 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 meeting with 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 repeatedly 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



## Berkshire Healthcare NHS Foundation Trust

### Performance Report to Council

November 2021

#### Chief Executive Highlights Report

##### **Local**

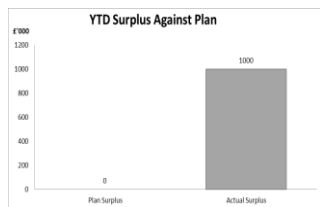
- David Townsend, Chief Operating Officer will be retiring in Spring 2022. The Trust has started the recruitment process for his successor
  - Paul Gray has been appointed as the Trust's Chief Financial Officer. Paul had been Acting Chief Financial Officer
  - The Trust is launching its new Patient Experience Measure in early December. We have agreed a set of seven questions, which, alongside the three Friends and Family core questions, and demographic questions, will help us collect reliable, consistent and comparable information about how patients experience our services. The questions are:
    - 1.Were you treated kindly?
    - 2.Did you feel safe? (inpatient services only)
    - 3.Were you listened to?
    - 4.Was the information you were given easy to understand?
    - 5.Were you involved as much as you wanted to be in your care or treatment?
    - 6.Was the place where you received your care and treatment suitable for your needs?
    - 7.Was the location clean? (only where patients attend an appointment on site)
- While the survey has been designed for patients, parents, carers or advocates will also be able to complete the survey on their behalf. Demographic information will help identify general trends in the data, all responses are anonymous.
- Over the last year, our CAMHS leads have been busy setting up two new community based CAMHS early intervention services, as part of the national Transforming children and young people's mental health provision Green Paper. These are the Getting Help Teams and the Mental Health Support Teams (MHSTs). Our clinicians support children, young people and their families who have emerging, mild or moderate mental health difficulties such as low mood and anxiety, which may be affecting their day-to-day life.
  - The Trust has set up a new Courage Staff Network for staff from the armed forces, including veterans, reservists, family members of someone who is currently serving or who has previously served.

#### National

- The Secretary of State for Health and Care has agreed to make COVID-19 vaccination mandatory for clinical facing staff.
- The NHS will set out the next steps for how primary care networks will work with partners across newly formed integrated care systems to meet the health needs of people in their local areas. NHS chief executive, Amanda Pritchard has asked Dr Claire Fuller, senior responsible officer of the Surrey Heartlands Integrated Care System, to set out how systems can accelerate implementation of the primary care, out of hospital care and prevention ambitions in the NHS Long Term Plan and drive more integrated primary, community and social care services at a local level. Dr Fuller's work will take a view on how services should develop, as well as setting up the most promising next steps in the short-term.
- 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.
- A record 5.8 million people are waiting for NHS routine surgery. Ambulance services received a record number of calls during October.

## Performance Report to Council of Governors – Performance July to September 2021

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



*This surplus or deficit reflects the difference between the*

#### Year to Date Position

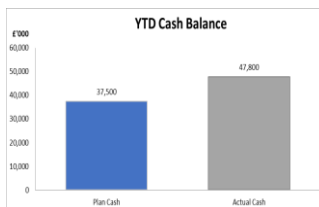
The plan reflects our agreed system contribution for the period. The Trust is ahead of plan with a year to date surplus of £1m against a plan to breakeven.

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

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

We have received guidance from NHS England and Improvement along with draft funding envelopes from our commissioners for the second half of the year and will be submitting our final plan towards the end of November 2021. The plan will be to deliver a £1m deficit in the second half of the year, which when taken with our £1m surplus in the first half of the year, delivers breakeven for the year. We have been set an efficiency target of 0.78% for the second half of the year and have and we have efficiency plans to cover this. We have received funding for the pay award made to staff in September.

### Latest Cash Position (£k's)

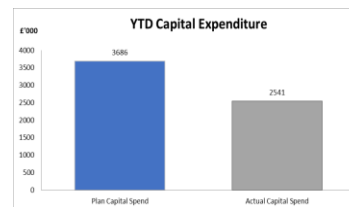


*The cash surplus shown in the graph supports liquidity and capital*

#### Cash

Our cash balance at the end of September was £47.8m, £10.3m ahead of plan. It is expected that this strong position will be maintained through the remainder of the year.

### YTD Capital (£k's)



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

#### Capital Spend

The YTD underspend against the planned capital programme is £1.1m, due to a number of factors including late agreement of the plan, the phasing of the plan and the availability of materials.

**Performance Report to Council of Governors – Performance July to September 2021**

**Friends and Family Test**

Indicator		Target
Recommendation Rate	88%	85%

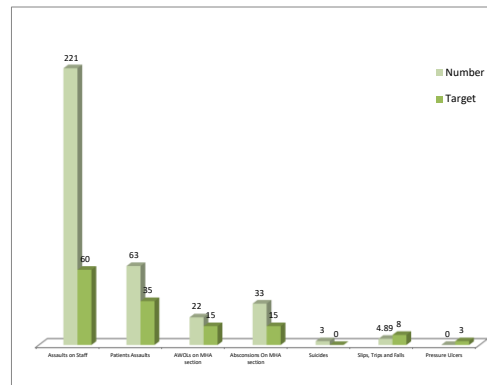
The response rate in Quarter 2 2021/22 was 6% against a target of 15%

**Safer Staffing**

Indicator	RAG Rating
Safe Staffing	

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

**User Safety**



The above chart is showing the September 2021 rolling quarter Actual Vs target. Please note that lower than the stated target means KPI has achieved its target. There has been an increase in Assaults on Staff, Patient to Patient Assaults, AWOLs and Absconsions. There has been a reduction in the number of apparent Suicides and Slips Trips and Falls. There have been no reported Category 3 and 4 pressure ulcers due to lapse in care.

Performance Report to Council of Governors – People July to September 2021

**Staff Turnover**

<u>Target</u>	<u>Actual</u>
15.20%	14.2%

**Agency Position**

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

**Sickness**

<u>Target</u>	<u>Actual</u>
< 3.5%	4.51%

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

**Appraisals**

<u>Target</u>	<u>Completed %</u>
> 95%	93.91%

The target of 95% was achieved in July 2021

**Days Taken For Recruitment**

<b>Target</b>		55
<b>Days Taken</b>		76

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

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

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

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

Risk Description	Mitigations
<p><b>Risk 1</b> Due to national workforce shortage and increasing scarce supply, pressure driven by new funding to meet demand and service development, there is a risk of failure to recruit, retain and develop the right people in the right roles at the right time and at the right cost which could impact on our ability to meet our commitment to providing safe, compassionate, high quality care and a good patient experience for our service users.</p>	<ul style="list-style-type: none"> <li>• A key focus of the People Strategy is to reduce staff turnover</li> <li>• The Trust has welcomed its first international nurse. Further international nurses will be joining the Trust in the new year.</li> <li>• Our apprenticeship strategy continues to evolve under the oversight of the Strategic People Group, balancing the financial implications of apprentices with our need to identify alternative pipelines for some roles. We are currently working with ICS colleagues on a shared apprenticeship model and have transferred some of our apprenticeship funds to partners in the system to support the development of these roles.</li> <li>• The Trust is participating in an ICS led initiative to reduce staff bank and agency cost.</li> </ul>
<p><b>Risk 2</b> Failure to achieve system defined target efficiency and cost base benchmarks lead to an impact on funding flows to the Trust, and underlying cost base exceeding funding. Risk is described in the context of system funding allocations (CCG, spec comm budgets etc) being allocated and controlled at ICS level, flowing to providers on a risk share and/or relative efficiency basis.</p>	<ul style="list-style-type: none"> <li>• The Financial Plan includes significant increase in funding into Mental Health services to support services with the increase in demand being experienced.</li> <li>• Existing COVID and Top Up funding levels to reduce which combined with tariff efficiency will require a system efficiency of around 3%.</li> <li>• The Trust's financial plan 2021-22 is to achieve a break-even position.</li> </ul>
<p><b>New Risk 3</b> There is a risk that with advent of Integrated Care Boards, placing our two Integrated Care Systems on a statutory footing from April 2022 (subject to passing of the Bill), the Trust's position of influence in our systems is eroded, system partners may seek to position for opportunities around us, and our capacity to transform mental health and community services for our Berkshire Population will be constrained. <b>Risks 4 and 5 have been amalgamated into the new Risk 3</b></p>	<ul style="list-style-type: none"> <li>• The Trust is established as provider collaborative lead sponsor for Pain and Ageing Well initiatives in Frimley ICS, further opportunities being scoped by system group.</li> <li>• Confirmed formal partnership arrangements for regional collaboration on CAMHS Tier 4 and Eating Disorders (already part of the Forensic network).</li> <li>• The Trust is well represented at system transformation and governance groups.</li> <li>• Trust CEO and other directors involved directly in ICS / ICB governance design.</li> <li>• Development of the wider Integrated Care Partnerships with local authority and Primary Care Network representation will be critical to shaping and agreeing priorities for each ICS. This is where the Trust will need to develop its influence, alongside ensuring representation of the provider voice on the ICB through its likely one or two members.</li> </ul>
<p><b>Risk 6</b> There is a risk of a rise in demand for community and mental health services and a lack of available capacity will have a significant adverse impact on some services. Services have been impacted by the pandemic which has led to an increase in the number of services with demand challenges and the need for response to unmet and increased activity. The services with the greatest risk are Mental Health Inpatient, Community Nursing, Neurodiversity (ASD &amp; ADHD) and Common Point of Entry currently.</p>	<ul style="list-style-type: none"> <li>• The Trust has good engagement with the developing Primary Care Networks.</li> <li>• The QI team has been involved in multiple projects across the organisation at front line level, divisional level, trust wide level. The QI team has also been supporting large trust wide projects such as Organisational development, leadership, medication initiation in CYPF, Serious incidents approach plus the trust Breakthrough objectives such as self-harm, physical assaults against staff and falls.</li> <li>• The new Emotionally Unstable Personality Disorder Pathway is progressing and is now operational</li> <li>• NHS 111 Mental Health Pathway now live</li> </ul>
<p><b>Risk 7</b> Trust network and infrastructure at risk of malware attack which could compromise systems leading to unavailability of clinical systems, loss of data, ransom demands for data and mass disruption.</p>	<ul style="list-style-type: none"> <li>• The Trust invited the Information Commissioners Office to conduct an external audit in April 2020. The Information Commissioners Office identified seven recommendations for improvement and these actions will be implemented over the next 12 months.</li> </ul>



<p><b>Risk 8 A</b> COVID 19 and planning for potential future infection surge</p> <ul style="list-style-type: none"> <li>• There is a risk that the Trust may be unable to maintain the standards of safe and high-quality care for patients we aspire to as an organisation because of the challenges of responding to potential further waves of COVID-19 alongside other viruses such as Norovirus and Flu over the winter period.</li> <li>• There is a risk that there may be insufficient staff to provide safe care due to staff acquiring Covid 19 infection and other viruses more common over the winter months like Norovirus and Flu</li> <li>• There is a risk that staff who could potentially transmit infection to patients and other staff in the trust where they are asymptomatic.</li> <li>• There is a risk that lessons from previous Covid infection surges will not be fully learned and essential improvements may not be implemented as population infection rates reduce</li> <li>• There is a risk that patients have an adverse outcome resulting from unmet healthcare needs and waiting times as a result of Covid 19 and other viruses more common in the winter causing surge pressure on services.</li> </ul>	<ul style="list-style-type: none"> <li>• Weekly updates to staff through the Staff COVID-19 Recovery Briefings</li> <li>• Lateral Flow testing to identify asymptomatic COVID-19 staff is available to all frontline staff</li> <li>• All trust staff to have an updated risk assessment and discussion with manager about safe working and health and wellbeing.</li> <li>• Reduction in COVID-19 demand across the system and this we are seeing in our Community Health beds.</li> <li>• All services are up and running</li> <li>• All staff whether vaccinated or not must continue to adhere to all IPC measures put into place to mitigate transmission risk</li> <li>• Within the Trust, work has commenced on next steps for Pandemic planning – a framework is being drawn together which will have steps and action cards should the Trust experience future surge or pandemics.</li> <li>• The Head of Psychological Therapies has led work to establish a tiered wellbeing offer including psychological support for staff</li> <li>• Staff annual flu campaign commenced September 2021</li> </ul>
---	--

<p><b>Risk 8B</b></p> <p>COVID 19 Recovery</p> <p>There is a risk that the Trust may be unable to maintain the standards of safe and high-quality care for patients we aspire to as an organisation because of the challenges of managing services during future waves of the COVID-19 pandemic where staff in medium and low priority services may have to be redeployed to support critical and high priority services.</p> <p>Routine face to face appointments have been replaced with remote consultations where appropriate. Urgent face to face and crisis appointments have continued throughout where needed.</p> <p>There is a risk that workforce pressures and constraints may impact on decision making about appropriateness of undertaking virtual/ telephone contact versus face-to-face contact.</p> <p>The impact of COVID-19 on services and staff and their ability to remain resilient and at work needs to be a continued focus.</p>	<ul style="list-style-type: none"> <li>• BHFT website is regularly updated with the latest service provision information and is also shared with Healthwatch.</li> <li>• A demand modelling tool has been built and it currently being populated with community services activity data.</li> <li>• Working well with system partners and having conversations of around recovery demand &amp; capacity mapping in preparation for system recovery.</li> <li>• Reducing Health Inequalities action plan drafted &amp; Quality Improvement workshop held.</li> </ul>
--	--

**Performance Report to Council of Governors – Oversight Requirements July to September 2021**

*There were changes to the Oversight Framework published in August 2021 are reflected here:- Cardio Metabolic CQUIN and Data Quality Maturity Index are no longer required and have been removed. 7 Day follow up has been amended to become 72 hour follow up. For our Physical Health Services Urgent Community Response and Hospital Discharges by Spm have been added.*

<u>KPI</u>	<u>Target</u>	<u>Actual</u>	<u>Definition</u>
72 hours FU	80%	87%	This is the percentage of Mental Health Patients discharged from our wards who were seen within 3 days of discharge.
DM01 Diagnostics Audiology - 6 weeks	99%	99.60%	This is the percentage of patients waiting 6 weeks or less for Audiology diagnostic tests.
A&E 4 Hour Waits	95%	96.00%	This is the percentage of patients waiting in the Trust's Minor Injury Unit to treat/discharge or transfer within 4 hours.
RTT Community: incomplete pathways	92%	100.00%	This is the percentage of patients waiting within 18 weeks for their first outpatient appointment in the Trust's Diabetes and Children's Community Paediatric teams.
Urgent Community Response	TBC	74.50%	This is an indicator for our Community Health Services which measures the percentage of urgent referrals seen within 2 hours. There is no national target set at present for this indicator.

Early Intervention in Psychosis New Cases - 2 week wait	56%	83.30%	This is the percentage of patients who present with first episode psychosis, who are assessed and accepted onto a caseload and receive a NICE Concordant package of care.
Out of Area Placements occupied bed days - East CCGs	266	467	The number of occupied bed days for acute and older adult from East CCGs who were sent out of area as there was no bed available within the Trust.
Out of Area Placements occupied bed days - West	276	250	The number of occupied bed days for acute and older adult patients, from West CCGs who were sent out of area as there was no bed available within the Trust.
Improving Access to Psychological Therapies - Assessment	75%	98%	This measures the percentage of IAPT patients who were assessed within 6 weeks, started treatment within 18 weeks, and the percentage of those who have recovered.
Treatment and Recovery	95%	100%	
	50%	53.97%	
Clostridium Difficile due to Lapse In Care - Year to Date	6	0	This measures the number of cases of Clostridium Difficile which were caused by a lapse in care in our inpatient services.

MRSA	0	0	This is the number of cases of the infection methicillin-resistant <i>Staphylococcus aureus</i> identified on our wards as occurring due to lapse in care.
Gram Negative Bacteraemia	0	0	This is the number of cases of infection Gram Negative Bacteraemia cases including, <i>E coli</i> , <i>Pseudomonas</i> and <i>Klebsiella</i> identified on our wards as occurring due to lapse in care. Whilst 6 cases have been reported, none have been identified as lapse in care.
MSSA	0	0	This is the number of cases of the infection Methicillin-sensitive <i>Staphylococcus aureus</i> identified on our wards as occurring due to lapse in care.
Hospital Discharges by 5pm	TBC	1294	This is the number of discharges from our physical health wards which occurred by 5pm. There is no national target set for this indicator.