NHS

Berkshire Healthcare
NHS Foundation Trust

Quality Account 2023/24

Our **mission** is to **maximise independence** and **quality of life**
Our **vision** is to be a **great place to get care, a great place to give care**

caring for and about **you** is our top priority

committed to providing **good quality, safe services**

working **together** with **you** to develop **innovative solutions**

What is a Quality Account?

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

About the Trust

Our vision is to be a great place to get care, a great place to give care.

We're a community and mental health trust, providing a wide range of services to people of all ages living in Berkshire. To do this, we employ approximately 5,000 staff who operate from our many sites as well as out in people's homes and in various community settings. We deliver joined up physical and mental health services, helping people to remain independent at home for as long as possible and providing the care and support that best meets the needs of our patients, in the most suitable location. From early years to end of life, we offer a wide range of services to keep you and your family well. We also run several specialist clinics and services aimed at young people, adults, and older people to support and treat mental health, physical health, and sexual health conditions.

The Care Quality Commission (CQC) oversee patient quality and safety. We're a CQC Outstanding trust and a leading provider of mental and physical health services. With a focus on safe, high quality patient care, supported by continuous improvement and excellent teamwork, we'll deliver our vision to provide great care for all patients.

As a Foundation Trust we are accountable to the community we support. NHS England regulate our financial stability and have given us a financial sustainability risk rating of 4, which is the best rating we could have.

As a Global Digital Exemplar (GDE) trust, we're using new and innovative technology to empower our staff and patients, so we can continue to provide outstanding care.

We are part of two Integrated care systems (ICSs) which bring together organisations (such as the NHS, local authorities, voluntary organisations, social enterprise sector and residents) to deliver joined up health and wellbeing services. Within an ICS, there are Integrated care partnerships (ICPs) linking these partners across each local area, and Integrated Care Boards (ICBs) who amongst other things manage the NHS budget for health services. We work in partnership with Berkshire's two acute hospital trusts, Royal Berkshire Hospital NHS Foundation Trust and Frimley Health NHS Foundation Trust. We also work closely with Berkshire's six local authorities and a diverse range of community and charitable organisations.

Contents

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Quality Account Summary and Highlights 2023/24

Indicator (Click on links to access the related main sections of the report)	2023/24 Target	Results		Comment
		2022/23	2023/24	
Patient Experience				
I Want Great Care- % Response Rate	10%	3%	**3.2%**	
Meet all Mandated Waiting Time Access Targets	All 6 targets met	5/6 targets met	**All 6 targets met**	
Harm-Free Care				
Number of falls on Older People's Inpatient Wards (Community Inpatient Wards and Older People's Mental Health Wards)	<26 per month	Target Met in 8/12 months	**Target Met in 9/12 months**	
Pressure ulcers (PUs) due to lapse in care by the Trust — Number of category 2 PUs due to lapse in care by the Trust	<19 per year	1	**2**	
Pressure ulcers (PUs) due to lapse in care by the Trust — Number of category 3, 4 unstageable or deep tissue injury PUs due to lapse in care by the Trust	<18 per year	0	**2**	
Self-harm incidents by mental health inpatients	≤61 per month	Target met in 3/12 months	**Target Met in 11/12 months**	
Patients with Severe Mental Illness (SMI) referred to Community Mental Health Teams (CMHT) will have all parameters of the annual physical health check completed within one year of referral to the CMHT	85% by end of year	85% at end of year	**95% at end of year**	All localities exceeded target at end of year
Clinical Effectiveness				
Compliance with NICE Technology Appraisal Guidance within required timescale	100%	100%	**100%**	
Supporting our People				
Staff engagement score (from National NHS Staff Survey)	7.5	7.4	**7.5**	The highest score in our group of Trusts *
Staff Turnover Rate (%)	≤16% per month	Target met in 2/12 months	**Target Met in 12/12 months**	

* The group of similar Trusts against which our scores are benchmarked includes Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts.

The figure below gives an overview of highlights for this year. We strive to provide a positive experience for all our patients and staff and, where this is not the case, will continue to learn from these to make improvements.

Patient Experience Priorities

- We have met all six of our mandated access targets in 2023/24.
- We did not meet our target response rate of 10% for the I Want Great Care patient experience (response rate= 3.2% for 2023/24). Services are working hard to increase response rates by looking at the methodology they are using and learning from others.

Patient Safety Priorities

We have met the following targets:
- <26 falls per month on our older people's inpatient wards (target met in 9/12 months)
- <19 category 2 and <18 category 3 or 4 pressure ulcers due to a lapse in care by the Trust
- <61 self-harm incidents per month on mental health wards in 11 of 12 months in 2023/24
- 95% of patients with severe mental illness referred to our Community Mental Health Teams (CMHTs) had all seven parameters of the annual physical health check completed within a year of referral to CMHT.

Clinical Effectiveness Priorities

- We have participated in all applicable national clinical audits.
- We operate a robust system for reviewing NICE guidance and have implemented 100% of technology appraisal guidance that is relevant to us within the required timescale.
- We continue reviewing, reporting and learning from deaths in line with national guidance.

Supporting our People Priorities

We continue to implement our People Strategy 2021-24 and have met our target of having <16% staff turnover in every month this year.
In the most recent national staff survey, we achieved the highest score for staff engagement in our group of Mental Health, Learning Disability & Community Trusts- a score of 7.5 out of 10.

Care Quality Commission (CQC) Rating

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

2024/25 Trust Priorities

Patient Experience Priorities. We will: Reduce health inequalities in access, experience and outcomes. Involve patients in co-production of service improvement. Reduce the time patients wait for our services. Make every contact count by offering advice in making healthy choices. Gain feedback from at least 10% of patients and make improvements based on this.

Patient Safety Priorities. We will: Protect patients using appropriate infection control measures. Prioritise patients at risk of harm resulting from waiting times. Reduce falls, pressure ulcers, self-harm on wards and suicides. Respond to physical health deterioration on all wards. Improve the physical health of people with serious mental illnesses. Empower staff and patients to raise safety concerns and learn from incidents.

Clinical Effectiveness Priorities. We will: Participate in relevant national audits. Implement and report on NICE guidance. Review, report, and learn from deaths.

Supporting our People Priorities. We will: Promote a culture of respect, compassion kindness and inclusivity. Act against anyone who is verbally, racially, physically or sexually abusive. Act on our anti-racism commitment, removing barriers to equity. Create a supportive work environment. Provide opportunities for staff to show initiative and make improvements. Reduce staff leaving (turnover to 10%). Ensure we have a highly skilled permanent and temporary workforce and proactively attract great candidates.

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

This Quality Account details our achievement against our key quality priorities for 2023/24. It highlights some of the service improvements our staff are proud to share and areas where we continue to strive to do better.

Throughout the year, we have continued to deliver our services based on our mission- **to maximise independence and quality of life**, and our vision- **to be a great place to get care, a great place to give care.** By delivering this we can ensure that high-quality care is given to our patients by staff that feel supported, motivated and engaged.

Our mission and vision are underpinned by our core values- **Caring, Committed and Working together**, and by our annual True North goals. These goals have been selected to help us meet our mission and vision. In this Quality Account, we have reported on our performance against this year's True North goals relating to Good Patient Experience, Harm Free Care and Supporting our People.

We have achieved much this year and have set goals for next year that allow us to build on this. Of particular note is our development of a reducing health inequality strategy, which focuses on access, experience and outcomes. We have initiated a Quality Improvement approach to support delivering this strategy and this currently focuses on:
- Improving physical health outcomes for people with severe mental illness and autism.
- Reducing 'Did Not Attends' (DNAs) for our physical health services for people from racialised communities.
- Improving Health Visiting contacts in Reading.
- Reducing suicide and self-harm amongst people with autism.
- A project to reduce the number of mental health act detentions of Black individuals.
- Improving access to Talking Therapies for people from culturally and ethnically diverse backgrounds

- Improving access to Child and Adolescent Mental Health Services (CAMHS) early help services for young people in Slough
Progress is overseen by our Trust Reducing Health Inequalities Oversight Group.

We have also developed an anti-racism action statement this year. This statement is underpinned by a strategy that has been co-produced with our colleagues and our community in order to become an anti-racist organisation. We have established workstreams across five key areas to achieve this goal, each of which is led by one of my executive colleagues. Progress will be overseen by our Trust Anti-racism Task Force, with regular updates being made to the Trust Board. We have also launched a Berkshire anti-racism in healthcare CommUNITY forum, alongside our community partners. This will help us involve our community in scrutinising and developing anti-racist activity.

We continue to be rated as 'outstanding' by the Care Quality Commission (CQC), and we are very proud of this achievement. However, we know that not all of our patients experience the best possible care and not all colleagues have the best possible experience at work. For this reason we have in place several robust systems for capturing and learning from such experiences. This includes our 'I Want Great Care' patient experience tool and our 'Freedom to Speak Up' Guardian for staff who want to raise a concern. We remain committed to delivering safe, high quality patient care, supported by continuous improvement and excellent teamwork.

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

Julian Emms CEO

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

2.1. Achievement of priorities for improvement for 2023/24

ⓘ **This section details what we have done this year to address our 2023/24 quality account priorities. These priorities were identified, agreed, and published in our 2022/23 quality account.**

Our quality account priorities support the goals detailed in our 2023/24 Trust Annual Plan on a Page (see Appendix A). Our Quality Strategy also supports this through the following six elements:

- **Patient experience and involvement** – for patients to have a positive experience of our services and receive respectful, responsive personal care.

- **Harm-Free Care** – to avoid harm from care that is intended to help.

- **Clinical Effectiveness** – providing services based on best practice.

- **Organisational culture** – patients to be satisfied and staff to be motivated.

- **Efficiency** – to provide care at the right time, way, and place.

- **Equity** – to provide equal care regardless of personal characteristics, gender, ethnicity, location, and socio-economic status.

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

2.1.1.   Patient Experience and Involvement

ⓘ **One of our priorities is to ensure that patients have a positive experience of our services and receive respectful, responsive personal care. This sub-section details what we have done to address this priority in 2023/24.**

Our 2023/24 Patient Experience Priorities:
Improving outcomes

1.   We will reduce the length of time patients wait for our services, year on year (compared to 2022/23 waits).

2.   We will make every contact count by offering advice in making healthy choices.

3.   We will identify and address inequality of access to services.

4.   We will gain feedback from at least 10% of our patients in each service and demonstrate service improvements based on the feedback.

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

Reducing the length of time of patients wait for our services, year on year.

> ⓘ **It is important that patients are seen as quickly as possible following referral to one of our services. This helps to provide the best outcome and experience for them. The NHS has set several ambitious waiting time targets to manage this, including those relating to mental health and planned hospital care.**

It is also important that we prioritise those patients that are at risk of harm due to waiting and ensure face-to-face care where clinically indicated. We also need to make sure we identify and address inequality of access to services. This section of the report details our performance against mandated access targets. Examples of other work being carried out are included in the 'Other Service Improvements' sections (parts 2.1.5- 2.1.10 of this report).

Figure 2- Overview of Trust performance against national mandated access targets for patients- March 2024

		Target wait time	Met by trust?
Community Paediatrics*		95% within 18 weeks	Yes
Diabetes Outpatients*		95% within 18 weeks	Yes
Audiology diagnostics		95% within 6 weeks	Yes
Accident and Emergency (Minor Injuries Unit)		95% within 4 hours	Yes
Improving Access to Psychological Therapies (IAPT)	Assessment	75% within 6 weeks	Yes
	Treatment	95% within 18 weeks	Yes

* Relates to 'incomplete pathways'- those patients that are waiting for their treatment to begin

Key work to address waiting times and the flow of patients through services is being undertaken as part of the Trust strategy. This includes:

- System Optimisation and Definitions- looking at data quality and validation.
- Building Capability and Confidence- enabling leaders to confidently use data.
- Implementing Learning- supporting leaders to implement recommendations.

Our Community Physical Health Division have been undertaking Quality Improvement work, with the vision of having no patients waiting longer than their target time and no patient waiting longer than 18 weeks. The project focused on three services that had larger waiting lists- Musculoskeletal (MSK) Physiotherapy in East Berkshire, Diabetes Education and the Integrated Pain and Spinal Service (IPASS)- spinal. Data from 31 March 2024 shows that, since August 2023, MSK Physio East have seen a 37% reduction in the number of patients waiting, Diabetes education a 61% reduction and IPASS spinal a 60% reduction. All three of these services have reduced the number of patients waiting over 18 weeks by at least 70% during this period.

Using patient and carer feedback to deliver improvements in our services.

We use patient and carer feedback to drive improvements in our services. We use several methods to achieve this, including the "I Want Great Care" patient experience measurement tool, learning from complaints and the national community mental health survey. The sections below detail how we have performed during the year in this area.

I Want Great Care (iWGC)

ⓘ **The 'I Want Great Care' patient experience tool is our primary patient survey programme and is used to hear the patient voice and support areas for improvement. It is available to patients in a variety of ways including online SMS, paper and electronic tablet. It is also available in a variety of languages and in easy read format. It includes the Friends and Family Test (FFT) questions.**

The iWGC tool uses a 5-star scoring system (with 5 being the best score) which is comparable across all services within the organisation. Questions are asked about experience, facilities, staff, ease, safety, information, involvement and whether the person felt listened to. Respondents are also invited to use free text to comment on their experience and to suggest improvements. Not all questions are relevant to every patient. For example, only patients seen in a building, on a ward or at an outpatient appointment will be asked facilities-related questions.

Response Rate
One of our priorities for 2023/24 was to gain feedback from at least 10% of our patients in each service. Figure 3 below demonstrates our overall response rate, which was below target in 2023/24. Services are working hard to increase response rates by looking at the methodology they are using and learning from others. Whilst services are working to increase response rates, we also encourage services to spend time looking at what feedback is telling them and use this to drive improvements and share best practice.

Satisfaction Rate
Figure 4 demonstrates how patients rated their experience overall (the top bar), and then broken down into themes. A 94.9% positive experience score was achieved for the whole of 2023/24 with an average 4.76-star rating.

Figure 3- I Want Great Care- Overall Response Rate

2023/24	Q1	Q2	Q3	Q4	2023/24
% Response Rate	3.0%	3.3%	3.1%	3.4%	3.2%

Figure 4- I Want Great Care- How respondents from all trust services rated their experience of our services on a scale of 1 to 5 (5 being the best score)- 2023/24
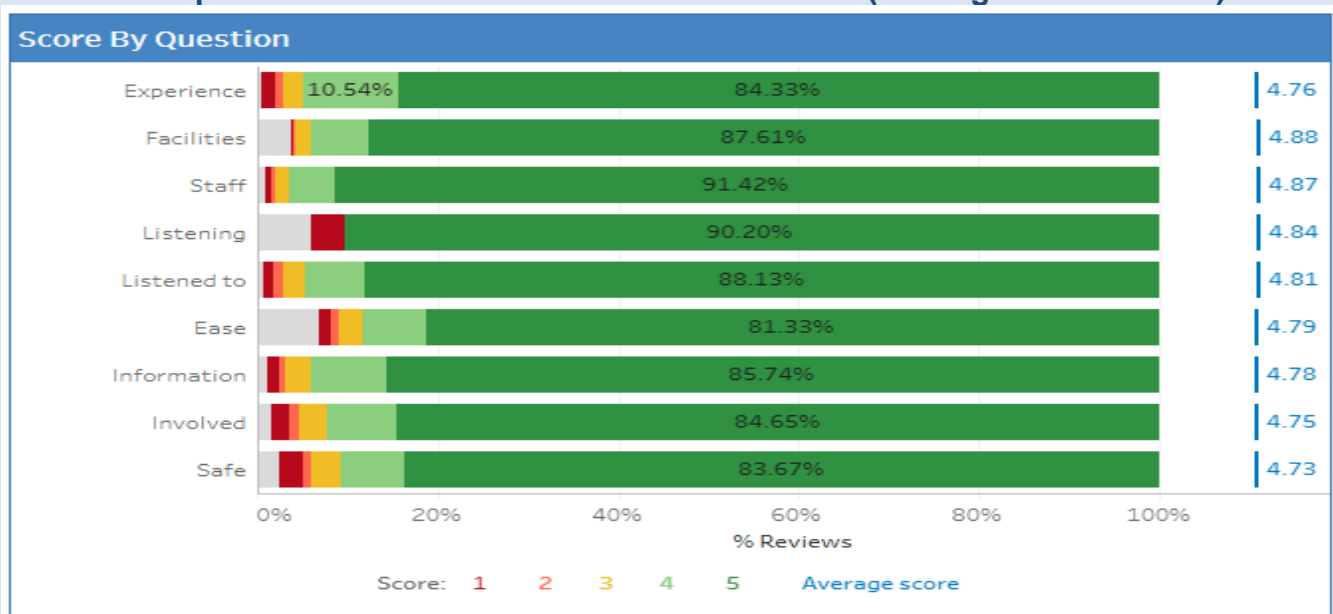
Source: Trust Patient Experience Team

Friends, Family and Carer Feedback

> ⓘ **We recognise the valuable role unpaid carers have in supporting our patients/ service users. We have established a bespoke process to gather unpaid carer feedback to help us learn from their experiences and promote improvements.**

The number of respondents remains low overall. Across the year, responses have been received from five localities (excluding Bracknell). Responses have been received from a variety of mental health teams including community mental health, Crisis, older people's mental health and memory clinic teams. Responses from other directorates has been small but includes the Urgent Care Response teams. Figure 5 below demonstrates how carers rated their overall experience during 2023/24.

95% of respondents either had a very good or good experience. Whilst all respondents completed the first question relating to overall experience, they did not necessarily complete all questions on the survey.

Figure 5- Friends, family and carer survey 2023/24
Overall, how was your experience of our service?

Legend: Don't know, Very Poor, Poor, Neither good nor bad, Good (16.67%), Very Good (78.21%)

Source: Carers Experience Dashboard on Tableau

In line with our Carers Charter, our aim is to create a culture of working in partnership with carers. The pillars of the Charter include identifying, recognising, informing and involving and guiding and supporting carers.

Carers provided a range of feedback on their experience, including the following quotes:
- All the staff were very helpful & caring and put mum and I at ease and I felt I was no longer alone in caring for mum.
- Staff member was extremely good at explaining everything and made you feel very comfortable with her
- The Consultant was very thorough, kind and patient
- The carers support group was very good, it felt like a safe space to talk about our worries as carers.
- We had to wait a few months for an appointment. But we were seen by a fantastic Dr who was so friendly, thorough and who listened closely to everything

- The crisis team was very helpful, both on the phone (late on a Sun evening), at the initial assessment and in an assessment by the psychiatrist.
- The Beechcroft team has been brilliant in all aspects. So supportive with plenty of advice.
- I was invited to attend every appointment.
- Information was given all the time. I felt included at every point.
- I was listened to and not only for the patient's needs but to make sure I was ok too

Our Carers Lead is working with teams to develop action plans to promote incremental improvements in engaging and involving carers. Teams are also encouraged to appoint Carers Champions as the key point of contact to drive forward work in this area. required. Teams also complete a self-assessment review to evaluate their progress and promote improvement in this area.

Complaints and Compliments

We continue to respond to and learn from complaints and compliments. Figures 6 and 7 below show the monthly number of complaints and compliments received by the Trust.

Figure 6- Complaints received- excluding secondary complaints.
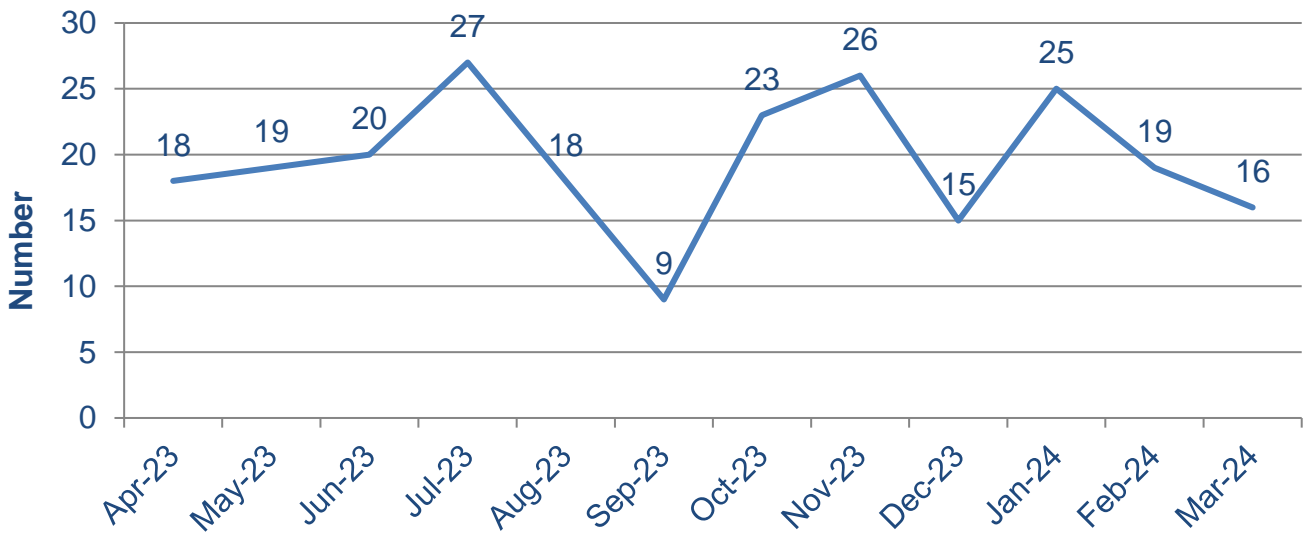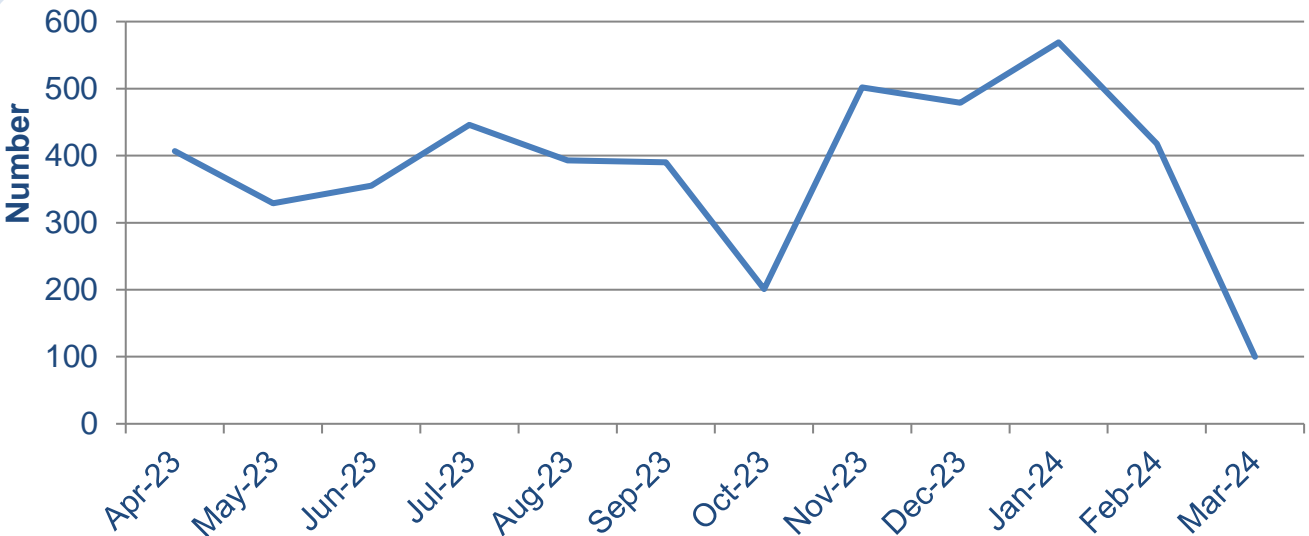

Figure 7- Compliments received.

Source: Trust Complaints and Compliments Reports- based on compliments being submitted voluntarily by service. We also receive compliments through the IWGC patient experience tool, but these are not included in the figure above.

Figure 8 below details complaints received by each service in 2023/24.

Figure 8- Formal complaints received by service.

Service	2022-23 Total	2023-24				
		Q1	Q2	Q3	Q4	Total
Community Mental Health Teams (CMHT) /Care Pathways	53	16	6	13	14	49
Child & Adolescent Mental Health Services (CAMHS)	33	8	11	7	9	35
Crisis Resolution & Home Treatment Team (CRHTT)	22	5	10	5	6	26
Acute Inpatient Admissions – Prospect Park Hospital	35	10	2	4	7	23
Community Nursing	12	3	6	5	3	17
Community Hospital Inpatient	10	1	2	5	4	12
Common Point of Entry (CPE)	5	1	3	0	0	4
Out of Hours GP Services	4	1	2	7	4	14
Psychiatric Intensive Care Unit (PICU)	7	0	0	1	0	1
Urgent Treatment Centre	1	1	1	2	1	5
Older Adults CMHT	2	1	2	1	0	4
Other services	56	21	19	25	26	91
Grand Total	**240**	**68**	**64**	**75**	**74**	**281**

Source: Trust Complaints and Compliments Reports

Making improvements to services based on the feedback

Each service takes patient feedback seriously and staff directly involved in complaints are asked to reflect on the issues raised and consider how they will change practice. Many teams are using our feedback tools to make improvements to their services, and some examples of these improvements are detailed below in a 'you said, we did' format. Further examples are included in the 'Other Service Improvements' sections (parts 2.1.5- 2.1.10) of this report.

Service	You said	We did
Improving access to Child and Adolescent Mental Health Services (CAMHS)- Getting Help QI project:	The service received is good, but the route to be referred to the team was lengthy.	Work is being implemented to allow clinicians from the CAMHS Getting Help Team to triage patients and move them to the treatment list for their service. This reduces the time taken to be referred to the service.
Community Inpatient Wards (Wokingham)	Families said that they did 'not always feel listened to' and that it was sometimes difficult to find and speak with the staff that they wanted to speak with to understand fully their loved ones' care and treatment.	We have introduced bookable face-to-face 'catch-up sessions', for families with any speciality. Patients often attend these sessions with their family.
Immunisation Team	Young people wanted more information about immunisations.	The immunisation team have been delivering assemblies in schools. Fact sheets have also been given directly to young people.

Service	You said	We did
Health Visiting	Service users would like the 'drop in' well baby clinics re-instated.	This has been done across all localities in West Berkshire from June 2023. A greater number of parents/carers are also aware of the service
Musculoskeletal Physio- West	Would like there to be less repetition in assessments when referred via the Integrated Pain and Spinal Service (IPASS) or Musculoskeletal Community Specialist Service (MSK CSS).	There has been some collaborative working between IPASS and MSK CSS to set up new pathways that streamline care and reduce repetition.
Crisis Resolution and Home Treatment Team (CRHTT)	Ensure correct pronouns and genders are used for our transgender service users.	This has been reviewed and Pride Network resources have been shared with all staff. We continue to remind staff of the importance of getting these details correct. We encouraged staff to attend the "Belonging at Berkshire" learning event.
Berkshire Eating Disorder Service– Adult	Use different vascular access (gripper) needles as the ones used hurt more than normal.	We have changed the type of gripper needles used so that the experience is more comfortable.
Nutrition and Dietetics	Parents of infants diagnosed with cow's milk protein allergy stated it would have been useful to receive video/ information prior to workshops.	We are now sending parents pre-recorded webinars prior to workshops.
Children and Young People Integrated Therapy Team (CYPIT)- Speech and Language Therapy (SLT)	Would like less waiting time for an assessment, and to know how the service works.	SLT have introduced a new triage process, aiming to reduce time waiting for assessment and/or intervention where appropriate. They have also introduced online workshops, where anyone can sign up to learn strategies and how our SLT service works.
Adult Autism and ADHD Teams	After completing the ADHD group, some clients felt that there was some 'information overload' with too much information on the slides to keep up with.	Based on this feedback, the team reviewed the information and reduced the amount of extra information in the resources to make it more accessible and concise.
Talking Therapies	I would have preferred to have face to face meetings	If a client requests a face-to-face meeting, this will now be offered for the next available appointment, regardless of locality. Our searches have been updated to make this easier for both admin and clinical teams to book these across localities.

National NHS Community Mental Health Survey

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

The survey sample.

People aged 16 and over were eligible for the survey if they were receiving care or treatment for a mental health condition and were seen face to face at the trust, via video conference or telephone between 1 April 2023 and 31 May 2023. Responses were received from 232 (19%) respondents, compared to a national response rate of 20%. The Trust response rate was lower than the previous year (22%).

About the survey and how it is scored.

The survey contained several questions organised across 12 sections. Responses to each question and section were converted into scores from 0 to 10 (10 representing the best

response). Each score was then benchmarked against 52 other English providers of NHS mental health services, resulting in the Trust being given a rating for each question and section on a five-point scale ranging from "much better" to "much worse" than expected.

Summary of Trust results.

In the 2023 survey, the Trust was rated "about the same" as the 52 other Trusts in all 12 sections.

Respondents' overall view of care and experience.

Figure 9 gives an overview of Trust scores for overall experience. The 2023 Trust scores (shown by the dark blue bar in the middle of each question) are compared with the highest and lowest scores achieved by all Trusts (the red and green bars to the right of the dark blue bar), and with the Trust scores in 2021 and 2022 (the light blue and yellow bars to the left).These survey results have been shared with clinical leads to share with their teams and to identify any further actions that would have a positive impact.

Figure 9- National Community Mental Health Survey- Overall view of care and services
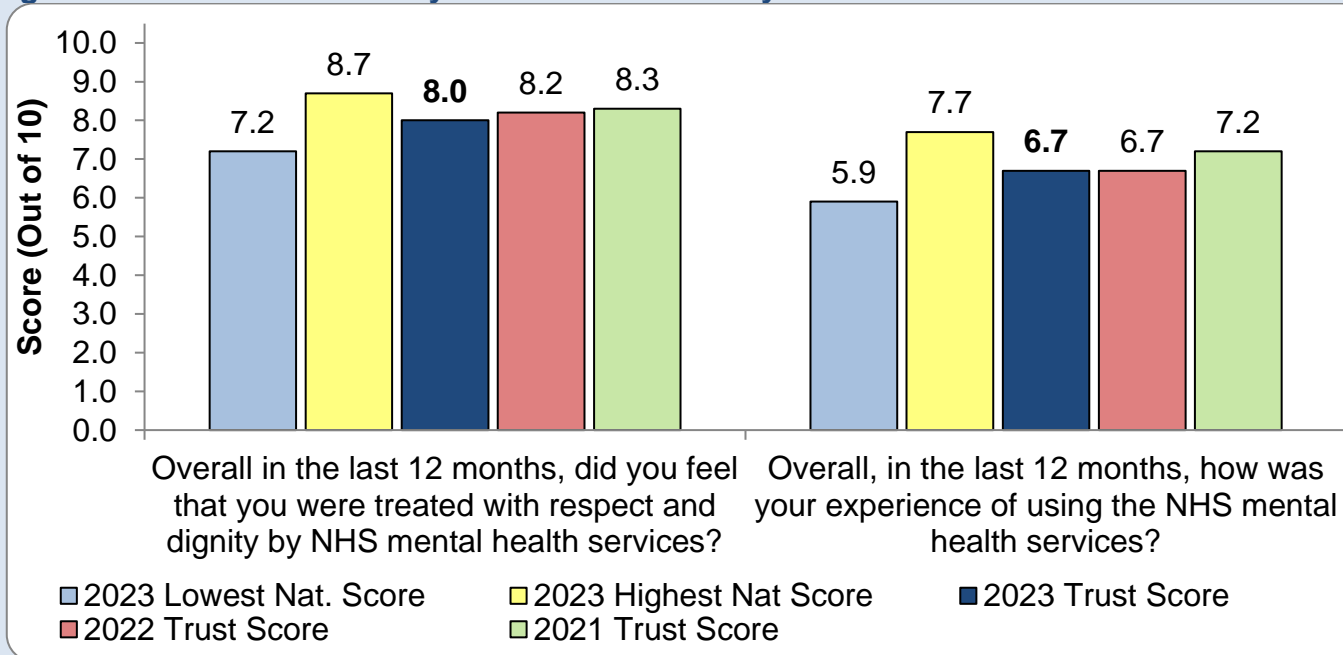
Source: Data from National Community Mental Health Survey Report

2.1.2. Harm-Free Care

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

Our 2023/24 Harm-Free Care Priorities:

Providing safe services

1. We will protect our patients and staff by using appropriate infection control measures.

2. We will identify and prioritise patients at risk of risk of harm resulting from waiting times.

3. We will always ensure face-to-face care where clinically indicated.

   Please note that priorities 2 and 3 above are covered within the 'Other Service Improvements' section later in this report.

4. We will continue to reduce falls, pressure ulcers, self-harm in in-patient services and suicide across all our services.

5. We will recognise and respond promptly to physical health deterioration on all our wards.

6. We will improve the physical health of people with serious mental illness.

7. We will strengthen our safety culture to empower staff and patients to raise safety concerns without fear, and to ensure learning from incidents.

Our aim throughout the year has been to continue to foster an environment that has the patient at the heart, where all staff take accountability for their actions, senior leaders are visible in clinical areas, challenge, role model and create safe environments for people to speak up about poor care and to learn when things go wrong. In support of an open culture there is a 'Freedom to Speak Up' policy which has been in place for several years, and this is described further in Section 2.1.4- Supporting our staff. There is also a Safety Culture Charter, and several initiatives are in place to help ensure that staff feel psychologically safe to raise concerns and learn from errors to provide safe care. The implementation of the national patient safety strategy alongside quality improvement supports this ambition to continuously improve patient safety by building on the foundations of a safer culture and safer systems. This enables learning from incidents, errors and patient feedback. The Trust has also continued to engage with and contribute to cross organisational initiatives such as the regional patient safety collaboratives and national improvement programmes.

Protecting our patients and staff by using appropriate infection control measures

ⓘ **It is vitally important that our patients and staff are protected from harm, and we have infection control measures in place to help minimise this risk.**

Covid-19 has remained a significant issue in healthcare, and this is reflected in another busy year in the management of infections. This has included respiratory infections and outbreaks, an increase in cases of other infection and communicable disease and ongoing workstreams to reduce gram negative bacteraemia and other mandatory reportable infections.

Collaboration with local Integrated Care Systems (ICS) continues in order to deliver a health-economy wide approach to prevention strategies and reduction in healthcare associated infection. Ongoing development of the Antimicrobial Stewardship Programme continues.

Our Infection Prevention and Control Team (IPCT) have developed a dashboard which summarises key indicators and areas for improvement. In collaboration with colleagues from pharmacy, the IPCT has participated in the national point prevalence survey (PPS) on healthcare associated infections, antimicrobial use and antimicrobial stewardship in England. This is the first time Community and Mental Health trusts have been included in this PPS. Results received April 2024 are to be analysed and incorporated in the Infection Prevention and Control (IPC) annual programme.

Learning form incidents and post infection reviews remains a focus for shared learning and IPC promotion campaigns and development of resources.

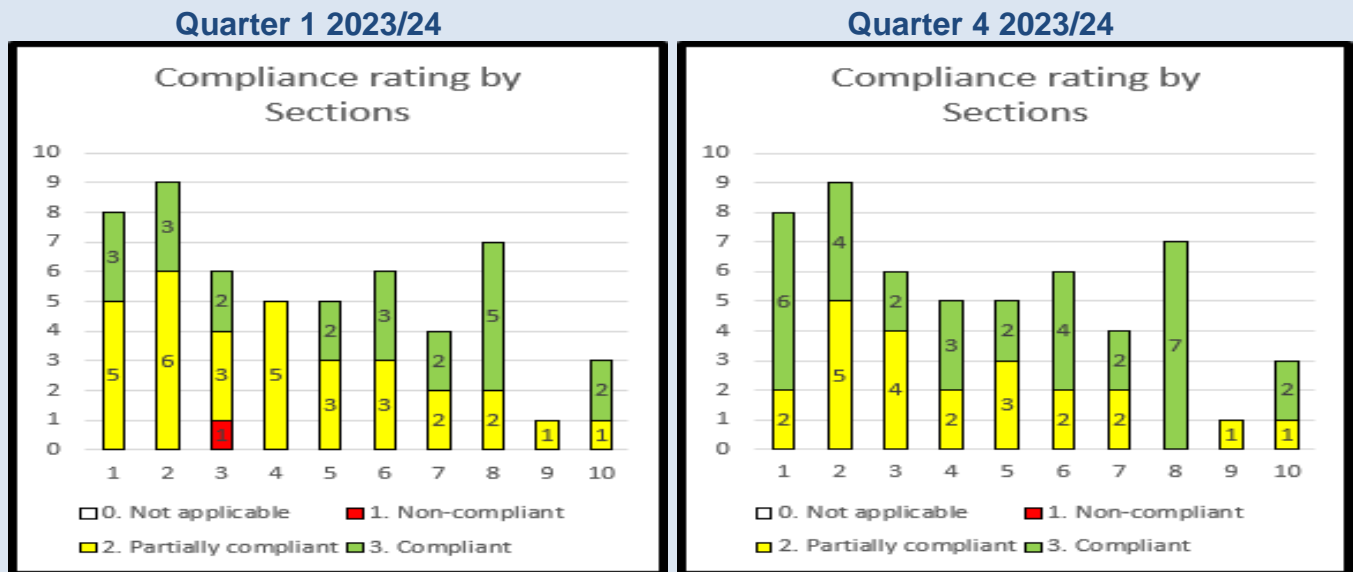IPC mandatory training has been reviewed and aligned with the National Education Framework. In addition to mandatory training, the IPCT have undertaken bespoke training sessions and developed a range of resources and bitesize training to support staff.

The planned programme of prevention campaigns for the year has been completed. This has included World Antimicrobial Awareness Week, National IPC week, Glove reduction initiative and Oral Hygiene promoting safe care and prevention of infection. A successful and well evaluated IPC link practitioner annual study event was also held.

The IPCT also received a Green Award from the Southeast NHS England Chief Nurse for contribution to the South-East Nursing and Midwifery Green Week 2024. The team presented a project called 'Promoting safety & sustainability through reduction in overuse of non-sterile gloves'

We have adopted and are implementing the National Infection Prevention and Control Board Assurance Framework (BAF). This helps us demonstrate our level of compliance with the ten criteria of the Health and Social Care Act 2008. It allows us to detail evidence of compliance, gaps in compliance, mitigations, and comments. It also allows us to give a 'Red, Amber, Green' (RAG) rating to determine if we are non-compliant, partially compliant or fully compliant with each criterion. There is evidence of progression within all elements of the BAF during 2023-24, and this is demonstrated in the figure below. Ongoing criteria and workstreams will form part of the 2024-25 IPC annual programme.

Figure 10- Infection Prevention and Control Board Assurance Framework- Compliance rating by section

Quarter 1 2023/24	Quarter 4 2023/24

Source- Infection Prevention and Control Monthly Reports

Key to sections (x-axis)

1. Systems to manage and monitor the prevention and control of infection.
2. Providing and maintaining a clean and appropriate environment
3. Ensuring appropriate antimicrobial stewardship
4. Providing suitable accurate information on infections to patients/ service users, visitors/carers and any others concerned in a timely fashion.
5. Ensuring early identification of individuals who have or are at high risk of developing an infection so that they receive timely treatment and reduce risk to others

6. Systems to ensure that all care workers are aware of and discharge their responsibilities for preventing and controlling infection.
7. Providing or securing adequate isolation precautions and facilities
8. Providing secure and adequate access to laboratory/ diagnostic support as appropriate
9. Having and adhering to policies designed for the individuals care and help to prevent and control infections.
10. A system to manage the occupational health needs and obligations of staff in relation to infection

Reducing Falls on Older People's Inpatient Wards

ⓘ **We consider prevention of falls a high priority. Although most people falling in hospital experience no or low physical harm, others suffer severe consequences, such as hip fracture or head injury. On rare occasions a fall will be fatal. The personal consequences of a fall for the individual can be significant and even 'minor' falls can be debilitating.**

Our Community and Older Adult Mental Health Wards continue to focus on delivering harm free care by reducing the number of people experiencing a fall. There has been a slight increase in the number of falls on these wards in Quarter 4 this year, with a higher number of falls happening when people are independently mobile on the ward. As a result, we are giving more information around risks associated with this, such as using pedal bins. We have also re-introduced a counter-

measure called Baywatch to help reduce the number of falls.

Falls reduction is now a tracker metric for most wards, and Henry Tudor ward are planning to make this one of their driver metrics. They will be working with our Quality Improvement team to implement improvements.

A revised multifactorial risk assessment has now been through user testing, which has resulted in positive feedback. We hope to make this live in May 2024 following systems testing. Before this there is scheduled train the trainer sessions have also been scheduled to make staff familiar with the new assessment and, once implemented, this will support staff in delivering best practice to reduce the risks of people falling on a ward. A new community falls risk assessment is also due to go live in April 2024 to support the specialist community falls work within the intermediate care teams.

Falls technology is being well used and has resulted in positive feedback. The team on Henry Tudor ward have worked with the Rambleguard team to improve the toilet sensors which are now in place and working well. Other wards are also purchasing toilet sensors as appropriate for their patient need.

The latest national audit of inpatient falls has made a recommendation around the use of flat lifting equipment and the need to minimise the number of moves a patient experiences following a fall. To address this recommendation, it has been agreed that, should a fracture be suspected following clinical assessment, then the patient will not be moved but will remain on the ground. They will be made comfortable, given pain relief and an ambulance will be called. If there is no clinical indication of a fracture, then the patient can be moved. This move would previously have been carried out using a full sling hoist. Now, to reduce the risk of harm from a potential unknown fracture, flat lifting equipment (known as a Hoverjack) will now be used. Ward teams will be trained in the safe use of this equipment to ensure they feel confident to use it when required. .

Figure 11- Monthly Number of falls on Older People's Inpatient Wards
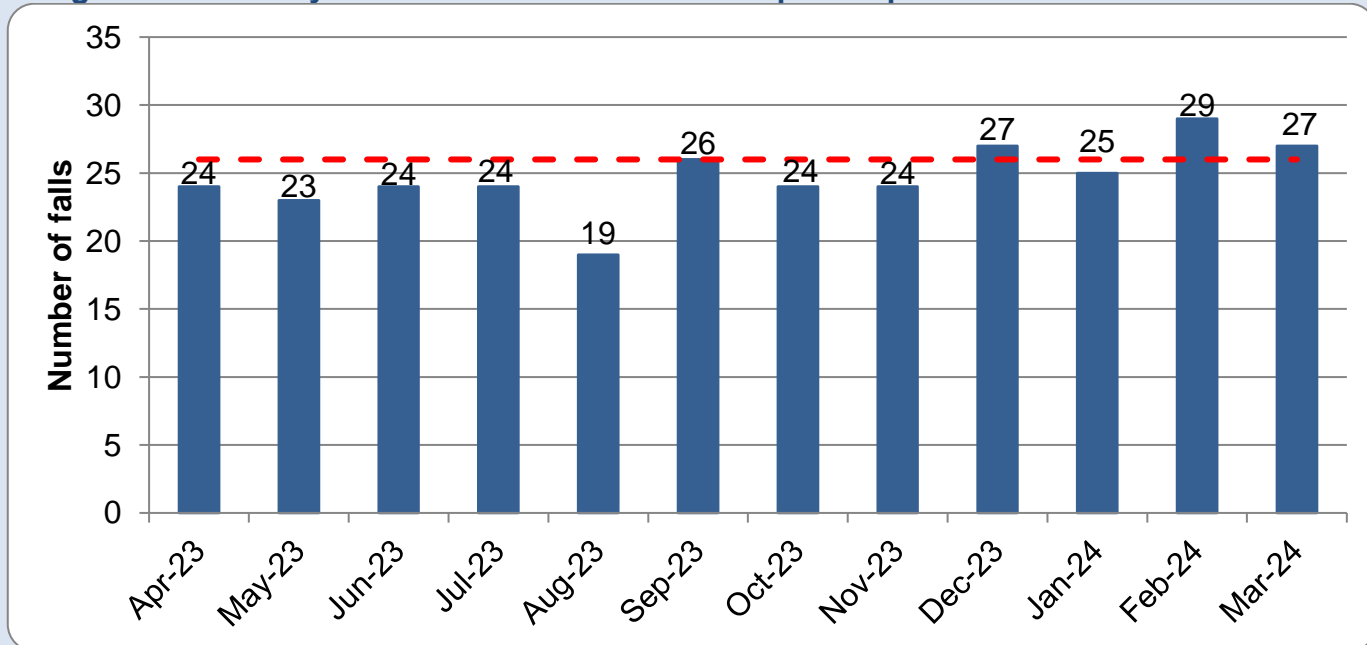
Source: Trust Falls Reports. Please note that patients may fall more than once, and this figure represents the total number of falls and not the total number of individual patients that have fallen.

Preventing Pressure Ulcers

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

We have set two targets in 2023/24:
1. To have no more than 16 grade 2 pressure ulcers due to a lapse in care by the Trust.
2. To have no more than 15 grade 3 or 4, unstageable or deep tissue injury pressure ulcers due to a lapse in care by the Trust.

We ensure that all clinical staff have had relevant training in pressure ulcer prevention and management. All developed pressure ulcers of category 3 and 4 that are potentially due to a lapse in care are discussed at a learning event following a desktop review. This is to see whether there is anything that could have been done differently to help prevent the skin damage, or to identify where improvements can be made. All category 2 pressure damage are reviewed by the handler and finalised by the patient safety team. Thematic reviews are held on a quarterly basis to enable learning opportunities. Figures 12 and 13 below show that targets have been met.

Figure 12- Developed Category 2 Pressure Ulcers due to a Lapse in Care by the Trust.
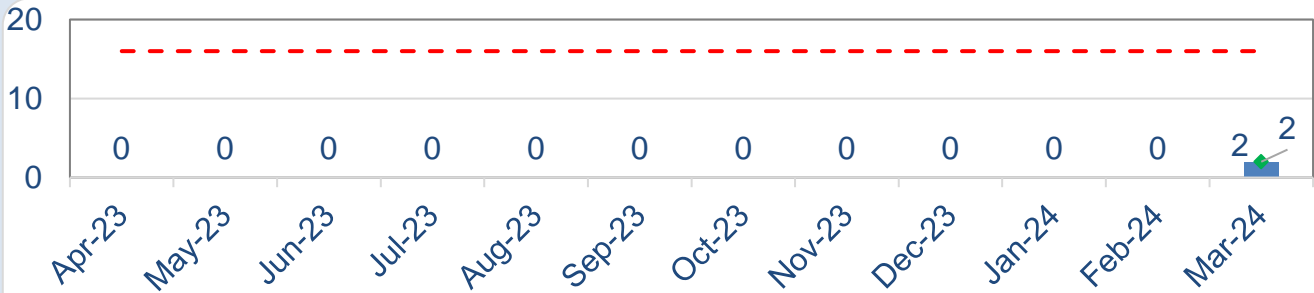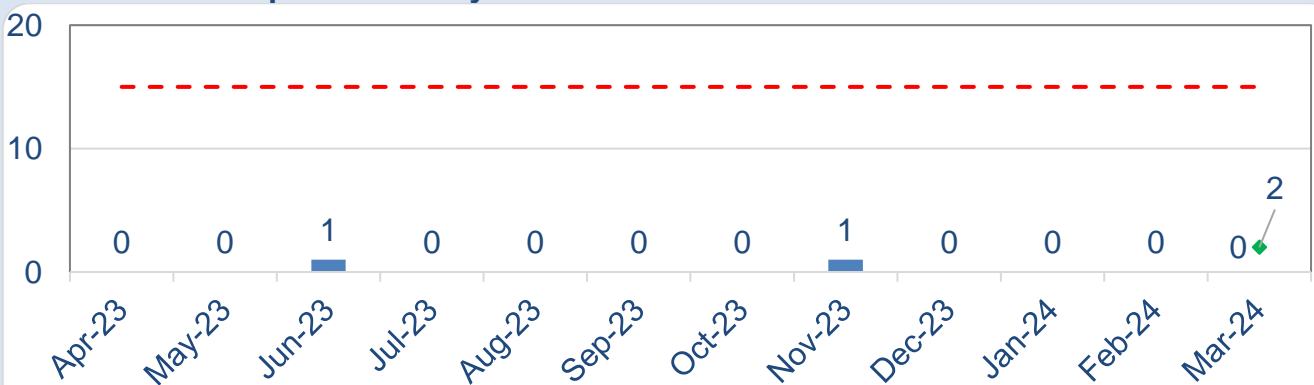

Figure 13- Developed Category 3, 4 unstageable or deep tissue injury Pressure Ulcers due to a Lapse in Care by the Trust.

Key to both charts: ▬ Monthly number ◆ Cumulative number over year ─ ─ ─ Organisational Target

Source: Trust Quarterly Pressure Ulcer Reports

Reducing Self-Harm Incidents on Trust Mental Health Inpatient Wards

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

Our aim is to have 30% fewer self-harm incidents this year than in 2022/23 on our Mental Health Inpatient wards. In order to meet this, we have set a target of having no more than 61 self-harm incidents per month on these wards. Figure 14 below shows monthly performance during 2023/24 and shows that the target has been met in 11 of the 12 months in 2023/24.

Actions undertaken to help reduce such incidents have focused on the following:
- New guidance on minimising ligature harm
- Focusing on neurodiversity and safety planning adjustments

Figure 14- Monthly instances of patient self-harm reported for Trust mental health inpatients
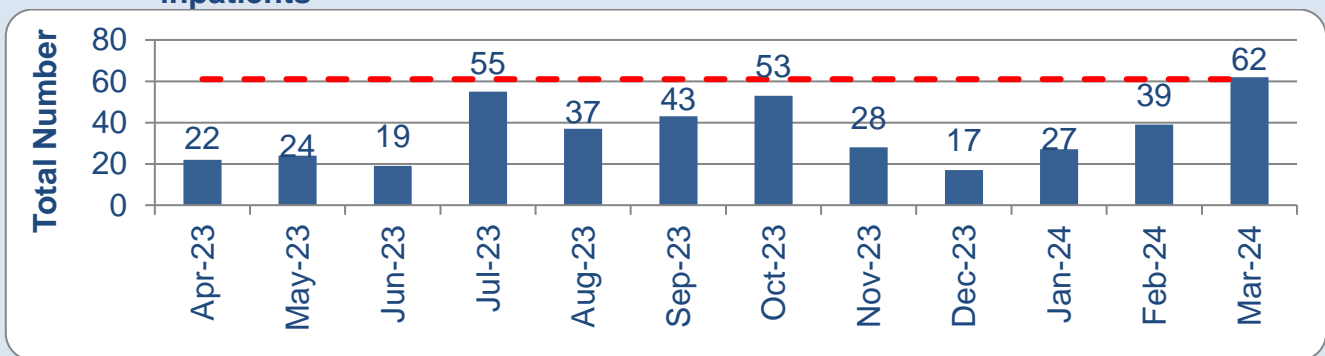
Source- Trust Tableau Dashboard

Suicide Prevention

ⓘ **We are focusing on suicide prevention by developing staff skill and knowledge, creating a no blame culture, and supporting service users and their families through safety planning.**

The suicide prevention strategy group has progressed the Trust suicide prevention ambitions and has provided a link and cascade of information from system groups to frontline teams. The goals of the overarching plan for 2023/24 have either been achieved or are well underway. The plan has been updated for 2024/25 to reflect the findings from the latest report of the National Confidential Enquiry Into Suicide and Homicide (NCISH), as well as learning from Berkshire Healthcare and Thames Valley wide serious incidents

The suicide rate within the Trust in 2023/24 remains below the baseline of 9.2% (see figure below) but we recognise that every number is a life lost. The suffering for that person and the impact of this on those left behind, including on our staff, is at the forefront of our mind. Our ambition is always to prevent suicide by doing everything we can to help and support all those who come to our services, ensuring access to the most appropriate strategies. Providing support, information and training for staff, family/carers and colleagues in the wider system is also an important part of the strategy.

Our staff continue to engage in the Trust Suicide Prevention Strategy with passion. Many of our staff have been impacted by suicides and have attended inquests. They have accessed support and guidance and

participated in learning. 2024/25 poses a number of challenges and opportunities for the Trust as we move to our new model and guidance for clinical risk. This will be the main focus for the suicide prevention strategy group in early 2024/25

The following details some of the progress made with the Suicide Prevention Strategy in 2023/24.

1. Clinical Risk Training has been reviewed, moving away from risk categorisation to formulation, and incorporating findings from national and Trust feedback
2. A standard work has been developed focussing on assessment and interventions for risk to self, to others and from others
3. Our Clinical Risk Policy has been updated
4. We have undertaken peer review with Surrey and Borders Partnership NHS Foundation Trust using new ligature assessments.
5. A new ligature audit tool has been implemented in Prospect Park Hospital.
6. We are involved in international research on staff competency
7. We are working collaboratively with the Thames Valley Suicide Prevention and Intervention Network (SPIN)
8. We have provided input into each locality public health led suicide prevention plan
9. Our family support offer is underway

10. We have piloted a Safer Services Audit and will be part of peer review of this
11. Turbo training is ongoing
12. We have provided staff with guidance about how to ask about online research. We have also issued an alert about sodium nitrate, a method that is promoted online, with an action to escalate so that a Multidisciplinary Team (MDT) safety plan can be established.
13. We have completed focused work around online peer pressure. This has informed guidance for staff on how to support with safety planning.
14. Family feedback following review of materials is informing further changes.
15. Restorative supervision is being provided for staff. Our staff wellbeing offer has been provided to individuals and teams. Culture work continues and will now be incorporated into the NHS England Culture of Care.
16. Staff have been provided with guidance on Guidance on coping after a suicide. This support will be enhanced with training from the Trust legal team in relation to inquests.
17. We have undertaken significant work on making the inpatient environment safer and this will continue in 2024/25. We have also recruited to a new ligature harm minimisation role for our inpatient services

Figure 15- Number of suicides and rate per 10,000 people under Berkshire Healthcare Trust Mental Healthcare
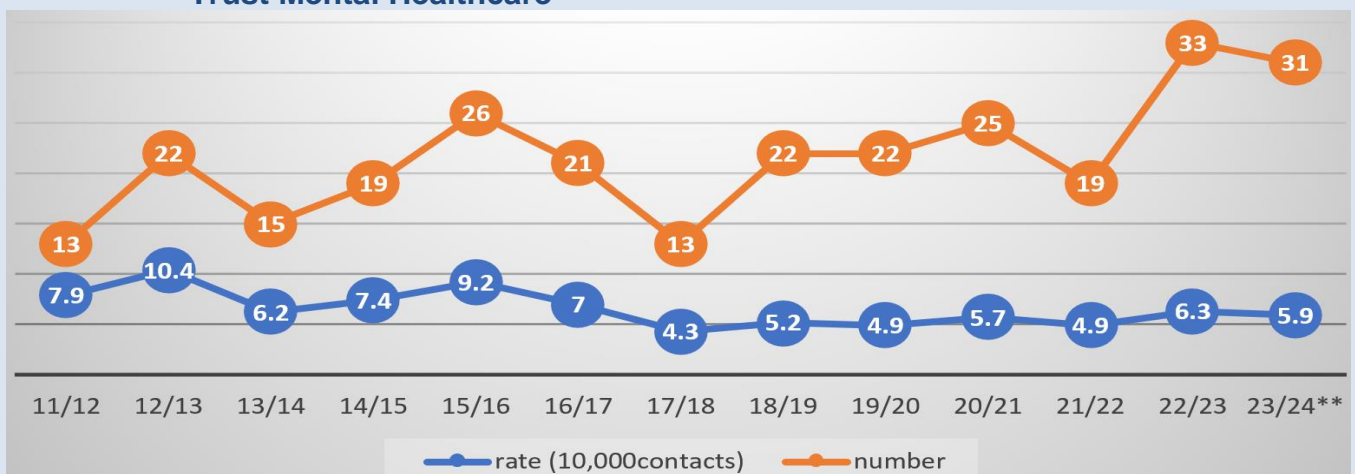
** For 2023/24, the rate per 10,000 contacts is based on an estimated number of contacts

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

ⓘ **Our wards are required to recognise and respond promptly to physical health deterioration by following the National Early Warning Score (NEWS) Trust policy. All inpatient deaths, and deaths within seven days of transfer from our wards to an acute hospital are reviewed in line with the Trust Learning from Deaths policy.**

Figure 16 below shows the number of unexpected inpatient deaths and deaths within 7 days of transfer from one of our inpatient wards to an acute hospital. The figure also shows the number of deaths that were judged definitely, strongly or probably (more than 50:50) avoidable.

Judging the level of the avoidability of a death is a complex assessment. An avoidability score is confirmed at our Trust Mortality Review Group for all deaths in physical health services where a second stage review is conducted. The following criteria is used:
Score 1 Definitely avoidable.
Score 2 Strong evidence of avoidability.
Score 3 Probably avoidable (more than 50:50)
Score 4 Possibly avoidable, but not very likely (less than 50:50)
Score 5 Slight evidence of avoidability.
Score 6 Definitely not avoidable.

The figure below shows that there were no causes for concern (avoidability score of 1,2 or 3) confirmed in 2023/24.

Figure 16- Unexpected inpatient deaths and deaths within 7 days of transfer to an acute hospital in 2023-24

Quarter	Q1	Q2	Q3	Q4	Annual Total
Total unexpected inpatient deaths and deaths within 7 days of transfer to an acute hospital reported during quarter	6	10	2	14	32
Total deaths with avoidability score of 1,2 or 3.	0	0	0	0	0

Source- Trust Learning from Deaths Reports

Improving the physical health of people with severe mental illness (SMI)

ⓘ **National statistics show that people with severe mental illness (SMI) are at a greater risk of poor physical health and have a higher premature mortality than the general population, often dying 20 years sooner from conditions like cardiovascular disease or cancers.**

The Physical Health Service aims to ensure that physical health checks and interventions or signposting are offered and completed for all new patients with severe mental illness (SMI), or those who may have a period of instability and/ or increase in medication. Such checks help to help bring their life expectancy in-line with that of the general population.

At the end of Q4 2023/24, the trust performance was 95%. The figure below shows performance during this year. Throughout 2023/24 there has been a sustained performance equal to or above the

85% target in all areas apart from Slough and Windsor and Maidenhead (WAM). Some focussed work in both these localities has seen significant improvement. Slough has achieved and sustained their performance against the target since November 2023, and this locality has really embraced physical health from within the Community Mental Health Team (CMHT), in addition to the input from the Physical Health Team. WAM had patients awaiting discharge and no longer willing to engage with mental health services as well as patients who were finding our services difficult to access. Again, strong

collaboration with the CMHT staff and a proactive outreach approach has seen significant increases, and the target was achieved in March 2024.

The Physical Health Team have a well embedded training programme offering Physical Health Awareness Training to all mental health clinicians online as well as Making Every Contact Count (MECC) training face-to-face. MECC involves using the everyday conversations with the people we meet to improve their health and wellbeing. It is suitable for staff of all bands and professional backgrounds, as well as social care staff and those working in the voluntary sector.

NHS England (2024) and Lester (2023) guidance requires physical health services to not only screen, but to also intervene. Follow-up of physical health advice and interventions is vital to improve the life expectancy of people with severe mental illness. The Physical Health Team now offer a routine follow up contact, either by telephone or face to face, for all patients they see for a physical health check in the community. Working collaboratively with the Physical Health Clinical Lead at Prospect Park Hospital, the teams are also working on a process to offer patients discharged from mental health inpatients with SMI a follow-up health check at approximately 8 weeks after discharge.

Furthermore, the above guidance also advises that health checks should be offered to those people taking mood stabilizers. Therefore, from April 2024, patients with ICD10 codes F30 and F31 (mood disorders) have been added to the cohort of patients being offered health checks within Berkshire Healthcare. This will impact the overall percentage performance whilst the team catch up on the newly identified patients.

Finally, health inequality is well acknowledged within the population of patients with SMI. Three projects will be undertaken throughout the next year to help address this:
- Throughout 2024/25 the service will continue to support the roll out of 'Swap to Stop'. This is a government initiative to fund rechargeable approved vape devices and liquids to support people to quit smoking (a NICE recommended approach).
- Deaths from cancer in people with SMI are higher than average, and Reading is a significant outlier in Berkshire. A quality improvement project is underway to understand the data and develop countermeasures to improve outcomes in this cohort of people.
- Access to Electrocardiogram (ECG) where indicated. The Physical Health Team are rolling out a pilot within CMHT's offering ECG recording and interpretation (within homes and clinics) to support safe prescribing of antipsychotic medication.

Figure 17- **Percentage of patients with Severe Mental Illness (SMI) that are referred to CMHT and have had all parameters of the annual physical health check completed within a year of referral to CMHT.**
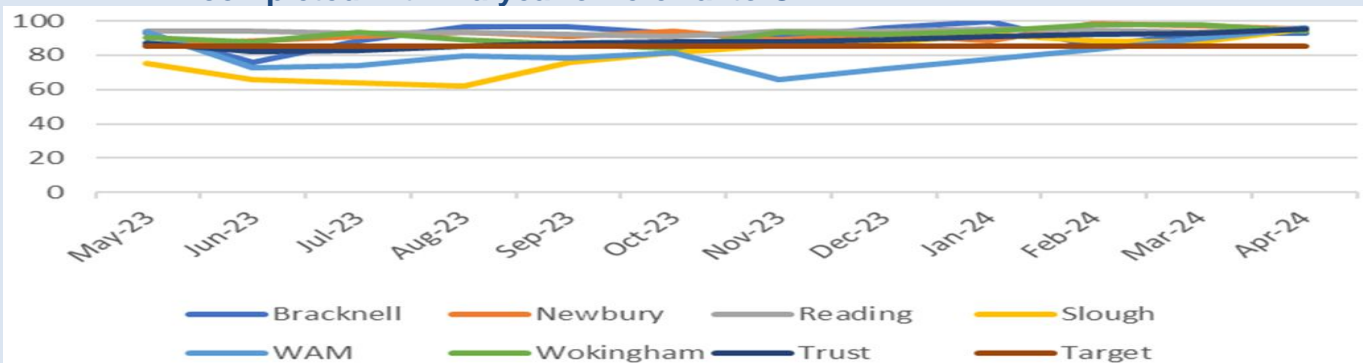
Strengthening our safety culture to empower staff and patients to raise safety concerns without fear, and to facilitate learning from incidents.

Strengthening our Safety Culture.

The safety culture steering group continues to oversee developments to further enhance the Trust safety culture. This has included actions to improve hearing the voice of our staff and patients and ensuring that concerns are acted upon alongside fostering compassionate leadership at every level. Actions have included a review of all Human Resources policies and procedures to ensure that they all align with just culture principles, training and development opportunities for staff to support a kind and compassionate workforce, new approaches to learning from incidents, Making Families Count Training on how to work with bereaved families and support for staff post-incident.

We have published a new handbook on working effectively and compassionately with families after a patient safety event, ahead of World Patient Safety Day on 17 September 2023. Developed to improve collaboration with patients, their families, and carers, 'Compassionate Communication, Meaningful Engagement' was created by six NHS Trusts, including Berkshire Healthcare, in partnership with Making Families Count.

Promoting Safe Cultures Workshops have commenced for our Mental Health Wards at Prospect Park Hospital and received positive feedback. Workshops include role play and Berkshire Healthcare created videos to support reflective practice in this area.

The Trust's Safety Culture workplan was refreshed in January 2024. Key initiatives going forward include:
- keeping the Trust safety culture charter in everyone's mind.
- Promotion of organisational development programmes of work to support the Trust values, including leadership compassion, well-functioning teams and wellbeing.
- enhancing and promoting our staff support

Never Events

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

There were not any never events to report for the Trust in 2023/24. We reported one never event in Quarter 4 of 2022/23. This event occurred at Prospect Park Hospital and involved a patient tying a ligature to a shower curtain rail hook(s). The investigation for this incident was completed in Quarter 1 of 2023/24. The report has been signed off and actions continue to be monitored through our Quality and Patient Experience Group.

Serious Incidents (SIs)/ Patient Safety Incident Investigations (PSIIs)

Toward the end of Quarter 3 of 2023/24, following sign-off both internally and by the Integrated Care Board (ICB) of our patient Safety Incident Response Plan, we started to transition from the 2015 Serious Incident (SI) Framework to the new National Patient Safety Response Framework (which involves Patient Safety Incident Investigations- PSIIs). As a result of this, fewer serious incidents were reported and there was an increase in differing methodologies being undertaken for Patient Safety Reviews. From the 1st of January 2024 all incidents are being reviewed in line with the new framework and no incidents are being logged on the old Strategic Executive Information System (STEIS).

There were 5 Patient Safety Incident Investigations (PSSI's) commissioned in Q4

24

compared to 4 in Q3. 9 serious incidents (SIs) were reported in Q2 and 14 in Q1. The reduction in Q3 and Q4 is in line with our transition to applying Patient Safety Incident Review Framework (PSIRF) principles over this time. Figure 18 below details the number of SIs/ PSSIs reported quarterly by each Division/ Service, with Figure 19 detailing these by category.

Figure 18- Number of Serious Incidents/ PSSIs by Division/ Service in 2023-24
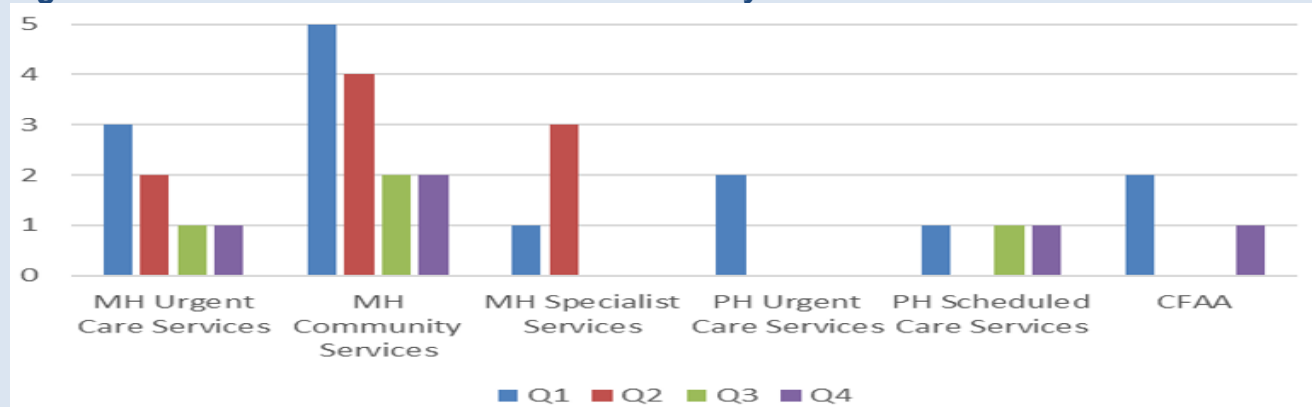
Source: Patient Safety and Learning Quarterly Reports

Figure 19- Number of Serious Incidents/ PSIIs by Category in each Quarter of 2023-24
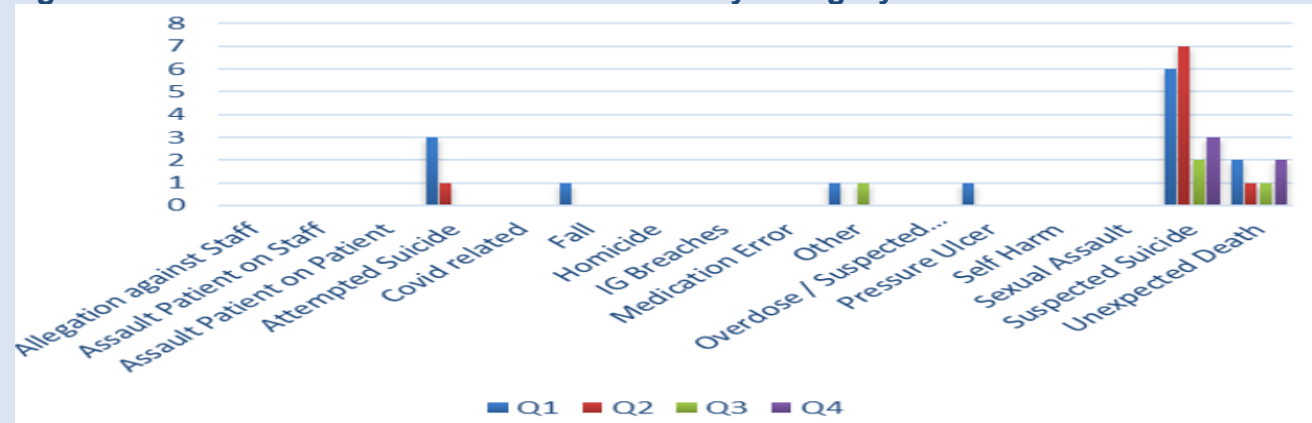
Source- Trust Serious Incident Quarterly Reports

There were 28 inquests scheduled for Q4 2023/24 of which 4 were adjourned. 13 of these had been reported by Berkshire Healthcare as PSIIs. There were two Preventing Future Deaths Reports in Q4.

Significant patient safety activity has been undertaken across the Trust following reviews of incidents. These include:

Cross-Divisional Activity.
- Preparation is underway to maintain our status as a Safety Incident Response Accreditation Network (SIRAN) accredited Trust.

- A Patient Safety Improvement Lead has started with the Trust.
- A new, more concise Datix form has been developed for reporting Present on Admission pressure damage.

Mental Health Division Activity
- Clinical Risk Training has been further developed to ensure that it allows clinicians to gain a more comprehensive understanding of Clinical Risk
- Standard work for discharge was developed at Prospect Park Hospital (PPH) to support safe discharge from inpatient admissions.

25

Physical Community Health Division Activity
- A care plan workstream has been developed with phase 1 going live in 24-25.
- Work on the Multifactorial Falls Risk Assessment is being undertaken, involving removal of duplication, and making sure it covers all aspects of the NICE Guidelines.

Children, Families and All-Age Services Division Activity
- Weekly Multidisciplinary Team (MDT) reviews have been strengthened.
- The Directorate have learnt from a near miss event involving breakdown of communication for a vulnerable mother. Improvements were identified as a result.

Staff Support Activity
- The Staff Support Service continue promoting the psychological Staff Support Post Incident (SSPI) model. Both individual and team SSPI sessions were delivered.

Family Liaison Activity
- The Family Liaison Office (FLO) received referrals for families during the year. Some referrals were made at the start of the learning response process; others came following completion of the report.

Quality Concerns

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

Acute adult mental health inpatient bed occupancy continues to be consistently above 90% at Prospect Park Hospital. This means that patients might not receive a good experience all the time. Delayed discharges have increased over the last year. There are programmes of work in place to support reduction in occupancy and out-of-area placements. Out of areas placements have remained high and the pressure remains on local beds.

Shortage of permanent clinical staff. Mental health inpatient services as well as several of our community-based adult and young people's services for mental and physical health are affected by shortages of permanent clinical staff which impacts on service delivery. Alongside this there is increased demand on many of our services. This has a potential impact on the quality of patient care and experience and increases our costs. A programme of work has been commenced to revise pathways and models of care across our community Mental Health services. Our workforce strategy focuses on how to retain and grow staff to meet our demand. A workforce forecasting model has been developed to support understanding of gaps so that appropriate, cost-effective interventions can be agreed.

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

Duty of Candour

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

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

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

Figure 20 below details the total number of incidents requiring formal duty of candour during the year. The Trust considers that the Duty of Candour was met in all cases.

Figure 20- Number of Incidents requiring formal Duty of Candour

Month (23/24)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	42	35	41	41	29	12	10	8	7	10	5	5

Source- Trust Serious Incident Monthly Reports

2.1.3. Clinical Effectiveness

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

Our 2023/24 Clinical Effectiveness Priorities:

1. We will demonstrate our delivery of evidence-based services by reporting on the implementation of NICE guidance.

2. We will continue to review, report, and learn from deaths in line with national guidance. Please note that this priority is detailed in section 2.3 of this report as it is also a required statement of assurance from the Board.

This section also includes a statement on rota gaps for NHS Doctors in Training, and the plan for improvement to reduce such gaps. Trust performance against the Learning Disability Improvement Standards is also included in this section.

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

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

We have produced a policy that describes how we identify, assess, implement and monitor implementation of NICE Guidance.

Implementation of NICE Guidance and Guidelines.

1. NICE Technology Appraisals (TA)
NICE Technology Appraisals provide recommendations on the use of new and existing health technologies within the NHS. Each TA focuses on a particular technology, which may be a medicine, medical device, diagnostic technique, surgical procedure, or other intervention. When NICE recommends a treatment 'as an option', the NHS must ensure it is available within 3 months of publication of the TA (unless otherwise stated). We have implemented 100% of the NICE TAs that are relevant to us. Those implemented this year are detailed below:

Dapagliflozin for treating chronic Heart Failure with preserved or mildly reduced ejection fraction (TA902) and Empagliflozin for treating chronic HF with preserved or mildly reduced ejection fraction (TA929). Our east and west Heart Function Teams will prescribe this for their patients in line with the NICE recommendations.

Daridorexant for treating long-term insomnia (TA922). This Guideline may be relevant to our MH staff as insomnia is often treated as part of a mental health condition.

Tirzepatide for treating type 2 diabetes (TA924). This medication will be prescribed by our Diabetes Centre.

2. Other NICE Guidance and Guidelines
The paragraphs below detail some of the other NICE guidance and guidelines that we have progressed during this financial year:

Point-of-care tests for urinary tract infections to improve antimicrobial prescribing: early value assessment – HTE7. The point of care tests listed in this NICE Early Value Assessment are not recommended for early routine use in primary or community settings. None of the listed tests are in use in our Trust.

Digitally enabled therapies for: adults with depression (HTE8) and adults with anxiety disorders (HTE9): early value assessments. These documents recommend several digital enabled therapies for these conditions. We use one of the recommended platforms (Silvercloud) as an option for our patients with depression or anxiety.

KardiaMobile for detecting Atrial Fibrillation (AF) (MTG64). This technology is recommended as an option for detecting AF for people with suspected paroxysmal AF, who present with symptoms such as palpitations and are referred for ambulatory electrocardiogram monitoring by a clinician. The East Berkshire Heart Function Team are using this technology.

Automated ankle brachial pressure index measurement devices to detect peripheral arterial disease in people with leg ulcers (DG52). This guideline states that organisations that are already using this technology can continue to do so if they meet four criteria. We currently use these devices and meet all four of these criteria. Our Research team is supporting our clinicians to collect the recommended information/ research detailed within the guideline.

Osteoarthritis in over 16s: diagnosis and management (NG226). Our Physiotherapy services are meeting all of the recommendations in this guideline. The team are also reviewing the information available for patients at all sites.

Bipolar Disorder (CG185). A baseline assessment has been undertaken on this Guideline, and an action plan has been produced to address unmet recommendations. New recommendations relating to prescribing Valproate are also being implemented in line with Medicines and Healthcare Products Regulatory Agency safety advice.

Otitis media with effusion in under 12s (NG233). Our Hearing and Balance and Childrens and Young People services are meeting all of the recommendations that are relevant to them in this Guideline.

Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education (NG213). This large baseline assessment was completed with input from all relevant services in Children and Young People's services. Almost all recommendations were being met, and actions are in place to address unmet recommendations.

Suspected acute respiratory infection in over 16s: assessment at first presentation and initial management (NG237). This guideline has been reviewed by our Westcall GP Out-of-Hours Service, Virtual Wards, Community nursing and our Cardiac and Respiratory Specialist Services (CARRS). The relevant recommendations would all be met by these teams.

Stroke rehabilitation in adults (NG236). This Guideline is relevant to our Community-Based Neuro-rehabilitation team. A large majority of the recommendations are being met, and the team are putting actions into their annual plans to address unmet recommendations.

NHS Doctors in Training- Rota Gaps and Plans for Improvement

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

Our Guardian of Safe Working continues their duty to advocate for safe working hours for junior doctors and to hold the Board to account for ensuring this. As part of this duty, they report quarterly to the Board on activity relating to Junior Doctor working hours and rota gaps.

Figure 21 below details the Psychiatry rota gaps for NHS Doctors in training in the Trust between Q1 and Q3 of 2023/24. Our system of cover continues to work as normal, and gaps are generally covered quickly. We have had 14 unfilled gaps during 2023/24. For these unfilled gaps patient safety was not an issue.

Figure 21-	Rota Gaps for NHS Doctors in Training – Psychiatry – 1st Apr 23- 31st March 24							
Number of shifts requested	Number of shifts worked	Number of shifts worked by:			Number of hours requested	Number of hours worked	Number of hours worked by:		
		Bank	Trainee	Agency			Bank	Trainee	Agency
343	329	198	131	0	3408.5	3290.5	2120	1170.5	0

Source- Trust Medical Staffing Team

The Learning Disability Improvement Standard

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

Increasing awareness of health inequalities experienced by people with learning disabilities and autistic people across the Trust; and improving our ability to segment outcome data and patient experience feedback to help target future areas for prioritisation and actions (respecting and protecting rights). There continues to be work utilising Connected Care data with system partners to highlight and positively impact on health inequalities (for example exploring the demographic data regarding who is accessing our services and exploring the differential rates of cancer screening) and this is being further examined as part of the wider Trust quality improvement approaches focusing on health inequalities.

Increasing awareness and use of reasonable adjustments (inclusion and engagement). The Oliver McGowan

Mandatory Training in Learning Disability and Autism e-learning is available and in use by the Trust. There are actions being taken within the Trust to review the training where competencies can be highlighted further. Wider roll-out of this training is being overseen by the Integrated Care Boards.

Supporting a cohort of staff to undertake the Advanced Practice Credential in Learning Disability and Autism (ACP LD/A) with support from Health Education England to further develop specialist skills (workforce). We continue to support two team members to complete the MSc in Advanced Clinical Practice – with the impact of these enhanced skills being demonstrated in areas including the mortality reviews.

Work with Commissioners to support the development of local Dynamic Support Registers (DSR) which seek to identify those people at risk of admission to inpatient services and provide intervention in the community to avoid all but essential admission (learning disability services standard). We work with commissioners in East Berkshire with the Dynamic Support Register (DSR) implemented by the Integrated Care Board (ICB). In Berkshire West, the

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Intensive Support Team oversee the DSR for adults with a learning disability at risk of admission, aged 26 and over. The Keyworker Service is managing the DSR for children and young people with a learning disability and/or autism at risk of admission, up to and including 25-year-olds. A new Dynamic Support Database – Clinical Support Tool has now gone live in RiO to enable this information to be recorded and monitored more efficiently as we work with partners on how this information can be used to further improve services and reduce the risk of admission to inpatient services

2.1.4. Supporting our People

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

Our 2023/24 Supporting our People Priorities:

A great place to work.

1. We will ensure our teams have access to effective health and wellbeing support.
2. We will promote a culture of respect, compassion and kindness.
3. We will not tolerate bullying, harassment or abuse of any kind.
4. We will support staff to work flexibly and connect with their teams.
5. We will act on feedback from staff to improve satisfaction and address any identified inequalities.
6. We will provide opportunities for our people to show initiative and make improvements through great team working, Quality Improvement and Bright Ideas.
7. We will support staff to achieve their career aspirations.
8. We will attract and welcome school leavers, apprentices, students and international recruits to help close our workforce gaps.

Details on Freedom to Speak Up are also included in this section.

We are in the final year of our three-year Trust People Strategy which was developed and aligned with the NHS People Promise. This strategy aims to make the Trust Outstanding for Everyone and will be refreshed and relaunched in 2024 to reflect the new Trust Strategy and the new NHS Workforce Plan. The strategy will continue to frame a programme of work to address our workforce challenges and deliver continued improvements to our staff experience.

People Strategy Key Priorities

Following some difficult years for our staff during and post the pandemic, it has been good to see a number of indicators demonstrating that this focus on our staff experience continues to pay dividends. We are delighted that Berkshire Healthcare has again had one of the highest engagement scores in the national NHS Staff Survey with an increase this year to 7.5, from 7.4 previously. We were also the top community and mental health trust for staff recommending us as a place to work. Whilst this is a score to be proud of, we do recognise that too many of our staff, particularly those with protected characteristics, still have a poorer experience at work. This is not acceptable, and we continue to actively understand where that is happening and to proactively address issues that come to our attention.

Looking After our People

Ensuring our teams have access to effective health and wellbeing support

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

Improving the mental and physical health and wellbeing of our people
We have continued to prioritise supporting the mental and physical health and wellbeing of our people throughout 2023/24. We can see the impact that this is having through the numbers of staff who report in the staff survey that the organisation takes positive action on health and wellbeing. In 2023, we achieved a 73.5% positive response , 8.5% above our comparator group average.

During 2023/24, we transitioned Wellbeing Matters to an internal staff support service and part of the wider Health and Wellbeing Service. This followed the cessation of funding from NHS England and an internal business case. This has meant that we have been able to continue providing expert and confidential psychological support for teams and individuals. Despite staffing shortages in the first six months, Wellbeing Matters has continued to offer individual assessments, team interventions and staff support post incident (SSPI). Since moving to the internal service in June 2023, the team have delivered 127 Wellbeing Line assessments, undertaken 281 team interventions (including wellbeing hubs, facilitated group processes, workshops and formulation sessions) for over 900 staff and delivered 103 incidents of post incident support for both teams and individuals, reaching another 300 of our colleagues.

A key aspect for the service is a focused drive on improving staff support at Prospect Park Hospital (PPH). This has been the focus of our new Staff Wellbeing Facilitator, who started in mid-December 2023 and is located at PPH. His aim is to focus on the staff support needs at PPH, including the provision of post-incident support.

Outside of the Wellbeing Matters space, we have continued to develop and improve general wellbeing support available. This has included NHS Charities Together funded projects to provide wellbeing classes for staff, update some rest rooms across the trust, launch Salary Finance to give greater access for staff to financial benefits including savings and loans, and continued support of our Wellbeing Champion network.

Reducing excessive working hours
In response to our staff survey scores, we have set up a project to understand the reasons why staff were reporting excessive working hours. As a result, 94 people have confirmed that they regularly work extra paid hours and wish to continue to do this overtime for personal reasons. Local managers are in regular checks with these people to ensure their wellbeing is not negatively impacted by working additional hours on a regular basis.

For teams whose members have reported working excessive unpaid hours, a 3-month project to monitor the reasons and impact of this across ten teams will report in June 2024.

Promoting a culture of respect, compassion and kindness

Violence reduction work

Assaults in the Trust, continue to rise year on year, in line with the number of physical and non-physical assaults reported nationally. We created a Violence Prevention and Reduction (VPR) Working Group in Quarter 2 this year to refresh our plans for implementing the national standard, refresh our VPR strategy and actions to support our colleagues. We have developed a Trust-wide workforce risk assessment and Training Needs Analysis terms of reference to ensure we are giving our colleagues the right skills, confidence and knowledge for their role in order to keep them and our patients' safe.

Our Prevention and Management of Violence and Aggression (PMVA) and Personal Safety team are increasing connectivity and support for our clinical teams at Prospect Park, our adult inpatient mental health unit. They offer support with specialist PMVA techniques, PMVA care plans, running drop-in sessions and supporting 'Safewards' (a model to reduce conflict) and post-incident reviews. Tutors now undertake a shift on a ward each month to help keep training consistent with staff experience and current practice. We are also part of a collaborative network of Trusts looking at best practice, co-production and inclusion of experts by experience in training.

Our theory training package has been updated to include civility, human factors, learning from CCTV, and other related topics such as neurodiversity, sexual safety, and anti-racism. We have also been promoting the use of the Safety Pod, which has replaced bean bags, as a piece of kit which enables people to be restrained in a dignified, safe and compassionate way, when necessary, rather than on the floor. New techniques have been implemented that will reduce the use of floor restraint for administration of intramuscular medication. New techniques and medical risk assessments are in place. A Yellow-Belt QI project will commence in June 2024 to further increase the use of the Safety Pod to reduce floor restraint.

We have achieved re-certification with the Reducing Restraint National Training Standards. We also engaged former patients and service users in our training delivery, using their feedback to inform and improve our training, including a Peer Mentor with lived experience of restraint with whom we will be working collaboratively.

We have also re-assessed ourselves against the National Violence Prevention Standards to identify gaps for action. We signed the Sexual Safety Charter and have assessed ourselves against this to establish a baseline in order to deliver against this by July 2024. A new Criminal Justice Panel has now been set up at Prospect Park hospital to support prosecutions against those who assault our staff. A new sexual safety policy for our workforce has also been developed.

We have delivered training for other trusts this year, including Conflict Resolution/Breakaway and Therapeutic Holding for NG tube courses. We are planning to deliver a Breakaway Train the Trainer course for another Trust which will involve annual requalification. We have also refreshed our Search training package and have created a Search refresher course. One of our tutors has completed a Quality Assurance course which will enable us to achieve Teacher Centre Status to deliver Level 3 teaching qualifications in-house.

Figure 22- Incidents of violence against staff 2022-23 and 2023-24

Incidents by Sub-Category	2023/24					2022/23
	Q1	Q2	Q3	Q4	2023/24 total to date	Total
Alleged Sexual Assault	6	6	9	6	27	18
Attitude	5	1	0	0	6	58
Dirty Protest	0	1	0	0	1	1
Patient refusing treatment	0	2	1	2	5	2
Damaging Property/Criminal Damage	2	2	0	2	6	12
Physical Assault by Patient	181	187	235	169	772	815
Physical Assault by Staff	2	2	3	1	8	4
Abuse by Patient	202	176	161	108	647	861
Physical Assault by Other	0	1	2	4	7	9
Abuse by Staff	7	7	10	4	28	19
Abuse by Other	27	14	21	17	79	94
Total	**432**	**399**	**442**	**313**	**1586**	**1893**

Belonging to the Trust
Not Tolerating bullying, harassment or abuse of any kind

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

Anti-racism work

We have worked with our community to develop our Anti-racism action statement which makes clear our commitment to anti-racism:

Berkshire Healthcare is committed to becoming an anti-racist organisation, in a purposeful and impactful way as part of our corporate strategy. We take an active role in identifying and addressing all types and impacts of racism, not just when it is obvious.

The Board holds the responsibility for leading our anti-racism efforts and ensuring measurable objectives are achieved.
We firmly believe that anti-racism activity should not be solely placed on racialised groups. Instead, we embrace actively involving our Race Equality Network, colleagues, and communities to make meaningful change.

Our approach to achieving this includes:
1. Making changes and taking positive actions that promote racial equity in all parts of our organisation.

2. Allocating resources to support our anti-racism agenda and monitor progress.

3. Supporting and encouraging our colleagues and community to actively participate in anti-racist practices.

4. Regularly and openly communicating our commitments and progress.

Our anti-racism work continues to gain momentum. Our Anti-racism taskforce has been established with a terms of reference developed and agreed. This ensures we remain accountable for taking action.

We have launched our anti-racism action statement which is now published on our website and intranet. Our Unity against racism logo has been developed:

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Five workstreams, which have been identified based on our problem statements, are each being led by an Executive. These workstreams have developed some proposed actions, which will be checked and challenged with our workforce and community. In October 2023, we launched our Anit-racism in healthcare CommUNITY forum with community partners. Our Deputy Chief Executive has asked all

Trust teams to consider anti-racism and health inequalities in their Plan-On-A-Page thinking this year. An anti-racism book club has also been launched.

Engagement and communication on our anti-racism journey has taken place through our All-Staff Executive monthly briefings, our Leaders and Mangers Forum and our all-staff newsletters.

The Patient Carer Race Equality Framework (PCREF) was launched nationally, and we are reviewing and mapping against this with a view to implementing it

Developing Compassionate and Inclusive Leaders

We developed a new leadership, management and talent development strategy which has been through wide ranging stakeholder engagement and have presented this to our Board who supported this development.

We launched our refreshed compassionate and inclusion focused leadership development programme – 'Leading for Impact' in September 2023. This has received very positive feedback, and we are already reviewing this to improve the provision for future cohorts based on the behaviour change feedback we are collecting. Recently we also introduced Action Learning Sets to support those on the programme with their learning.

We have worked with all of our directorates to develop a "managers' target audience" so that we can monitor uptake and ensure all of our people managers have undertaken leadership development. This target group will now be discussed and agreed with the relevant stakeholders. A deep dive into access by ethnicity has also commenced.

We introduced an internal coaching network which continues to grow, offering coaching opportunities for all staff in a variety of areas including confidence, role transition, navigating situations, anti-racism growth, and career progression.

We are also supporting teams with organisational development interventions including the Affina team Journey, Listening into Action, team building, mediation and team coaching.

A review of our management development programme 'Essential knowledge for Managers' has also commenced, and a 2nd day will be introduced next year to include budget management, risk management and REACT mental health training.

We have developed a Trust core behaviour framework and leadership competencies which we will be embedding.

Supporting staff to work flexibly and to connect with their teams

We have recently updated our home working guidelines in response to requests by our operational colleagues. This supports an increasing number of teams across the Trust to bring people back into the office on a regular basis. It also supports work-life balance and

team building, and better enables new joiners to the team to feel included and have a sense of belonging. .

Our centralised flexible working process continues to support people who wish to

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amend their working hours and/or pattern for a period of time, particularly if it is not possible to accommodate their request in their current team. This is completely embedded into business as usual and has already supported 181 requests for flexible working for staff. The HR team has oversight of all flexible working requests and where line managers are unable to accommodate, they liaise with other teams to seek an alternative role where flexible working can be accommodated – this has led to an avoidance of leavers. This has also supported our retention work and assisted with our significantly reduced turnover figure of 12.34%. Additionally, we have recently started a project as part of Frimley Integrated Care System (ICS) and a national pilot to encourage and facilitate flexible working patterns, particularly in clinical areas.

Acting on feedback from the staff to further improve satisfaction and address any identified inequalities

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

A monthly all-staff briefing gives our staff an opportunity to feedback suggestions and comments about current ways of working. We address these and are now including monthly "you said, we did" updates.

Our quarterly Pulse survey has continued allowing us to track progress throughout the year. During 2023/24, our response rate has averaged at 31%, which is 11% higher than the average response rate for trusts who use the same provider as us (Picker). However, this is much lower than our staff survey response rate of 67% and so comparison with the staff survey is difficult. Our staff engagement score averaged at 7.40 over the three pulse surveys, similar to the result from the staff survey (7.45) and higher than the Picker average of 6.77.

The Trust People Strategy and Equality Diversity and Inclusion Strategy was informed and designed based on learning from; the staff survey; data from the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES); and engagement workshops with staff and staff networks. This approach will again be followed as we refresh our strategy this year.

We have also worked with Berkshire Oxfordshire and Buckinghamshire Integrated Care System (ICS) to launch a culture transformation programme called 'A Kind Life' which aims to build kinder, more effective organisational cultures.

National Staff Survey Trust Results.
The 2023 National staff survey results were published in March 2024. The following gives a summary of findings from this survey.

The Survey Sample.
The 2023 survey was conducted online, resulting in it being open to over 4000 of the Trust's employees. 3291 (67%) staff responded to the 2023 survey. This response rate is 2% higher than in 2022 (65%), and 15% higher than the median response rate for similar Trusts (52%).

Summary of Trust Results.
Looking at the results, there's so much to feel proud about. The nine themes from the survey reflect the NHS People Promise, along with staff engagement and morale. We continue to be above average for combined trusts in all themes and our scores have significantly improved in five of the themes, including staff morale and always learning.

As we work towards our vision of being a great place to get care, a great place to give care, it's encouraging that we received the top scores for 'care of patients is my organisation's

top priority', and 'I would recommend my organisation as a place to work'.

We've seen significant improvements in 28 questions across 13 sub-scores, including burnout, work pressures and negative experiences. For example, fewer people reported that they 'have felt unwell due to work-related stress in the last 12m', with more reporting that they were 'satisfied with the extent that the organisation values my work'.

While all of this is good news, there's still much more to do to make this an outstanding place to work for everyone. The results show we need to continue our focus on reducing the inequalities and negative experiences faced by ethnically diverse, LGBTQ+ and disabled colleagues. New questions around experience on sexual safety and access to nutritious food show that we're doing better than average but there's still a gap to close to get the best scores. .

Figure 23- 2023 Trust NHS Staff Survey Results mapped against the People Promise

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.80	6.60	7.27	6.56	6.33	7.09	7.34	7.45	6.42
Best result	7.93	6.90	7.34	6.68	6.45	7.25	7.47	7.45	6.61
Average result	7.58	6.41	7.01	6.38	5.93	6.84	7.18	7.11	6.17
Worst result	7.14	6.04	6.23	5.84	5.17	6.23	6.90	6.46	5.21
Responses	3283	3281	3254	3263	3142	3269	3283	3282	3283

Source- 2022 NHS Staff Survey- Trust Benchmark Report

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

The Workforce Race Equality Standard (WRES) is a requirement for all NHS organisations, mandated by the NHS Standard Contract in 2015. It is a mirror that allows NHS Trusts to visualise workplace inequalities through 9 measures (metrics) that compare the working and career experiences of Black, Asian, and Minority Ethnic (BAME) and white staff in the NHS. Our latest WRES data has been received but the results are still currently under embargo. Results from the previous year are shown below.

Overall we have seen positive trends across the WRES indicators over the past 5 years. There is improvement in most indicators in the last year. The proportion of colleagues sharing their ethnicity is 97.24%, with ethnically

diverse staff ('BME') making up 28.4% of staff. This proportion is higher than national NHS benchmarks and is broadly representative of the average Berkshire population.

We note that the result of one indicator stayed the same- this related to ethnically diverse staff experiencing harassment, bulling and hate from patients, relatives, or the public. One indicator has declined- this is the likelihood of accessing non-mandatory training and continuous professional development (CPD).

Our race disparity ratio shows us that white colleagues are 1.93 (clinical) and 1.13 (non-clinical) times more likely to progress through the organisation than ethnically diverse colleagues with regards to their career progression

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Figure 24- Staff survey results relating to the Workforce Race Equality Standard (WRES)

WRES Indicator	Metric Descriptor		BAME 2023	White 2023
2	Relative likelihood of White applicants being appointed from shortlisting across all posts compared to BME applicants	Berkshire Healthcare	N/A	1.51
A value above 1 indicates that white candidates are more likely to be appointed than 'BME' candidates, and a value below 1 indicates that white candidates are less likely to be appointed than 'BME' candidates.		NHS Trusts	N/A	1.54
3	Relative likelihood of BME staff entering the formal disciplinary process compared to White staff	Berkshire Healthcare	1.21	N/A
A value of "1.0" for the likelihood ratio means that 'BME' and white staff are equally likely to enter formal disciplinary proceedings, whilst a value above 1 indicates that 'BME' staff are more likely to enter formal disciplinary proceedings than white staff, and a value below 1 indicates that 'BME' staff are less likely to enter formal disciplinary proceedings than white staff.		NHS Trusts	1.14	N/A
4	Relative likelihood of White staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff	Berkshire Healthcare	N/A	1.44
A value of "1.0" for the likelihood ratio means that white and 'BME' staff are equally likely to access non-mandatory training or CPD, whilst a value above 1 indicates that white staff are more likely to access non-mandatory training or CPD than 'BME' staff, and a value below 1 indicates that white staff are less likely to access non-mandatory training or CPD than 'BME' staff.		NHS Trusts	N/A	1.12
5. Staff Survey Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Berkshire Healthcare	29.4%	18.5%
		NHS Trusts	31.5%	25.4%
6. Staff Survey Q14b&c	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	Berkshire Healthcare	20.8%	15.4%
		NHS Trusts	22.8%	17.3%
7. Staff Survey Q15	Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.	Berkshire Healthcare	51.7%	68.1%
		NHS Trusts	49.6%	62.3%
8. Staff Survey Q16b	Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months	Berkshire Healthcare	13.2%	5.2%
		NHS Trusts	13.6%	5.7%
9	Percentage difference between Board voting membership and its overall workforce	Berkshire Healthcare		+2.4%
		NHS Trusts		13.2%

The Workforce Disability Equality Standard (WDES) is a requirement for all NHS organisations and was mandated by the NHS Standard Contract in 2018. It comprises 10 measures (metrics) that compare the working and career experiences of Disabled and Non-Disabled staff in the NHS. The 10 metrics cover the workforce profile, recruitment and capability processes, experiences of disabled staff, board make up, and the opportunity that

disabled staff have to voice and air their concerns and to be heard. It seeks to help unmask barriers that have a negative impact on the experiences of disabled staff. Our latest WDES data has been received but the results are still currently under embargo. Results from the previous year are shown below.

Overall, we have seen positive trends across the WDES indicators over the past 5 years and improvements in our scores over the last year, with one score staying the same. We are scoring better than average in most indicators. However, as with ethnicity, the gap in experience sadly remains.

We can see an improvement in five indicators in the last year and overall. The proportion of colleagues sharing that they have disability has increased from 5% to 6.41%. This compares favourably to other NHS trusts by almost 3%. We also note that four of the indicator scores stayed the same:
- Harassment, bullying and hate from manager.
- Work being valued.
- Adequate work adjustments and
- Board representation.

One indicator has declined. This relates to disabled colleagues feeling pressure from their manager to come to work despite not feeling well enough. Work will focus on working with our Purple Staff Network to improve stubborn and persistent disparities experienced by our disabled workforce.

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

WDES Indicator	Metric Descriptor		Disabled 2023	Non-Disabled 2023
2	Relative likelihood of Non-Disabled staff compared to Disabled staff being appointed from shortlisting across all posts. *A figure below 1:00 indicates that Disabled staff are more likely than Non-Disabled staff to be appointed from shortlisting.*		0.93	N/A
3	Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure. *A figure above 1:00 indicates that Disabled staff are more likely than Non-Disabled staff to enter the formal capability process.*		1.90	N/A
4 Staff Survey Q14a-d	Percentage of Disabled staff compared to Non-Disabled staff experiencing harassment, bullying or abuse in the last 12 months from:	(a) Patients/Service users, their relatives or other members of the public	27%	20%
		(b) Managers	12%	5%
		(c) Other Colleagues	18%	12%
		(d) Percentage of Disabled staff compared to Non-Disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	59.8%	57.3%

WDES Indicator	Metric Descriptor		Disabled 2023	Non-Disabled 2023
5 Staff Survey Q15	Equal opportunities for career progression or promotion	Percentage of Disabled staff compared to Non-Disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	61%	65%
6 Staff Survey Q9e	Presenteeism	Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	22.5%	16%
7 Staff Survey Q4b	Disabled staff's views/satisfaction with the extent to which their organisation values their work.	Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	52%	61%
8 Staff Survey Q30b	Reasonable adjustments for disabled staff	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	81%	N/A
9. National Survey staff engagement score	NHS Staff Survey and the engagement of Disabled staff	(a) The staff engagement scores for Disabled and Non-Disabled staff	7.2	7.5
		(b) Has Berkshire Healthcare taken action to facilitate the voices of Disabled staff in your organisation to be heard?	Yes- There is active engagement with our staff networks to ensure that we are listening to our staff. Our Equality Diversity and Inclusion teams meet monthly with the network chairs and these chairs also have regular access to the Director of People	
10.Board Membership - Disability	- The percentage total Board membership of colleagues declaring a disability is higher than the overall workforce, meaning that disabled people are overrepresented at Board compared to our overall workforce. - The percentage executive membership of colleagues declaring a disability is higher than the overall workforce, meaning that disabled people are overrepresented at Executive membership compared to our overall workforce. - There is a higher number of undeclared/unknown disability status amongst the Board, which is not representative of the workforce. - Compared to NHS Trust's nationally, we are above average for representation but below average for the number of our Board who have not declared their disability status.			

Translation and Interpretation Services
Our provider of these services has changed, and we have successfully trained 340 colleagues in accessing the new service. We have also seen an increase in quality and reliability with the percentage of requests being met, rising from 81% in June 2022 to 92% in 2023 and to 98% in February 2024. Our next steps will be to develop a policy to ensure efficient and consistent use of services and then review our smaller translation contract for deaf, blind and dual sensory services.

In 2022/23 we ranked No.68 and were accredited as a gold employer in the Stonewall Workplace Equality Index, which recognises lesbian, gay, bi, trans, queer, questioning and ace (LGBTQ+) inclusive workplaces in the UK. We are 9th among employers headquartered in the South-East, 22nd in the Public Sector and 6th in the Health and Social Care Sector.

PRIDE
Our Pride network continues to support our LGBTQIA+. Reading Pride celebrated its 20th year in September 2023. Trust volunteers supported our pop-up health space, offering activities such as community engagement, health checks and promoting the Trust as a positive employer. Our Sexual Health and Patient Experience teams were also on hand to speak to attendees and share information about our services. We also promoted our health and wellbeing services from Talking Therapies to our veterans' services. The event gave us an opportunity to celebrate the value of being an inclusive organisation, connect with the local community, and celebrate the LGBTQ+ members within our local area.

We also supported Bracknell Forest Council and the local LGBTQIA+ communities in June 2023 by celebrating the first ever Pride festival in the town centre. Our presence included Our Pride Network, Talking Therapies and Sexual Health teams.

On International Non-Binary Day in July 2023 we delivered a training session with Inclusive Employers to explore topics around gender identity. We also honoured Transgender Day of Visibility by hosting a virtual webinar featuring a transgender, non-binary model. In June 2023 we celebrated Pride Month with a virtual event featuring Robin Windsor, a former Strictly Come Dancing professional, who shared his life story and experiences as a gay man in the entertainment industry. The event provided staff with valuable insights and opportunities to engage in discussions related to Pride Month and LGBTQIA+ issues

Staff Networks
We have introduced a new form to join a staff network and have found this encourages sharing of protected characteristics to improve our declaration rates, enabling us to have better insights

Our 'Courage' Network was renamed to 'Armed Forces' network, and a plan of activity has been developed including our first armed forces conference in the Spring.

Our Women's network was launched in March 2024, with an event to celebrate International Women's day.

Windrush
As the NHS turned 75, we also celebrated the 75th anniversary of Windrush and the contributions this generation has made to the NHS. One of the events was Radio Windrush, a Podcast, attended virtually by over 185 of our staff and partners, featuring music, relaxed conversation, and personal reflections, exploring the power of diversity and unity in overcoming adversity.

We celebrated **Black History Month** with several well attended and well received events One highlight was a Q&A session with guest speaker John Amaechi, where 400 people engaged with the event.

This year's **South Asian Heritage Month** (18 July – 17 August 2023) celebrated the stories that make up the diverse and vibrant South Asian community and history in the UK.

Multi-faith project

Following insights from our community and workforce, we have partnered with Buckinghamshire New University on a Multi-faith project to engage and educate our workforce around the importance of faith and religion within healthcare settings.

NHS Equality, Diversity and Inclusion (EDI) Improvement Plan.

We recently mapped ourselves against the NHS National EDI Improvement Plan- 6 High Impact Actions. This was presented to relevant groups and to our Trust Board. It was pleasing to see that we have a lot of work underway already against all 6 actions. One area where we haven't had as much traction is bullying and harassment, and we will be commencing a small task and finish group to identify some key actions to progress improvement.

We have continued our commitment to meeting the **Accessible Information Standard (AIS)** to ensure inclusive healthcare provision, and we took proactive steps to enhance accessibility by creating AIS grab bags for 70 identified services across the Trust. These grab bags contain essential communication aids such as portable hearing loops, charts for non-verbal patients, whiteboards, and pens.

We achieved **Carer Confident Level 2: Accomplished in providing carer support**, demonstrating a commitment to creating an inclusive workplace for carers. This achievement signifies that the Trust has implemented processes to help carers identify themselves in the workplace, involved carers in policy development, and offers practical support and communication channels for carers

The Trust currently holds the highest level of **Disability Confident status**, as a Leader. Our ongoing efforts are focused on maintaining this accreditation and enhancing best practices. This enables us to create better pathways for individuals with disabilities, impairments, or long-term health conditions to access and maintain employment within the Trust

Neurodiversity Strategy

We continue our commitment to support neurodivergent patients, staff, and families, and to foster a culture of neuro-inclusivity. Our Neurodiversity Strategy focuses on addressing autism and ADHD for patients and wider neurodiversity for staff. It aims to improve access to quality care, training, and support while adhering to legal requirements under the Equality Act 2010 and National autism strategy. This comprehensive approach spans in-patient and community services, workforce development and facilities. We also have the support of our Trust Neurodiversity Lived Experience practitioner.

We have made significant strides in this area, including development of a Neurodiversity passport to support our patients, and a Neurodiversity toolkit to support managers and staff. Events including Neurodiversity Celebration Week and World Autism Acceptance Week foster understanding. Additionally, staff stories provide first-hand perspectives, while a comprehensive FAQ section addresses common concerns.

Supporting our staff to achieve their career aspirations

ⓘ **It is important that all staff are supported to grow and develop in their roles with the Trust. This can be achieved by ensuring they have high quality appraisal, supervision, and training to help support patient and staff satisfaction, safety, and effectiveness.**

Due to the implementation of the essential skills matrix, there is a significant increase in the essential clinical skills training demand. We are working with clinical leads and other stakeholders to ensure that our training is focussed to make the best use of our funding.

Talent management continues for senior and middle management. Our 'Leading for Impact' programme not only equips managers with the tools to recognise talent and support staff to progress in their careers, but also contributes

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to their own continuing professional and career development. Our Executive talent and succession planning process now uses a new model which has improved the quality of the conversations significantly.

Clinical Education
We continue to support and upskill our clinical workforce and empower our non-medical, clinical workforce to deliver safe patient care. Our priorities are to ensure that:

i. Sufficient training and robust support are provided to all clinical learners and the training is aligned with the Trust, System and National training objectives.
ii. Staff are aware of the training and Continuing Professional Development (CPD) opportunities, with equity of access.
iii. Our Clinical Education service is equipped to provide high quality training and a positive learning experience, with robust governance processes in place for assurance of the quality, safety and clinical relevance of the programmes.
iv. Training is as cost effective, technology enhanced and lean as it can be without compromising the quality and safety.

We continue to improve stakeholder engagement and awareness by collecting and analysing feedback from learners, managers and training providers. This feedback is predominantly positive with some areas of improvement. We have ongoing engagement strategies, and our work has created improved awareness of training opportunities. This is reflected in the increased uptake of the CPD fund this year and the high level of success with our Objective Structured Clinical Examination (OSCE) training (100%) and Nurse/ Allied Health Professional apprenticeship course outcomes.

We are due to have our bi-annual course revalidation in collaboration with the relevant clinical experts in 2024. Courses are revised as needed to ensure high standard of quality and safety and validity of our programmes.

The Clinical Education Team are supporting Competency-Based Career Progression to highlight and support those ready for progression to the next career step. This work, in combination with the Training Matrix and leadership behaviours model, are integral to our skills-based career progression agenda.

An electronic essential training matrix will be fully embedded by September 2024, allowing managers to review the skill mix of their workforce at the click of a finger. We have also placed two clinical educators to lead and coordinate the training for in-patient units who are providing training in the in-patient wards. We are also in the process of transitioning training documentation and sign off process of preceptorship programme onto our digital learning platform. This saves time and reduces the risk of infection.

The Resuscitation UK accredited Resus training programme has been implemented successfully and the feedback is positive. We have plans to implement a Resus UK approved e-learning Resus training programme for low-risk staff group who do not come into contact with patients in their day-to-day work. The new Automated External Defibrillator roll-out in the Trust is progressing as planned.

In relation to Mental Health (MH) training, our key priorities have focused on the lack of training availability, review and revision of Suicide Prevention Training and the development of Risk Assessment training. Extensive work has been undertaken to understand the training needs of our MH non-medical workforce and we have developed a plan to resolve this. Free access to a self-directed digital learning platform has been sourced and is being piloted. A joint clinical / education role has also been created in collaboration with the clinical MH directorate to develop and deliver training across MH divisions and for other relevant staff.

Our Library and Knowledge Services are available for all staff and students in the Trust. Our team have worked in partnership with the Royal Berkshire Hospital to introduce a "Research Café" to help our Advanced Practitioners embrace evidence-based practice and support publications. Our library

staff continue to support the clinical and non-clinical workforce in evidence searching, healthcare resource development, horizon scanning, digital skills development and leadership training delivery across the organisation. They provide training on information literacy and health literacy. They have also increased their support to our staff networks, particularly with access to books for the anti-racism book club and Royal National Institute of the Blind BookShare.

We have achieved the interim national quality mark for our preceptorship programme. Our in-house Suicide Prevention training has received CPD accreditation, and we have introduced the BEACH® programme for healthcare support workers (HCSWs). This course is designed to support HCSWs to recognise and escalate the care of deteriorating patients and is nationally proven to save lives.

Finally, we are delighted to have been invited by NHS England to present our HCSW development programme at the national HCSW forum as an example of good practice.

Attracting and welcoming school leavers, apprentices, students and international recruits to help close our workforce gaps

ⓘ **Our people are our greatest asset and are key to consistently delivering high quality care to our patients. It is therefore important that we attract new people to help deliver our services and help close our workforce gaps.**

Our focus on candidate attraction and recruitment continues to remain a vital part of our efforts to address ongoing workforce gaps. Our talent acquisition team have supported staff in securing over 150 recruitment offers for roles across the trust. This has included:
- 30 Mental Health Nurse/Practitioner offers (band 5-7)
- 12 Community Nurse offers
- 6 Clinical Psychology offers

The team have also recruited to many vacancies which have a candidate shortage including several Speech and Language Therapists, Occupational Therapists, Liaison and Diversion Practitioners, Health Visitors and Nursery Nurses.

Our Early Careers initiatives have also grown. We have organised or participated in 61 individual events this year, including 20 university career fairs, 26 school events and an event run jointly with The Princes Trust.

In 2023/24, we grew our social media and recruitment marketing activity and presence. The number of social media posts promoting vacancies and attracting candidates to Berkshire Healthcare has increased by over 50% (273 posts in 2022, to over 550 in 2023). Total clicks to these posts have increased four-fold to over 10,000, with a reach (the total number of times posts were shown to different people) of over 400,000 (from 117,000 the previous year).

We have also been able to report that we had filled all of our Health Care Support Worker (HCSW) vacancies for the first time since NHS England monitoring of these vacancies began.

In a competitive market where demand exceeds supply, we have increased the number of final year nursing students we recruit following a placement with us, from 21 last year, to 30 this year.

Providing opportunities for our people to show initiative and make improvement for their colleagues and patients through great team working, Quality Improvement and Bright Ideas

> ⓘ We have a Quality Improvement (QI) Programme that provides opportunities for staff to make improvements using QI methodology. We also encourage Bright Ideas to be submitted by staff to improve services.

The term 'Quality Improvement' (QI) refers to the systematic use of methods and tools to continuously improve quality of care and outcomes for patients. It gives the people closest to issues affecting care quality the time, permission, skills and resources they need to solve them. QI can deliver sustained improvements not only in the quality, experience, productivity and outcomes of care, but also in the lives of the people working in health care.

Our Trust QI Team are responsible for:
- Supporting our teams in the application of the Trust's Quality Management Improvement System (QMIS)
- Supporting colleagues to build their QI capability and become further accredited in lean training by delivering 'Yellow belt' and 'Green belt' QI training.
- Leading and supporting Trust wide high priority projects and programmes with the use of lean methodology.

The QI team also support the Trust strategic initiative and breakthrough objectives projects, by having presence on these and coaching and guiding project sponsors and colleagues directly involved in them. Below is a summary of the progress this year in the delivery of these objectives.

Quality Management Improvement System (QMIS). 20 waves of QMIS training have been completed since 2018, reaching 137 of our clinical and non-clinical teams. Training with the Children, Families and All Age services division begins in June 2024, and we are on-track to train 95% of all clinical teams by the end of 2025.

Several teams have made improvements to their priority areas and 'driver metrics' through the implementation of QMIS. For example, the Equality, Diversity and Inclusion team have improved the pathway for colleagues to access adjustments at work, and Community Physiotherapy in Bracknell have worked to reduce waiting times to first appointment.

15 colleagues have commenced their QI 'Yellow Belt' training as part of an initiative to embed and sustain QMIS at Prospect Park Hospital (PPH). They are collectively engaged in projects aimed at improving the response rate for I Want Great Care patient feedback. Several Wards have also identified their own 'driver metrics' and are allying their QI skills to improving these. Bluebell ward have made improvements in their supervision rates and Rowan ward have achieved their target for reducing inpatient falls in four consecutive months.

Building Quality Improvement Capability., Supporting improvement requires establishing a common way of working, using tools and methods to solve problems and improve performance. We provide QI training at several levels and the aim of this training, support and coaching is to build capability in others. At the end of 2023/2024:
- 603 colleagues had completed their 'White belt' introductory level learning
- 181 colleagues had completed their 'Yellow belt' (intermediate) learning
- 31 colleagues had completed their 'Green belt' (advanced) learning.

Colleagues complete a QI project when doing their yellow belt training, and examples of these projects from the last year include:
- **Increasing the number of colleagues that have completed their Friends, Family and Carer e-learning.** Since its introduction in 2022, only 44% of colleagues in the organisation had completed the Friends, Family and Carer e-learning. A root-cause analysis identified

that staff were completing this training, but not completing their final assessment successfully. A test-of-change was completed, which resulted in an increase in training uptake, with 190 additional staff members completing in November 2023. 70% of new starters had completed the training by Jan 24.

- **Reduction in delays in discharge from Medically Optimised for Discharge (MOFD).** The target Length of Stay (LOS) for Community Health inpatient wards is 21 days. However, the time it taken for many patients to move from being MOFD to discharge-ready can be over 50 days. Root-cause analysis was carried out, and countermeasures put in place which resulted in increased attendance at board rounds and a 41% reduction in patients on who had delays of over 15 days at Windsor Ward in Wokingham Community Hospital.

Breakthrough Objectives

Our approach to QI aims to deliver improvements in care and outcomes for the people we serve. Our organisational priorities for QI are described as 'Breakthrough Objectives'.

In the last year, the Mental Health Inpatient team have made a significant and sustained improvement in reducing self-harm incidents reported in our inpatient wards (as shown in section 2.1.2 of this report). A new breakthrough objective was also identified at the start of this year to reduce reported incidents of restrictive intervention in our adult mental health inpatient wards. The number of such incidents reported each month has reduced by 33% in the first year and the work on this breakthrough objective will continue into the next year.

NHS Staff Survey Results

We aim to engage, motivate and empower colleagues to lead continuous improvement in their daily work and enable them to practice continuous improvement where the work is done. This has yielded positive results, and since 2022, Berkshire Healthcare have ranked in the top 1 to 2% of all NHS Trusts in the following NHS Staff Survey questions:

- "I am able to make suggestions to improve the work of my team." 4th out of 190 NHS Trusts
- "I am involved in deciding changes that effect my work." 1st out of 190 NHS Trusts
- "I am able to make improvements happen in my area of work." 3rd out of 190 NHS Trusts

Bright Ideas

Our Bright Ideas platform continues to develop. Some key innovations include:

- Cardio walls at Prospect Park Hospital have been completed and a third wall will be installed at Upton Park Hospital. These incorporate gamification with increased cardiovascular exercise for people presenting with serious mental health conditions. They have received great feedback and patient engagement.
- Nature prescriptions. This new approach to wellbeing is being implemented initially in Mental Health Integrated Care Services (MHICS) east teams with a view to spread to the west.
- User friendly animated welcome videos for in-patient services are underway, with an animated video in production

- Shared learning podcasts are being discussed as well as short videos for all staff

All supported ideas demonstrate progression and improvement that is service, patient, carer or staff related, and always aim to add value. Some of the other projects that have been born from Bright ideas in the last 24 months include the following:

- The spread of our Sharon peer support platform to all of our Mental Health Integrated Community teams in Berkshire
- The Berkshire Healthcare health bus that travels around Berkshire offering interventions, information and support to those people who are less able to access our existing clinics. The bus is now also being actively used for fundraising for the

Berkshire Healthcare Charity and Charity partners such as Sport in Mind.

- Exceptional recognition awards for staff
- The use of connected care programmes to break down service user health inequalities in our teams, which will aim to help us to improve services and identify gaps.
- Sensory Gardens that support wellbeing and environmental sustainability.
- The peppy app for staff for menopause and men's health
- Fitting 'dementia bus stops' on some of our wards to create a sense of safety for patients with dementia who recognise the stops. One has been created to date and we are spreading these to more wards.

The Bright ideas team have two staff that make up one Whole Time Equivalent post (3 days and 2 days Per Week). They have developed a very strong voluntary Innovation hub over the past 12 months and the membership has grown to around 50 people This hub brings together staff of all levels and sessions are undertaken on innovation development to give people the tools to return to their teams and influence others to think about the future. We consider how we can grow existing ideas for new challenges and create new ideas and support bright idea projects. This group also receives demos from external suppliers and supports the organisation in identifying products that may support us to deliver care more efficiently. The innovation hub is supporting the trust in planning for the future and has worked with the Business Development Team on scenario planning that aims to contribute to the design of trust strategies. Connected to the hub, we also have the bright idea sponsor group who consist of leaders and managers that review new ideas and ideas from the innovation hub where the hub believe sponsor support is required to move a good idea forward.

Innovation and Bright ideas are also now a module on our new trust leadership and management programme, and we have recently developed 1-hour forums that allows any member of staff to join and think about how bright ideas can support them and why innovation is so essential.

Bright ideas are also reviewing the potential of an innovation management platform that has the potential to bring together all improvement projects and workstreams from across the community organisation. This platform would aim to reduce duplication, increase efficiencies, seek ideas to challenges from a wider audience and improve collaboration across our system.

We have also recently supported Big Conversations: Listening into action, led by the Deputy Chief Executive and sponsored by executive directors. The Sponsor groups are chaired by bright ideas, and we are implementing some quick wins and agreeing longer term projects in line with the most common challenges and solutions.

The Head of Innovation is a split role and is also the head of Charity. This brings together fundraising opportunities for innovations that sit outside of NHS funding, and that will improve staff and patient wellbeing.

Freedom to Speak Up

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

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

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

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

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

The role of the Freedom to Speak Up Guardian. The Trust Freedom to Speak Up Guardian helps to protect patient safety and the quality of care, improve the experience of workers, and promote learning and improvement. This is achieved by ensuring that: workers are supported in speaking up, barriers to speaking up are addressed, a positive culture of speaking up is fostered and issues raised are used as opportunities for learning and improvement. This role is fully embedded in the Trust and awareness of this facility is very well publicised Trust-wide. Between 1st April 2023 and 31st March 2024, 53 cases were brought to the Trust's Freedom to Speak up Guardian. The three most common elements raised in these cases were bullying/ harassment, suffering detriment and inappropriate behaviour.

2.1.5. Other Service Improvement Highlights in 2023/24

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

2.1.6. Improvements in Community Physical Health Services for Adults

Virtual Hospital Wards allow patients to receive hospital-level care at home safely and in familiar surroundings. This helps to speed up their recovery, and releases hospital beds for patients that need them most. Just as in hospital, people on a virtual ward are cared for by a multidisciplinary team (MDT) who provide a range of tests and treatments. Alongside our partners, we have introduced an Urgent Community Response (UCR) Frailty Virtual Ward (VFW) which has resulted in 2389 avoided admissions to hospital between April 2023 and December 2023. In addition, point of care testing devices have been rolled out across all four UCR/VFW teams, allowing a number of tests to be carried out at the patient's bedside in their own home.

Physical health inpatient units and flow teams have become more integrated in their approaches as part of their restructure. This has created a collaborative culture with teams working in a more supportive manner to share good practice and provide similar offers and pathways across services. Inpatient units have concentrated on group activities on the wards. They promote social dining, group sessions, and utilisation of garden therapy and garden spaces. Building work has commenced on bariatric spaces on some of our units in readiness for admissions in 2024/25. An orthopaedic rehabilitation pathway for patients transferring to our community beds has also been developed in collaboration with our acute partners at Royal Berkshire and Frimley Health Foundation Trusts.

Medical and therapy teams continue to provide 7-day working on our East wards. Additional funding has also allowed the West wards to provide this during the winter months. This has enabled them to:
- Support additional patients.
- Improve patient flow through the system.

- Communicate clear step-up pathways from GPs and other clinical teams to support admission avoidance for patients not requiring acute care.
- Enable clinical review of palliative and deteriorating patients over weekends.
- Enable Medical/ Advanced Nurse Practitioner and therapy services at the weekend.
- Allow patients to be seen quicker to determine rehab goals and plans and
- Deliver therapy for patients requiring orthopaedic rehab over the weekend.

Our In- Reach teams are providing 7-day cross site services and support to ensure transfers from the acute sector are timely. Length of wait is below the national target and the integrated approach from this team has allowed them to utilise bed spaces throughout our trust, which benefits our acute partners.

Flow teams continue to work on data quality and dashboards to move away from the reliance of manual inputting. Countermeasures are in place to address bed days that are lost. Quality Improvement projects are also in place to address those patients that are Medically Optimised for Discharge and Ready to Go but are still on wards. This will help ensure teams are as effective as possible when planning discharge.

The Musculoskeletal (MSK) Physiotherapy Service have updated their website with multiple self-help resources to help patients self-manage their MSK conditions. They have put a self-referral form for their website which allows patients to refer themselves directly to the service after they have trialled the other available resources. They have also supported patients in making better lifestyle choices and have added a 15-minute

education element to their exercise classes covering topics on diet, exercise and smoking.

The Podiatry Service have been working to better understand their clinical caseloads in order to provide an efficient and effective service in the face of national podiatry staffing shortages. They have made several improvements as a result of this work, including upskilling podiatry assistants, employing podiatrists from overseas and developing a self-referral pathway.

The Adult Speech and Language Therapy team have reviewed how they offer assessments to patients. A new pathway has been developed where dysphagia patients will predominantly be offered a telehealth appointment as a first point of contact. This helps with team capacity and allows patients to be seen quicker.

The Integrated Pain and Spinal Service (IPASS) has seen an increased number of referrals and complexity of patients over the course of the last year, which has resulted in increased waiting times. Several service improvements were implemented to address this, including introducing screening calls for patients referred from Rheumatology and providing self-help resources at entry point to help improve overall health and wellbeing prior to the patient's initial assessment. The spinal team have undergone education and training in the use of pain resources.

The Lower Limb Service have been able to see more patients and place more focus on patient education and lifestyle advice. This is due to a change in national guidelines for the management of people with healed venous leg ulcers. They are also in negotiation with Frimley Health to enable their clinicians to submit direct referrals to the Vascular Team.

Cardiac and Respiratory Specialist Services (CARRS). The Heart Function Service have worked with the Royal Berkshire Hospital to implement joint Cardiologist working. This role provides education to the Heart Function Service, supports complex patient presentations and helps review the service caseload. A Care Navigator has also been appointed to improve communication and integrated working. A pilot study of patient remote monitoring has been undertaken and has reduced the number of home visits and clinic appointments needed. The Respiratory Service has utilised Intelligent Automation to reduce the admin burden of processing Home Oxygen Order Forms. The Pulmonary Rehabilitation team have included a strength outcome measure in their patient assessment. The cardiac rehab service has fully returned to pre-COVID delivery of exercise circuits in classes.

The East Berkshire Heart Function Service have worked with Frimley Integrated Care Board (ICB) and NHS England to set up a remote monitoring system for Heart Function Patients. This will reduce hospital admissions and also allows the team to up-titrate evidence-based medications quicker.

The Care Home Support Team have produced a hand contracture resource pack for care home staff and professionals. Clinical Review Meetings take place with care homes, where residents with complex needs are discussed and support given. The team also offer an ongoing programme of training for care homes covering a range of topics. The Postural Management Team have implemented a fortnightly Multi-disciplinary Team meeting with the orthotics team at Royal Berkshire Hospital to discuss care home residents whose head position carries complex postural management needs.

Community Nursing Teams have come together as a Berkshire-wide service and are reviewing best practice. The triage process has been standardised across Berkshire and a pilot project has been undertaken to ensure they respond quickly to urgent calls. Planned and same-day pathways are being reviewed to manage capacity and demand, and patient feedback methods are being improved using the 'I Want Great Care' tool. The Community Matrons service is developing greater integration and utilisation of their skills with the community nursing teams. Collaborative

working with primary care nurses and specialist services is also being improved.

The Integrated Care Service in East Berkshire. The Community Physiotherapy team have reduced wait times considerably during the year. All urgent referrals are now being seen straight away and routine referrals are being seen in around 12 weeks. The Assessment and Rehabilitation Centre (ARC) have introduced an Advanced Nurse Practitioner role to help conduct the medical component of Comprehensive Geriatric Assessments. The Intensive Community Rehabilitation team are assisting with the 'Homefirst' venture which improves hospital discharges.

The Neuro-rehabilitation Service have developed a TIKTOK video for the FAST test which recognises symptoms of stroke (click to see video). The team continue their work with the Integrated Stroke Delivery Network,

sharing good practice in Stroke care in Berkshire. The service is also developing a team X (formerly Twitter) account to promote and share their activity. The service has recently completed a baseline assessment against the 2023 NICE stroke rehabilitation guidelines, achieving a score of 89%.

Intermediate Care in Berkshire West have engaged in a review of intermediate care services and have worked with other services to develop a community falls assessment.

The Integrated Hub have worked with the Intelligent Automation team to partly automate the process for Physio referrals. The team have also been using a system to capture data on phone calls made to the Hub that do not result in a referral being created. This allows them to identify the common reasons for such calls, and to put processes in place that have led to a reduction in unnecessary calls.

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

The Westcall GP Out of Hours Service have implemented Electronic Prescribing and Medicines Administration (ePMA). This allows clinicians to remotely transcribe medications for patients that have been discharged from secondary care to Berkshire Healthcare inpatient hospital wards.

The team have also helped our Urgent Community Response (UCR) team to gain

prescribing rights on the Adastra Platform, allowing them to send electronic prescriptions to community pharmacists. A voice recording system has also been introduced to record all triage calls, leading to improved safety, security and governance. Lastly, Westcall have implemented Rota Master which has improved the management of work shifts and reduced the administrative burden on staff.

2.1.8. Improvements Children, Family and All Age Services (CFAA)

The Children, Family and All Age Services Division (CFAA) has been created following a restructure of our clinical operational services. This division includes:
- Children's community and mental health services
- Learning disability services
- Perinatal mental health services
- Family safeguarding
- All age service for eating disorders and
- All age service for neurodiversity.

Community Children's Services

The Children in Care Service have focused on the health needs of unaccompanied asylum-seeking children and have facilitated five interactive workshops with each of the Berkshire Local Authorities and with Thames Valley Police in Windsor and Maidenhead. Feedback from these sessions was overwhelmingly positive.

The Children and Young People's Integrated Therapies Service (CYPIT) have improved their response to Special Educational Needs and Disabilities (SEND)

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assessments. They have also strengthened their universal offer and improved accessibility to the service.

The CYPIT Speech and Language Therapy (SLT) Support to Early Years team have launched training to help parents, carers and staff implement a range of advice independently. An early-years social communication workshop has also been developed, as well as an early-years enquiries line for parents and professionals. The team has also used our Health Bus to take the service out into the wider community.

The CYPIT Eating, Drinking and Swallowing Service have developed training to give all SLT staff a baseline level of skills and knowledge to support patients with eating, drinking, and swallowing issues.

The CYPIT Occupational Therapy team now offer three age-related online Sensory Processing Workshop groups which can be booked on directly by service users. Their website also offers a range of videos that service users can access directly.

The CYPIT Support to School Years teams have provided training to Special Educational Needs (SEN) Coordinators and teams in the Local Authorities. They have created screening tools and a resource pack for schools, as well as a special schools universal training package. In the west, OT 'walk arounds,' have been implemented where a therapist visits schools to provide advice to meet most children's sensory needs.

CYPIT West took part in an Integrated Care Board (ICB) commissioned review of therapy provision for children across the west of the county. This resulted in positive feedback.

Public Health Nursing Services in our Trust have been awarded a new contract in Berkshire West for delivery of 0-19 Public Health Services, including Health Visiting (HV) and School Nursing. This new contract will start in April 2024 and requires HVs to offer two new contacts to patients at 3-months and 6-months. The HV service in Reading have piloted this contact as a group session,

offering age-appropriate toys and offering a 'treasure box' approach to stimulate topics of conversation.

The HV service has seen increased use of the. 'Chathealth' advice and support texting service, resulting in positive feedback. Universal face-to-face antenatal groups have returned to venues, resulting in increased attendance. Information given to parents has been improved and invitations to group sessions refreshed. New Specialist Health Visitor roles in Perinatal Mental Health, SEND and Health Inequalities are now embedded in the service. New 'Champion' roles have allowed staff with special interests to undertake additional training and has led to wider dissemination of skills within the team. The Trust Health Bus has also been utilised to offer a stronger service in the furthest part of our more rural community. Wokingham HV service is working with local early years partners to pilot an integrated 2-year development review. West Berkshire Health Visiting team have implemented a new Safeguarding Duty model which streamlines safeguarding processes but allows focus on targeted and universal work carried out by other practitioners.

The School Nursing service are introducing a new digital platform, delivered by Cinnamon Digital Solutions, that will release capacity by replacing manual processes with automated ones. This will support the screening activities of Heights and Weights (part of the National Child Measurement Programme), vision and hearing. A process for transition from child to adult services at 18 years has been clarified and new support documentation produced. A new support and advice line, delivered via 'Chathealth' has been launched for care Leavers up to age 25 years. New School Nurse assistant leads have been embedded in the three teams in the west of the county. Lastly, the team have worked with local authorities to identify what is needed and what can be delivered in an Annual Health Promotion Plan for schools.

The School Aged Immunisation Service completed first visits of all schools across

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Berkshire during Term 1 and the flu season by the 15th of December 2023. They vaccinated over 91,800 children over a 12-week period, aged from Reception up to and including year 11. A project is being run with aNDY to provide de-sensitisation solutions for young people who are severely needle phobic. Sensory grab boxes have also been developed to help support vaccination of children and young people with anxiety and/ or sensory difficulties.

Specialist Children's Services – Nursing
Community Childrens Nurses (CCNs) in east and west Berkshire have held training sessions to ensure staff are confident and competent following an unexpected child death. The east CCN team provide chaperone cover during three sessions per week, to support the community paediatricians with child protection medical examinations. The CCN west team provide a commissioned 8-8 service, extending service hours to prevent children being admitted to hospital. The CCN teams in the east and west have supported increasing numbers of families with end-of-life (EoL) care for their child at home and in the community. An EoL pathway has also been developed with a local hospice. The Paediatric Early Warning System has also been implemented to aid earlier detection of patient deterioration.

Special Schools Nursing teams have reviewed their service across the Special Educational Need (SEN) schools to ensure there is appropriate cover. They are also providing online training sessions half-termly throughout the year to special and mainstream Schools, and to short breaks providers.

Community Paediatricians have developed a RiO patient system element that helps them manage the waitlist for autism assessment. A Locum Consultant Paediatrician with an interest in paediatric palliative care has also been recruited, working with Alexander Devine Hospice and the CCN Team. Quality Improvement Huddles have been implemented in the Administration Team, and collection of patient feedback using "I want great care" has improved.

The Specialist Dietetic Team have developed weight management and fussy eating resources to support early intervention and support for children with additional needs. Their ancillary guide has been updated and constipation guidance has also been produced.

Mental Health Services for Children and Young People (CYP)

Reducing waiting times to first appointment is a driver metric for the Child and Adolescent Mental Health Service (CAMHS). In particular, the service has focussed on reducing waiting times for their top contributing teams: Specialist Community Teams (SCT) and the Anxiety Disorder Treatment Team (ADTT). The CAMHS Common Point of Entry team (CPE) is the first access point for patients, and they have focussed on reducing waiting times for initial appointments. This has resulted in reducing overall average waiting times for first appointment from 19.4 weeks in 2022 to 8.3 weeks in 2023. In the SCT and ADTT teams, the average waiting time has reduced from 18.7 weeks in 2022 to 12.6 weeks in 2023.

The CAMHS and Eating Disorders Teams have focused on building their improvement capability during 2023. They have trained 14 staff in Yellow Belt Lean Quality Improvement (QI) methodology, resulting in an increase in QI projects being facilitated across the service. Some of the achievements resulting from these projects are detailed below:
- The percentage of patients spending 43+ days on the rapid response caseload has reduced from 49% in January 2023 to 22% in August 2023. This means the team are able to respond to new referrals quicker and more effectively.
- The number of face-to-face and telephone appointments in Wokingham SCT increased by 56% between Oct 2022 and Sept 2023. This has helped manage demand on the service, aiding patient flow.
- CAMHS Rapid Response team have implemented a 'Joy in Work' project to improve staff retention.

The CAMHS Learning Disability Team has been launched this year, providing a specialist mental health service for children and young people who have a moderate or severe learning disability and a significant or suspected mental health need.

The Keyworking Team for Berkshire West includes the Dynamic Support Register (DSR). This service is for individuals aged 0-25 that have a diagnosis of Autism and/ or Learning Disability, are at risk of psychiatric inpatient admission, and who are RAG rated RED/AMBER on the DSR. This team supports families to navigate health, social care, education and voluntary sector systems. The service also works with families RAG rated BLUE (admitted to psychiatric hospital), to ensure that the needs of the individual are met, including any reasonable adjustments required. The team has completed presentations to professionals and have worked with young people's forums to create a video for the service, logo, and webpage. A DSR parent and carer forum is being set up, and a young person's DSR forum will be developed.

The CAMHS Children In Care Team in Berkshire West is provided by our Trust in partnership with Brighter Futures for Reading, West Berkshire Borough Council and Wokingham Borough Council. They provide a flexible, responsive service to young people in care under the local authorities in Berkshire West. The team have seen many positive outcomes in the patients they have been working with and have been able to reduce risk factors for patients.

CAMHS Clinical Care Pathways have been reviewed and improved during the year and improvements to data templates are helping to improve flow. A training package is being rolled out to improve CAMHS ability to provide brief psychosocial interventions, specialist Cognitive Behavioural Therapy (CBT) interventions, systemic approaches and management of extremely distressed young people.

The XYLA Online CBT Pilot Project has worked with an independent digital provider to provide additional capacity to the Anxiety Disorder Treatment Team. This has helped reduce their waiting list.

The Children and Young People's Berkshire Eating Disorders Service has achieved accreditation with the National Autistic Society. This is shared with the CAMHS Eating Disorder services in Buckinghamshire and Oxfordshire.

Neurodiversity

The Children, Young people and Families Neurodiversity Team have focused on increasing their capacity by expanding the team and increasing the number of appointments. This has included offering weekend clinics. They have also worked with external providers to offer online assessments on their behalf and have automated medication reviews.

Several service transformation projects have been carried out during the year. Intelligent Automation and Artificial Intelligence solutions have been implemented to improve the referral, triage and assessment processes. A new medication initiation model has been introduced as well as a suite of tableau dashboards to support decision-making. The team have also carried out a focus group with parents/carers and children/young people and have conducted regular review of family feedback. A neurodiversity newsletter has been launched, and the team continue to embed neuro-affirmative approaches.

Adult Neuropsychology
The Adult Attention Deficit Hyperactivity Disorder (ADHD) and Autism team have continued improving their RiO patient waitlists and have transformed their triage process.

The Adult ADHD service have increased patient choice treatment options. Previously all clients diagnosed were offered an appointment to explore medication. The team now provide further guidance and support to clients to choose behavioural, psychological and environmental strategies. As part of the

autism assessment process, the team have been exploring a way to collect some information from suitable clients via a written booklet. Initial feedback is positive.

The Autism and ADHD team have participated in a training session on neuro-affirmative language and are ensuring all diagnostic reports use this. The Adult ADHD team have started a project to explore the process of transitioning from child to adult services.

Family Safeguarding Model. Nationally commissioned Key Performance Indicators for the Family Safeguarding Model have indicated a sustained reduction in crisis contacts amongst their client group. Data also indicates a sustained reduction in symptomatology (anxiety and depression) and an increase in reported family functioning amongst the client group. This demonstrates evidence of healthy choices and is reflective of increased psychological resilience, and healthier self-care and coping strategies. The team offer 'emotional first aid' skills, as well as skills that help clients to regulate their 'fight/flight/freeze' system.

Both individual and group therapy provision is offered by the team and the reach of the groups has increased as they are now delivered pan-locality. The content of therapy has also been improved and updated.

The service has also improved earlier access to their Adverse Childhood Experiences Recovery Toolkit group, by raising awareness of this toolkit with midwives and health visitors, and by promoting partnership working with health colleagues.

The team are implementing a new 'drop-in' offer in 2024, akin to a more flexible service-user-led space. This will be held in Family Hubs and will supplement the remote contacts. The team have embedded the I Want Great Care (IWGC) patient experience tool in their service, yielding positive results. They have also utilised co-production within other areas where service-users have led on activities.

Lastly, bitesize training sessions have been offered to health and social care staff. These have included a focus on the interface of the physical and psychological manifestations of complex/ developmental trauma ("The body keeps the score").

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

Making Our LD SHaRON Easier to Access. Our LD service supports "Our SHaRON," a secure online platform for carers of people with learning disabilities known to our services. This platform provides carers with information and advice across a wide range of issues. The team have made it easier for our staff to refer carers to this platform.

Staying Well This Winter. The LD service has worked with the digital marketing and communications team to develop a social media campaign to raise awareness of ways in which people can help themselves to stay well in winter. This is particularly important given the significant impact of respiratory illnesses on people with LD. The campaign includes advice about flu and covid immunisations, keeping warm, and other practical information in an easier to read format using social media.

Delivering Training for Learning Disability Service Staff: Caring for People with a Personality Disorder and an Intellectual Disability (CaPDID) Training. Many people with learning disabilities have experienced adverse childhood experiences and/or trauma in their lives. This means that as adults they may have difficulties forming and sustaining relationships and can behave in ways which can be challenging for others. CaPDID training brings professionals and paid carers together to enable discussion of experiences of supporting people. The training shares some key psychological concepts which can help staff formulate and better understand people's experiences and presentations. The training has been well received with positive feedback.

Campion (Learning Disability Inpatient Service) Team have been involved in a

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development programme called 'building better teams.' This programme focusses on innovative ways to learn more about team members and their work. It has supported the team to develop a Team Charter to help guide them in maintaining a supportive and caring approach within the challenging environment of an inpatient service.

2.1.10. Improvements in Mental Health Services for Adults

Talking Therapies

Expanding our Employment Support Service. Our We have been part of a successful four-year pilot to deliver employment support alongside NHS Talking Therapies in East Berkshire. Following this pilot, the Department of Work and Pensions (DWP) has committed to fund Employment Advisors in NHS Talking Therapies nationwide, and we received expansion funding to extend employment support to West Berkshire patients in April 2023. We can now offer all of our NHS Talking Therapies patients the opportunity to speak to an employment adviser who will work alongside our therapists. We have also been involved in a national Department of Work and Pensions-led project, to develop and pilot a new module for SilverCloud, the online Cognitive Behavioural Therapy (CBT) app.

Tackling Health Inequalities with Slough GPs. NHS Berkshire Talking Therapies has led a programme of outreach and engagement with grassroots community organisations and other stakeholders to help address racial health inequalities. They have collaborated with GPs and NHS Frimley Integrated Care System (ICS) colleagues to address the barriers to accessing NHS Talking Therapies in Slough. Some patients entered treatment as a result, and they will be following up on the engagement activity and outcomes.

Improving Assessment Efficiency and Experience. Quality improvement tools and methodology were used to identify inefficiencies in the initial NHS Berkshire Talking Therapies clinical assessment process- the 'Wellbeing Assessment.' As a result, the time taken to complete each assessment has been reduced by 10 minutes, releasing over 60 clinical hours a week.

Community Mental Health Services

Project One Team- One New Vision for Berkshire's Mental Health Services
The aim of the One Team Programme of work is to deliver care to the people of Berkshire at the right time, in the right place, by the right person. This work builds on our Mental Health Transformation work which saw the introduction of Mental Health Integrated Care Teams across our six localities, providing a bridge between Primary care and Community Mental Health services.

We feel there is an opportunity to develop this idea further, knocking down the boundaries and referral requirements that currently exist within our Community Mental Health teams and driving out unwarranted variation that we know currently exists.

To achieve this vision we have concentrated our efforts on 7 Priorities this year. These will all be delivered by March 2024, and will be ready for implementation from April 2024. The 7 priorities identified are: -
1. **Clear and consistent service offer defined.** The creation of the recommended, evidence-based clinical offer for Significant Mental Illness (SMI) along with the social and wellbeing-focused interventions required to meet significant mental health needs. These include interventions offered by health care providers as well as voluntary and statutory organisations.
2. **Streamlined triage process implemented.** One single triage form for all community health services.
3. **One Central Assessment Implemented.** One Assessment used by everyone that is built upon as required as patients' needs develop or change.
4. **Urgent Support Model defined.** A joined-up, watertight process for people who need urgent mental health support on the same

day but may not have previously accessed services for Serious Mental Illness.

5. **Planned support model defined.** A digital solution to support self-booking for the 120+ people per month our teams provide a planned assessment for. Patients already previously known to services will be fast-tracked back into services. There will also be improvements made to better support patients being discharged back to their GP in the form of a care passport.
6. **Integrated Place-based teams defined.** Each locality will have a Multi-Disciplinary Team (MDT) that will work together to discuss and own decisions regarding complex and challenging cases.
7. **Psychology model defined.** One unified Psychological Network to oversee and deliver all clinical activity in Berkshire.

We are now moving towards defining the form, structure and cultural factors that will be needed to move this programme of work forward into full implementation by all of our Community Mental Health Teams.

The Community Mental Health Transformation Programme (CMHTP) and Mental Health Integrated Care Services (MHICS).
Berkshire Healthcare is part of a nationwide CMHTP that aims to improve and widen access to mental health support and remove the barriers that currently exist between:
1. mental health and physical health,
2. health, social care, voluntary and community social enterprise (VCSE) organisations, and local communities, and
3. primary and secondary care.
The programme aims to deliver integrated, personalised, recovery-focused, place-based, and well-coordinated support, care and treatment in the community for adults and older adults with mental health needs. Frimley Integrated Care Board (ICB), which includes East Berkshire, was an early implementer site and piloted the new CMH Transformation approaches from 2019-21, with Buckinghamshire, Oxfordshire and West Berkshire ICB following from 2021/22. Once complete, Community Mental Health

Transformation will cover the whole population across all 6 Places in East and West Berkshire, aligned to the 27 Berkshire Primary Care Networks (PCNs). Berkshire Healthcare is implementing full Community Mental Health transformation in a phased and systematic way, and in line with the 'One Team' initiative detailed above.

Mental Health Integrated Care Services (MHICS) are a key building block of the CMHTP and provide a specialist clinical and non-clinical multidisciplinary workforce in each PCN. They serve as a bridge between primary care and secondary community mental health services, to improve patient outcomes and patient experience. MHICS is fully implemented across Slough, Windsor Ascot and Maidenhead, Bracknell, Wokingham and Reading; West Berkshire MHICS is due to roll out to PCNs during Spring 2024.

Each MHICS consists of a small team of healthcare professionals from varied disciplines including psychology, psychiatry, nursing, pharmacy and administration. The teams also have Community Connectors, a service developed in partnership with our local VCSEs, who bridge clients to available VSCE support in the community. In East Berkshire. Teams also have Lived Experience Practitioners who provide peer support, promoting wellbeing and modelling recovery to others and encouraging self-advocacy and personal accountability in relation to clients' mental health.

The MHICS teams support people with significant mental health needs in primary care, where:
- Presenting difficulties are too complex to meet Talking Therapies criteria, but also do not meet secondary care thresholds.
- Established mental health services are not accessible (e.g. if people find it difficult to engage with standard services)
- There may be complex lifestyle factors.
They provide a 'no wrong door,' 'easy-in, easy-out' service, to facilitate access to MH support for those with SMI, and easier access to support for carers.

Brief assessment, formulation, and short-term intervention(s) are offered, taking a holistic (biopsychosocial) approach to understand and support management of presenting difficulties. MHICS accept 'routine' referrals primarily from primary care (GPs), as well as social care and other Berkshire Healthcare services. They are not designed as urgent or crisis support. Patient Experience feedback is also captured in the final session and outcome measures are collated and reported regularly.

Depot pathway. As part of One Team, work has started on developing and improving the pathway from CMHT to GP for those on Long-Acting Injectable depot medications.

Wokingham Older Peoples Mental Health (OPMH) Team have participated in a genetics project which has been presented nationally. There is a higher likelihood for people with young onset dementia to have a rarer presentation and a potential genetic component to their dementia. The team have set up bi-monthly Multi-disciplinary Team (MDT) meetings with the regional Genomics Centre in Oxford to discuss complex cases and possible referrals. With an Admiral Nurse in place, they can now offer and facilitate access to genetic advice, counselling and where appropriate, diagnostic testing for people living with young onset dementia and older people with atypical symptoms. DNA storage is also offered locally, with local OPMH nurses and doctors taking bloods so that people do not have to travel to Oxford.

Urgent Mental Health Care Services

Culture Workshops. The urgent care team have focussed on their own culture at Prospect Park Hospital this year. Using staff, patient and carer feedback, documentary style films were made to use in Forum Theatre Workshops. By focusing on others, the teams saw where issues were, reflected on correlations with their own teams and identified themes to address

The Ward Managers Development Programme and Space Group provides meaningful and practical support towards the professional growth of ward managers based around the NHS Leadership Model. A weekly restorative supervision group specifically for ward managers and facilitated by experienced Professional Nurse Advocates was established. The hope is that the ward managers feel supported and maintain healthy wellbeing.

Band 4 Programme. To provide and further upskill Band 4 staff when they start in post, the service has designed a programme to support their development.

Preceptee Programme. A twelve-month extended preceptee programme for newly qualified Band 5 mental health nurses has been expanded to accept any Band 5s across the Trust, including newly recruited international nurses.

Ten Minute Turbos Teaching Sessions. It can be difficult for ward staff to attend training at set times due to the nature of the busy environment and the need to attend to patient's needs. The service has therefore developed bite-sized ten-minute sessions that are designed to be accessible and provide learning on themes.

Physical Health Liaison with Royal Berkshire Hospital. Work started in May 2023 to improve safe transfer from Royal Berkshire Hospital to Prospect Park Hospital.

Life Beyond the Cubicle. Our Trust is a pilot site for this project which aims to educate and update staff on the importance of involving families wherever possible during mental health crises.

The Carers' Champion at Prospect Park Hospital supports the inpatient services with up-to-date information about the Trust workstream for carers. They also liaise with carers and are involved in developing appropriate leaflets to support information sharing.

Professional Nurse Advocates (PNAs). There are nine trained PNAs working in the urgent care pathway to provide staff support. This includes weekly 'drop ins' to the wards to provide wellbeing support, supervision,

careers advice and clinical discussions. PNAs have also been able to provide more structured support such as post incident supervision after assaults and patient deaths. Furthermore, The Nurse Consultant/ Practitioner Network has worked closely with the psychology wellbeing team to develop a Space Group trainer programme that PNAs can attend. Finally, a dedicated wellbeing practitioner has been employed to provide highly responsive support to staff.

Restorative Approach to Reviewing CCTV Incidents. CCTV reviews of incidents assist with learning relating to restrictive practices. Whilst video recordings can provide factual information, opportunities for learning can be limited without a fuller understanding of all of the factors leading to the incident, to maximise this, a restorative supervision process for CCTV reviews has been adopted.

Charging Units were installed in all acute Mental Health wards and the Psychiatric Intensive Care Unit (PICU) last year. This improves the patient experience.

Royal College of Psychiatrist's Accreditation on Older Adult Wards. Rowan Ward at PPH has completed the peer review process for accreditation, with Orchid Ward starting the preparation for this.

Neurodiversity Developments. There has been an increase in the number of neurodivergent service users using inpatient services. To meet this need the team has introduced Care (education) and Treatment Reviews. Work has been undertaken on the use of Neurodiversity communication and health passports and Positive Behavioural Support plans have also been introduced. Sensory trolleys are available for use on all inpatient psychiatric wards, providing items for service users to reduce their distress. Six clinicians at PPH have completed the Train the Trainer programme developed by the Anna Freud National Autism Training Programme. The Nurse Consultant Network has also provided Neurodiversity related suicide prevention training for staff in adult and CAMHS pathways.

Sexual Safety. An established working group meets on a monthly basis to gain oversight of sexual safety incidents. A deep-dive into a year's data is nearing completion and will help inform next steps. The working group will also benchmark our Sexual Safety Practices against the standards outlined by the National Sexual Safety Charter.

A New Clinical Risk Training Offer will be launched in April 2024. A new Inpatient Mental Health Clinical Risk and Suicide Prevention' training session is also being introduced.

Clinical Fire Risk. Inpatient and community mental health practitioners took part in a two-hour interactive clinical fire risk awareness workshop utilising Forum theatre.

Monthly Mental Health Division Learning Events have been established with an average of 70 staff attending each month.

The Criminal Justice Panel is still in its infancy, but work undertaken to date has had a positive impact on supporting staff in the context of police investigating crimes committed at PPH. This work is also having a positive impact in forging networks with our forensic partners.

A Move on Coordinator has been in post since October 2023 and is making a positive impact for West Berkshire patients who are at risk of delayed discharge owing to accommodation or welfare benefit issues.

Managing Substance Misuse, Including Alcohol and Tobacco. Several improvements have been made in this area during the year. The care pathway has been improved for patients who are admitted in a Mental Health crisis but also require a detox. Co-Occurring Mental Health, Alcohol and Drug (COMHAD) training has been established across the trust, and 'Making Every Contact Count' training also helps staff have motivational healthier conversations around lifestyle choice. A pathway has also been developed with the local Smokefree service to deliver very brief advice training for all frontline staff.

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Prospect Park Hospital (PPH) Psychology team implemented the following this year:

- Positive Behavioural Support plans on the dementia ward.
- An older adult carers' group for carers of patients on our two older adult wards
- A neurodiversity steering group at PPH attended by staff from a variety of disciplines. Various projects are being developed from this group, including sensory trolleys, service user feedback to support use of new clinical space, OT staff training in sensory needs assessment tools, clarifying pathways, autism champions and roll-out the Anna Freud autism training.
- An Arts Psychotherapist post created.
- Crisis formulations have been introduced on our Psychiatric Intensive Care Ward (PICU) for patients with psychosis.

Specialist Mental Health Services

The Out of Area Placement (OAP) team, including the Community Rehabilitation Enhanced Support Team (CREST). The OAP team has responsibility for; the Placement Reviewing Team (PRT), Gatekeeping for Integrated Care Boards' after-care funding, Berkshire Healthcare funded patients requiring long-term rehabilitation and the new Community Rehabilitation Enhanced Support Team (CREST). The PRT is improving their RiO patient record system to capture all reviews, financial data, and clinical information in one place. Clinicians will be able to book their patients' appointments and detail the outcome of these on RiO. The new CREST service will also be able to complete a single detailed assessment form which will avoid duplication.

Op COURAGE: Veterans Mental Health and Wellbeing Service have implemented an integrated care pathway that delivers joined up Multidisciplinary Team (MDT) care throughout a long-term treatment plan. They have established 'easy-in' access to and 'easy-out' discharge from the service. The service has also developed a strong Equality, Diversity and Inclusion strategy which is focused on creating neuro-affirmative practice and increasing access for underrepresented groups (e.g.

female veterans). A pathway has also been developed to deliver better treatment for veterans experiencing trauma and substance misuse. Assessments now explore physical health in greater depth and care plans are more reflective of this. GPs are more involved in assessment summaries, and the service are providing more advocacy in this area. The team are also linked with social prescribing activities in the local communities, such as walking groups and gyms.

Berkshire Traumatic Stress Service have developed a new group for clients focussing on rebuilding life. This has been developed with the help of a service user involvement group and is designed to be offered between the end of the client's individual therapy and their follow-up appointment. The aim of this group is to consolidate learning from therapy, to support clients to live in line with their values and to continue to develop self-compassion. The service continues to offer watchful waiting, assessment and therapy for people affected by the Rowe Court Fire of 2021. Lastly, the service is a study site for a randomised controlled trial evaluating phased vs. non-phased treatments for Complex Post Traumatic Stress Disorder (PTSD).

Birth in Mind. The Birth Trauma Pathway has merged with the Fear of Birth Pathway (formerly known as the Tokophobia Pathway) under the name 'Birth In Mind.' There is frequent overlap between these two conditions and this merger will allow easier access to and movement between the pathways. The Birth Trauma Pathway has been involved in a research project using an online version of trauma-focused cognitive therapy for Post Traumatic Stress Disorder (known as iCT-PTSD). The outcomes from this study are very positive and the service hope to be able to continue to access this resource.

Elmore Floating Support are a contracted service that provide community support to individuals with a diagnosis of Emotionally Unstable Personality Disorder. Support has been provided to triage referrals, alongside the Head of Service for the personality disorder pathway

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2.2. Setting Priorities for Improvement for 2024/2025

ⓘ **This section details the Trust's priorities which reflect our Trust Annual Plan on a Page for 2024/25 (see Appendix A). Priorities have been set in the areas of patient experience, harm free care, clinical effectiveness, and supporting our people. They have been shared for comment with Trust governors, Integrated Care Boards, Healthwatch Organisations and Health Overview and Scrutiny Committees. Responses to this consultation are included in Appendix H, together with our response to each comment made.**

2.2.1. Harm-Free Care Priorities
Providing Safe Services

- We will protect our patients by using appropriate infection control measures.
- We will identify and prioritise patients at risk of harm resulting from waiting times.
- We will continue to reduce falls, pressure ulcers, self-harm on wards and suicide across all services.
- We will recognise and respond promptly to physical health deterioration all wards.
- We will improve the physical health of people with serious mental illness.
- We will empower staff and patients to raise safety concerns without fear and ensure learning from incidents.

2.2.2. Clinical Effectiveness Priorities

- We will participate in applicable national clinical audits and operate a robust system for reviewing NICE guidance to ensure that care is delivered in line with national best practice standards.
- We will continue to review, report, and learn from deaths in line with new national guidance.

2.2.3. Patient Experience Priorities
Improving Outcomes

- We will identify and reduce health inequalities in access, experience and outcomes.
- We will involve patients in co-production of service improvement.
- We will reduce length of time patients wait for Trust services, year on year (compared to 2022 waits)
- We will make every contact count by offering advice in making healthy choices.

- We will gain feedback from at least 10% of our patients in each service and demonstrate service improvements based on feedback.

2.2.4. Supporting our People Priorities
A great place to work.

- We will promote a culture of respect, compassion, kindness and inclusivity.
- We will act against anyone who is verbally, racially, physically or sexually abusive.
- We will act on our anti-racist commitment, removing barriers to equity and improving representation in senior positions.
- We will create a supportive work environment that values each team member's contribution, wellbeing and professional development.
- We will provide opportunities for staff to show initiative and make improvements.
- We will reduce staff leaving (turnover to 10%)
- We will ensure we have a highly skilled permanent and temporary workforce by actively developing staff and proactively attracting great external candidates.

We will work with our health and social care partners to provide better and more efficient care.

2.2.5. Monitoring of Priorities for Improvement
All priorities detailed above will be monitored on a quarterly basis by the Trust Quality Assurance Committee as part of the Quality Report and the Trust Board will be informed of performance against agreed targets. The Trust will report on our progress against these priorities in our Quality Account for 2024/25

2.3. Statements of Assurance from the Board

During 2023/24 Berkshire Healthcare NHS Foundation Trust provided and/or sub-contracted 50 relevant health services.

Berkshire Healthcare NHS Foundation Trust has reviewed all the data available to them on the quality of care in all these relevant health services.

The income generated by the relevant health services reviewed in 2023/24 represents 100% of the total income generated from the provision of relevant health services by

Berkshire Healthcare NHS Foundation Trust for 2023/24.

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

2.3.1. Clinical Audit

> ⓘ Clinical audit is undertaken to systematically review the care that we provide to patients against best practice standards. We make improvements to patient care based on audit findings. Such audits are undertaken at both national and local level.

National Clinical Audits and Confidential Enquiries

During 2023/24, 12 national clinical audits and 3 national confidential enquiries covered relevant healthcare services which Berkshire Healthcare NHS Foundation Trust provides.

During that period Berkshire Healthcare NHS Foundation Trust participated in 100% (n=12/12) of national clinical audits and 100% (n=3/3) of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Berkshire Healthcare NHS Foundation Trust was

eligible to participate in during 2023/24 are shown in the first column of Figure 26 below. This column also details the national clinical audits and national confidential enquiries that Berkshire Healthcare NHS Foundation Trust participated in during 2023/24.

The national clinical audits and national confidential enquiries that Berkshire Healthcare NHS Foundation Trust participated in and for which data collection was completed during 2023/24 are also listed below in Figure 26 alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry (detailed in the second column of Figure 26.

Figure 26- National Clinical Audits and Confidential Enquiries

National Clinical Audits and Confidential Enquiries that the Trust was eligible to participate in and did participate in during 2023/24	Data collection status and number of cases submitted as a percentage of the number of cases required by the terms of each audit and other comments
1. National Clinical Audits (N=12)	
National Clinical Audit and Patient Outcomes Programme (NCAPOP) Audits	
National Sentinel Stroke Audit	Data Collection: Apr 2023 to March 2024. 341 patients submitted, across 3 services, 129 six-month follow-ups (final figure not yet available). Report due: Annually November 2024 (tbc)
National Diabetes Footcare (Community Podiatry Care)	Data Collection: Apr 2023 to March 2024. 321 patients submitted, across 1 service (final figure not yet available). Report due: 2025 (tbc)
National Respiratory Audit Programme (NRAP)- Pulmonary Rehabilitation	Data Collection: Apr 2023 to March 2024. 98 patients submitted, across 1 service (final figure not yet available). Report due: Annually 2024/25 (tbc)
National Audit of Inpatient Falls	Data Collection: Apr 2023-March 2024. 3 patients submitted, across inpatient services. Report due: Annually- November 2024
National Diabetes Audit - Secondary Care	Data Collection: Apr 2023 to March 2024. 1078 patients HbAc1, 476 Structured Education and 133 Insulin pump patients submitted, across 1 service (final figure not yet available). Report due: August 2025 (tbc)
National Audit of Dementia – Memory Services Audit	Data Collection: September 2023 to January 2024 329 patients submitted, across 6 services (final figure not yet available). Report due: Summer 2024 (tbc)
National Clinical Audit of Psychosis – Early Intervention in Psychosis (EIP)	Data Collection: Feb 2024 - March 2024. 113 patients submitted, across 2 services. Report due: June 2024
National Audit of Care at End-of-life	Data Collection: Jan 2024 to March 2025. 11 patients submitted, across inpatient services (final figure not yet available). Report due: (tbc)
Non- NCAPOP Audits	
National Audit of Cardiac Rehabilitation	Data Collection: Apr 2023 to March 2024. 197 patient assessment 1's and 134 assessment 2's submitted across 1 service (final figure not yet available). Report due: 2024/25 (tbc)
Prescribing Observatory for Mental Health (POMH) - 7g: Monitoring of patients prescribed Lithium	Data Collection: March 2023 to April 2023. 141 patients submitted, across 4 services. Reported September 2023
POMH – 22a: Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services	Data Collection: July 2023 to August 2023. 373 patients submitted, across 1 service. Reported February 2024
POMH - 16c: Rapid Tranquillisation	Data Collection: March 2024 to April 2024. 16 patients submitted, across 1 service Report due: September 2024

National Clinical Audits and Confidential Enquiries that the Trust was eligible to participate in and did participate in during 2023/24	Data collection status and number of cases submitted as a percentage of the number of cases required by the terms of each audit and other comments
2. National Confidential Enquiries (N=3)	
National Confidential Enquiry into Patient Outcome and Death (NCEPOD) – Child Health Clinical Outcome Review Programme. End of Life Care Study	Data Collection: July 2023 to February 2024. 7 patients submitted, across 2 services Report due: tbc
National Confidential Enquiry into Suicide and Homicide (NCISH) - Mental Health Clinical Outcome Review Programme Suicide and Homicide 2022/23	Data Collection: April 2023 to March 2024. 29 (100%) patients submitted, across mental health services Report due: 2025/26 (tbc)
Learning Disability Mortality Review Programme (LeDeR)	Data Collection: April 2023 to March 2024. 100% patients submitted, across Trust services (final figure not yet available). Report due: 2026 (tbc)

The reports of 9 (100%) national clinical audits were reviewed by the Trust in 2023-24. This included national audits for which data was collected in earlier years with the resulting report being published in 2023/24. Berkshire Healthcare NHS Foundation Trust intends to take actions to improve the quality of healthcare provided as detailed in Appendix B

Local Clinical Audits
The reports of 12 local clinical audits and 4 service evaluations were reviewed by the Trust in 2023/24 and Berkshire Healthcare NHS Foundation Trust intends to take actions to improve the quality of healthcare which are detailed in Appendix C.

2.3.2. Research and Development

ⓘ **Clinical Research is crucial to ensure the quality of care we provide through evidence-based practice. Evidence shows that clinically research-active hospitals have better patient care outcomes and a happier workforce.**

Evidence demonstrates that hospitals that are active in clinical research have better patient care outcomes. Berkshire Healthcare is committed to clinical research and to providing research that is patient centred. Our Research portfolio is aligned with the needs of our population and services.

The number of patients receiving relevant health services provided or subcontracted by Berkshire Healthcare NHS Foundation Trust in 2023/24, that were recruited to participate in research approved by a research ethics committee is 1,001. Of this a total of 860 were recruited to 30 National Institute for Health and Care Research (NIHR) portfolio studies.

Berkshire Healthcare conducts community-based health and social care research across a range of specialty areas including Physical Health, Mental Health, Children and Young People, Learning Disabilities, Health Services Research and Ageing.

There has been research activity across all of our divisions and services with the Mental Health division being our most research active. We host grants and lead trials as well as contributing to research studies being led by other NHS trusts and universities. We are the host for a grant that supports a Research project that is looking to improving Peer Online Forums. The aim is to find out: how online mental health forums work; why some work better than others; and why some people find

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them helpful, and others do not. This study/project is funded by the National Institute for Health and Care Research (NIHR) (UK), 134035 and is being led out of Lancaster University.

In 2023/24 Berkshire Healthcare were informed of findings for some of the research we supported in previous years. These findings have been shared with the relevant clinical services across the Trust.

BASIL+ (Behavioural Activation in Social Isolation) was an urgent public health study that aimed to assess the effectiveness of behavioural activation in mitigating depression and loneliness among older people during the COVID-19 pandemic. The research findings were published in February 2024. The BASIL+ study found that behavioural activation is an effective and potentially scalable intervention that can reduce symptoms of depression and emotional loneliness in at-risk groups in the short term. (*Behavioural activation to mitigate the psychological impacts of COVID-19 restrictions on older people in England and Wales (BASIL+): a pragmatic randomised controlled trial – ScienceDirect*)

HIS-UK was an NIHR Public Health Research Programme that evaluated the Home-Based Intervention Strategy to reduce new chlamydia infection among young men aged 16-25 years by promoting correct and consistent condom use. The HIS-UK study found that the intervention induced a positive change in condom use behaviour over the observed period. It also showed that there was a robust positive effect on condom-related beliefs and perceptions.

Attitudes to Voices was an online survey that aimed to explore factors that might influence clinicians' intention to assess voice-hearing young people once this experience is disclosed. The study found that assessment of young peoples' voice hearing experience is supported by clinicians having positive attitudes towards this aspect of practice and that provision of resources with age-relevant information on voice-hearing could improve clinician-patient interactions and enhance young people's engagement with the healthcare system. (*Frontiers | "Attitudes to voices": a survey exploring the factors influencing clinicians' intention to assess distressing voices and attitudes towards working with young people who hear voices (frontiersin.org)*).

Patient experience
In 2023/2024, 5,503 participants volunteered for Research (NIHR portfolio reported only) within the county of Berkshire. In 2023/2024 44 participants (5% response rate) have provided feedback on the service they have received by participating in a Clinical Research study (NIHR portfolio reported only) through the Patient Research Experience Survey. Patients are also encouraged to complete the "OK to Say No" questionnaire which allows us to get feedback on our approach to people who did not choose to take part in research. In 2023/24, 18 people have provided feedback via the "OK to Say No" questionnaire. Patients are also encouraged to ask their doctor or health professional about research opportunities and search for and sign up to be contacted about trials through NIHR national online platforms such as bepartofresearch.nihr.ac.uk and joindementiaresearch.nihr.ac.uk.

Berkshire Healthcare is committed to providing research opportunities and improving care for our underserved and disadvantaged populations. Berkshire Healthcare have approved sponsorship for one study this year which is an NIHR Fellowship research study. The research project aims to test a co-designed mental imagery anxiety intervention for people with mild to moderate intellectual disabilities. The research study will be recruiting participants from the Children, Family and All Age division. Berkshire Healthcare are also reviewing three Sponsorship Applications for studies recruiting from the Mental Health Service division. One project aims to investigate a compassionate resilience group as part of a phased approach to treating Complex Post-Traumatic Stress Disorder (PTSD) within an NHS specialist traumatic stress service. Another project aims

to understand factors that account for the variance in trauma-related shame in adults experiencing Complex Post-Traumatic Stress Disorder and the final research project aims to explore the potential benefits of racket-based sports (specifically table tennis) on the clinical outcomes of Habit Reversal Therapy (HRT).

Supporting our staff

Evidence shows that clinically research-active hospitals have a happier workforce. There are examples of benefits in relation to care quality and service delivery, as well as on staff motivation and retention. The Research culture at Berkshire Healthcare demonstrates clear benefits for the development of staff skills. This financial year we have supported staff, with several applications in process at this current time. Work is also underway to ensure that all opportunities are disseminated effectively across the Trust. A member of staff within our Mental Health Division applied for the National Institute for Health and social care Research (NIHR) Pre-doctoral Fellowship Round 6. With another member of staff successfully applying for the Applied Research Collaboration Oxford Thames Valley Social Care Internship to support Older Adult Mental Health services. These internships aim to develop the research skills of health and social care professionals and researchers through supporting growth in applied health and care research, supporting career development across professions and disciplines, and supporting the development of the next generation of applied health and care researchers.

Capacity and capability for Research has increased within the Community Physical Health Division. A member of the nutrition and dietetic team applied for the Oxford Institute of Applied Health Research Integrated Clinical Academic (ICA) Internship Programme (2024-2025). This programme introduces a range of concepts and approaches relating to applied health research aimed at supporting Nursing, Midwifery and Allied Health Professional interns develop research skills further. Green shoots funding provided by the Clinical Research Network provided the Clinical Director for Community Scheduled Care Services with protected time to raise the profile of Research within the division. There is an increased visibility and engagement. Research is included as an objective for the division and services. The protected time was used to encourage research in staff student projects, arrange a successful show-and-tell event with another one arranged for October 2024, for those staff who have participated or run their own research projects to share amongst the division. The funding achieved the objective to raise the profile and has provided the research and development department with the research interests of the services and support required across the division. Further collaborations to demonstrate shared learning and using research within the service is planned for 2024/25, and this is specifically with the Applied Research Collaboration and the clinical director for Oxford Health's Community Directorate. There is also work ongoing to develop research to reduce the pressures on these services and to contribute to the evidence base where there are significant gaps.

Patient safety priorities and clinical effectiveness. Berkshire Healthcare work in partnership across the Integrated Care System, within Frimley ICS and Buckinghamshire, Oxfordshire, and Berkshire West (BOB) to host research studies relevant for the population we serve. In 2023/24, a total of 30 studies have received confirmation of capacity and capability for 17 Portfolio studies and 13 non-Portfolio.

2.3.3. CQUIN Framework

> ⓘ **The Commissioning for Quality and Innovation (CQUIN) payments framework was set up from 2009/10 to encourage NHS providers to continually improve the quality of care provided to patients and to achieve transparency. They enable commissioners to reward excellence, by linking a proportion of service providers' income to the achievement of national and local quality improvement goals.**

A proportion of Berkshire Healthcare NHS Foundation Trust's income in 2023/24 was conditional upon achieving quality improvement and innovation goals agreed between the Trust and any person or body they entered into a contract, agreement, or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment

framework. Further details of the agreed goals for 2023/24 and for the following 12-month period can be found in the appendices.

The income in 2023/24 conditional upon achieving quality improvement and innovation goals did not have an identified value. The associated payment received for 2022/23 was £2,833,702

2.3.4. Care Quality Commission (CQC)

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

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

The Care Quality Commission has not taken enforcement action against Berkshire Healthcare NHS Foundation Trust during 2023/24.

Berkshire Healthcare NHS Foundation Trust is subject to periodic reviews by the Care Quality Commission. Following our CQC inspection of our core services in November 2019, and a "Well Led" inspection in December 2019 the Trust is now rated as Outstanding overall. Both our Community Physical Health services for adults and our End-of-Life service have been recognised as Outstanding. They join our Learning Disability In-Patients and our Older Peoples Community Mental Health services who also hold an outstanding rating. All our services are now either outstanding or good.

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

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

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Particular attention needs to be paid to ensuring timely access to services for those referred to the attention deficit hyperactivity disorder (ADHD) pathway and autism assessment pathway.

An action plan was submitted to the CQC outlining how we planned to respond to these highlighted areas and the majority of these actions are now complete. All estates related works are now complete, including fitting of a call bell system across the mental health wards. An extensive piece of work is being undertaken to address ADHD and autism waiting times and further information on this is detailed in the 'Other Service Improvements' section (part 2.1.8 above).

Overall Outstanding		
Read overall summary	Safe	Good ●
	Effective	Good ●
	Caring	Good ●
	Responsive	Outstanding ☆
	Well-led	Outstanding ☆

Berkshire Healthcare NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission relating to the following areas during 2023/24.

The CQC has carried out the following unannounced Mental Health Act (MHA) visits during the 2023/24 financial year:
- Snowdrop ward and Daisy ward and Bluebell ward- April 2023

Reports from these MHA visits are reviewed, and action plans produced and monitored.

2.3.5.   Data Quality and Information Governance

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

The Secondary Uses Service (SUS)
The Trust submitted records during 2023/24 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:
— Which included the patient's valid NHS number was:
  100% for admitted patient care.
  100% for outpatient care, and
* for accident and emergency care
— Which included the patient's valid General Medical Practice Code was:
  100% for admitted patient care.
  99.9% for outpatient care, and
* for accident and emergency care

* This data is now being collected through the Emergency Care Data Set and we do not have any concerns in this area as we have consistently achieved >99%

Information Governance

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

Berkshire Healthcare NHS Foundation Trust Data Security and Protection Toolkit overall score for 2022/23 was 'Standards Exceeded'. The Score for 2023/24 will be available in June 2024.

The Information Governance Group is responsible for maintaining and improving standards in this area.

Data Quality

Berkshire Healthcare NHS Foundation Trust is not subject to the Payment by Results clinical coding audit during 2023/24 by the Audit Commission. Berkshire Healthcare NHS Foundation Trust are taking the following actions to improve data quality:

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

The Trust continues to track the improvement of data quality. An overarching Information Assurance Framework provides a consolidated summary of every performance information indicator and action plans. The key messages are shared at all data quality forums and quarterly super user presentations. The six-weekly data quality forum also shares the priorities and audit results with services. The forum is recorded for all staff to access if they are not available to attend. A separate In-Patient Data Quality meeting is held monthly with matrons and medics. A data quality intranet page, containing all data quality related policies, procedures, training, and guides, is available for all staff to access.

Data Quality and Data Assurance audits have been carried out throughout the year as part of the Information Assurance Framework, where data issues are identified, and internal action plans are put in place. The data is monitored until assurance is gained so that the Trust can have a high confidence level in the data being reported. The assurance reports and the Performance Scorecard are reviewed in monthly and quarterly locality meetings. An external RSM data quality audit took place in Q2 of 2023/24 looking at three key performance indicators. External Data Quality reports published on the NHS Digital website are analysed to ensure consistency in reporting both internally and externally.

The clinical coding team continue to review and improve the Trust's diagnostic data. As part of our continuous improvement programme, a full detailed audit took place in January 2024, which showed that 90% of primary and 91.1% of secondary diagnoses were coded correctly. The final audit report stated that the results of this audit against the accuracy levels contained within NHS Digital's Data Security and Protection Toolkit (DSPT) Data Security Standard 1 achieved 'Exceeded' level, which is the highest level of attainment. The performance illustrates the commitment to data quality; and provides assurances of the integrity of the data currently to the Trust Board. The organisation should be commended for its clinical coding proficiency

2.3.6. Learning from Deaths

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

The Trust learning from deaths process includes all patients identified on our electronic patient records who have accessed one of our services in the year before death. In most cases these are expected deaths but where a specific trigger is noted (as identified in our policy) we then review these deaths further. The level of review required will depend on whether certain criteria are met, and we review the care provided for all patients who had a learning disability and died.

Figure 27 below details the number of deaths of Trust patients in 2023/24. This is presented alongside the number of case record reviews and investigations of these deaths that were undertaken over the same period, as well as an assessment of the number of deaths that were more likely than not to have been due to problems in care provided. Please note that the table contains statements that are mandated by NHS Improvement for inclusion.

Figure 27-	Deaths of Trust patients in 2023/24- case reviews and investigations carried out in 2023/24				
	1. Total number of Deaths	**2. Total number of reviews and investigations carried out**			**3. Deaths more likely than not due to problems in care**
Mandated Statement	During 2023/24 the following number of Berkshire Healthcare NHS Foundation Trust patients died	By 31st March 2024, the following number of case record reviews and investigations have been carried out in relation to the deaths.			The number and percentage of the patient deaths during the reporting period that are judged to be more likely than not to have been due to problems in the care provided to the patient are detailed below. *
		1ˢᵗ Stage Case Record Reviews (Datix)	2ⁿᵈ Stage Review (IFR/ SJR)	Case Record Review & Investigation (SI)	
Total 2023/24	**453** ↓	**453**	**203** ↓	**31**	**0** ↓
Mandated Statement	This comprised of the following number of deaths which occurred in each quarter of that reporting period:	The number of deaths in each quarter for which a case record review or an investigation was carried out was:			In relation to each quarter, this consisted of:
Q1 23/24	**109**	**109**	**50**	**8**	**0**
Q2 23/24	**121**	**121**	**48**	**8**	**0**
Q3 23/24	**108**	**108**	**46**	**10**	**0**
Q4 23/24	**115**	**115**	**59**	**5**	**0**

Source- Trust Learning from Deaths Reports *These numbers have been obtained using either Initial Findings Report or Root Cause Analysis methodology.

Immediate learning from all deaths is shared by Clinical Directors and Governance Leads through locality governance and quality meetings. Where the need for more

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substantial learning is identified from initial review, actions are taken, and an Internal Learning Review is facilitated by the Patient Safety Team.

Thematic learning from mortality reviews is summarised and circulated to all staff via a Trust briefing. The impact of this results in staff being made aware of learning across the Trust.

Figure 28 below details the number of deaths of Trust patients in 2022/23 that had case note reviews and investigations carried out in 2023/24. This is presented alongside an assessment of the number of these deaths that were more likely than not to have been due to problems in care provided and, as a result, a revised estimate of the number of deaths that were more likely than not due to problems in care in 2022/23. Please note that the table contains statements that are mandated by NHS Improvement for inclusion in the Quality Account.

Figure 28-	Deaths of Trust patients in 2022/23 with case reviews and investigations carried out in 2023/24			
	1. Reviews and investigations carried out		**2. Deaths more likely than not due to problems in care**	**3. Revised estimate of deaths in 2022/23 that were more likely than not due to problems in care**
Mandated Statement	The number of case record reviews and investigations completed after 31st March 2023 which related to deaths which took place before the start of the reporting period (deaths before 1st April 2023)		The number and percentage of patient deaths before the reporting period that are judged to be more likely than not to have been due to problems in the care provided to the patient. (These numbers have been ascertained using either Initial Findings Report or Root Cause Analysis methodology)	The number and % of the patient deaths during 2022/23 that are judged to be more likely than not to have been due to problems in the care provided to the patient.
	Case Record Reviews	Investigations (SIs)		
Total	1	1	0	0

2.4. Reporting against core indicators

> ⓘ **All NHS Foundation Trusts are required to report performance against a core set of indicators. This section details our performance against these core indicators. Where available, the national averages for each indicator have also been included, together with the highest and lowest scores nationally.**

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

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

Figure 29	2021/ 22	2022/ 23	2023/24	National Average 2023/24	Highest and Lowest
The percentage of adult mental health inpatients receiving a follow-up within 72 Hours of Discharge *	88%	94%	92%	72%	**Data not available**
* Please note that we have replaced the older indicator, relating to 7-day follow up of mental health patients discharged with a Care Programme Approach, as it is no longer being reported as part of the NHS Oversight Framework. Measurement against this new indicator, which requires mental health inpatients to be followed up within 72 hours (3 days) of discharge, is a key part of the work to support the suicide prevention agenda within the NHS Long Term Plan. The National Confidential Inquiry into Suicide and Safety in Mental Health (2018) found that the highest number of deaths occurred on day 3 post discharge, and this new indicator helps to address this.					
Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: In line with national policy to reduce risk and social exclusion and improve care pathways we aim to ensure that all patients discharged from mental health inpatient care are followed up (either face to face or by telephone) within 72 hours of discharge.					
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services: The Trust has a good level of compliance with this indicator through the implementation of our policies and procedures relating to discharge.					

Source- Trust Tableau Dashboard

The indicator "The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period" is no longer included as it is no longer required to be reported on as part of the NHS Oversight Framework.

Figure 30	2021/22	2022/23	2023/24	National Average 2023/24	Highest and Lowest
The percentage of Mental Health patients aged— (i) 0 to 15; and (ii) 16 or over, readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	6.2%	4.3%	3.4%	Data not available	

Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: The Trust focusses on managing patients at home wherever possible and has fewer mental health beds for the population than in most areas. Sometimes the judgement to send a patient home may be made prematurely or there may be deterioration in the patient's presentation at home due to unexpected events.

Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services, by: Work being undertaken around gatekeeping for admission to the hospital should ensure all admissions are appropriate and/or have greater consideration of their benefits and risks. Review is in place and embedded which takes place within 72 hours (wherever possible) and produces an intended discharge date. This is monitored at the daily bed management team meeting so that plans are checked, and any concerns escalated.

Source- Trust Tableau Dashboard

Figure 31	2021/22	2022/23	2023/24	National Average 2023/24	Highest and Lowest
The indicator score of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends. * This finding has been taken from the percentage of staff respondents answering, 'yes' to Question 25d of the National NHS Staff Survey: "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation."	77%	76.5%	77.6%	65.2%	43.6%-80.4%

Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons: The Trust's score is better than average, and this is maintained.

Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services, by: Implementing a People Strategy that has the overall aim of making the trust a great place to work for everyone.

Source: National Staff Survey

Figure 32	2021/ 22	2022/ 23	2023/24	National Figures 2023/24	Highest and Lowest
Patient experience of community mental health services indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period	7.2	6.7	6.7	6.7	5.9-7.7
Berkshire Healthcare NHS Foundation Trust considers that this score is as described for the following reasons: The Trusts score is in line with other similar Trusts.					
Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this score, and so the quality of services, by: Being committed to improving the experience of all users of their services. Data is collected from several sources to show how our users feel about the service they have received. Actions are put in place through several initiatives to improve both an individual's experience and if required to change the service provision.					

Source: National Community Mental Health Survey

Number and Rate of Patient Safety Incidents

NHS Trusts are required to report the number and, where available, rate of patient safety incidents reported within the trust and the number and percentage of such patient safety incidents that resulted in severe harm or death.

NHS Trusts are currently in the process of transitioning from the National Reporting and Learning System to the new Learn from Patient Safety Event (LPSE) Service. As such, incident data is in flux, and caution should be applied. We have therefore paused reporting of this indicator in our quality account and will resume this reporting once the transition is completed and data reporting is reliable.

Part 3. Review of Quality Performance in 2023/24

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

Medication errors

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

Figure 33 below details the total number of medication errors reported per month. When interpreting this figure, it should be noted that a high and increasing rate of medication error reporting is a sign of a healthy learning culture in the organisation and that reporting of such errors is being encouraged as the first step in ensuring that a robust safety culture exists. The data reported also includes all the near misses and documentation errors, so they are not all actual incidents. There is also evidence to suggest that not all incidents and near misses that staff acted upon were reported, so any increase may be due to better reporting culture rather than a less safe organisation.

There was one medication error in 2023/24 that led to moderate patient harm for a patient. This related to a delay of 4 hours in end-of-life pain relief. This was investigated and identified as being due to miscommunication between services after initial referral.

Figure 33: Number of Medication Errors Reported Each Month
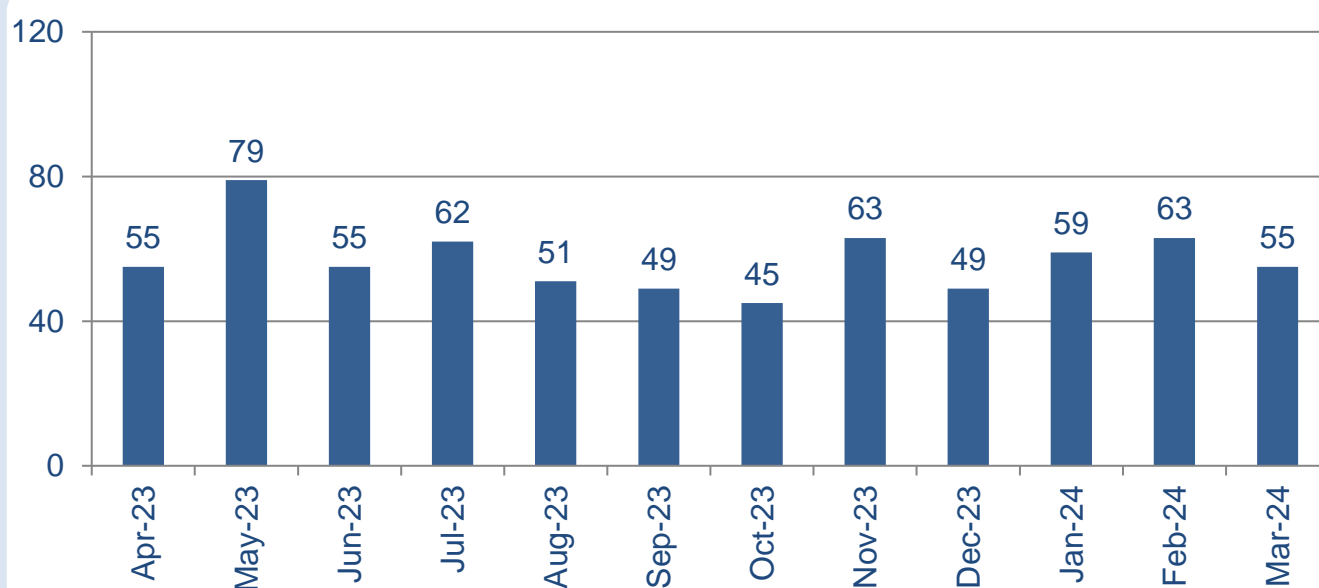
Source: Medicines Safety Quarterly Report

Absent without leave (AWOL) and absconsions.

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

Figures 34 and 35 below detail the number of absconsions on a Mental Health Act Section and the number of patients absent without leave on a Mental Health section.

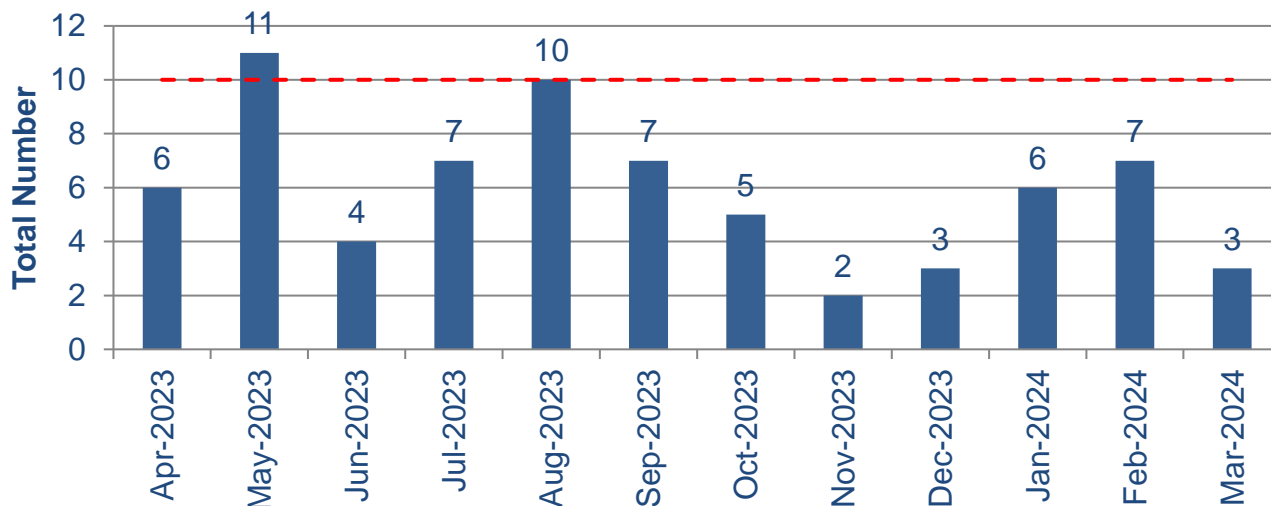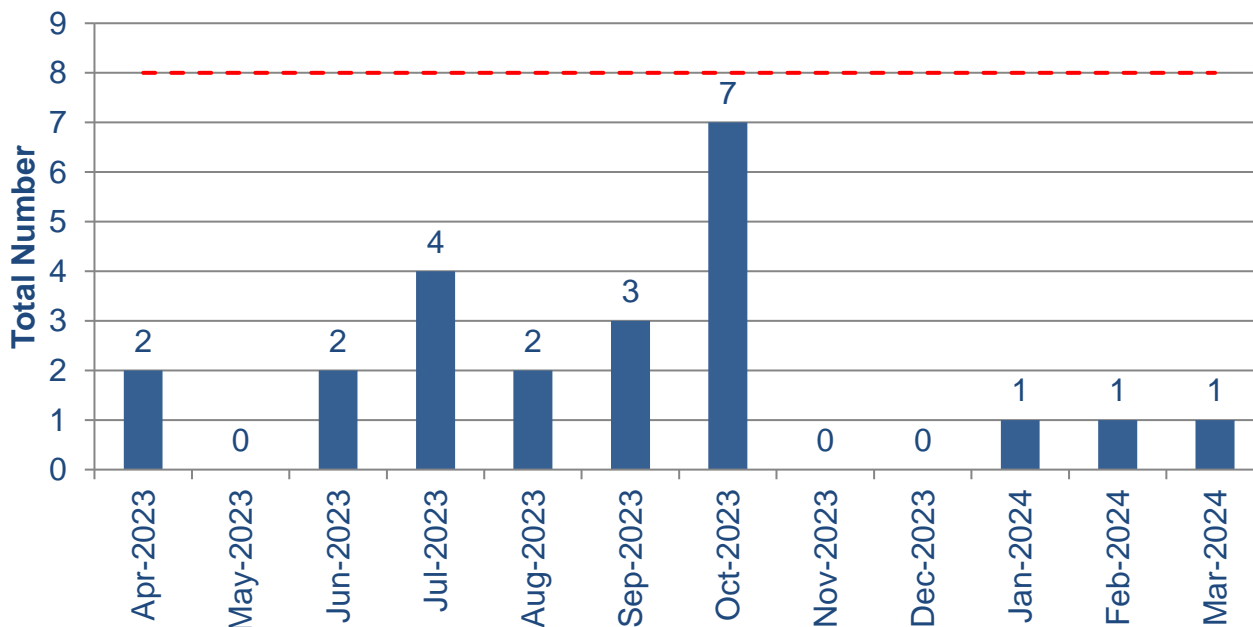**Figure 34- Absent without leave (AWOL) on a Mental Health Section**

Figure 35- Absconsions on a Mental Health Act (MHA) Section

Source- Trust Tableau Dashboard

www.berkshirehealthcare.nhs.uk

Other Quality Indicators

Figure 36- Other Quality Indicators	Annual Target	2021/22	2022/23	2023/24	Commentary
Patient Safety					
Never Events	0	0	1	**0**	Total number of never events
Infection Control- MRSA bacteraemia	0	1 (No Lapse in care)	0	**0**	Total number of MRSA Cases Source- Trust Infection Control. Report.
Infection Control- C. difficile due to lapses in care	<6	3	2	**0**	Total number & rate per 1000 occupied bed days of C. Diff due to lapse in care by Trust. Source- Trust Infection Control Report
Medication errors	N/A	691	800	**685**	Total number of medication errors reported. Source- Trust Medicines Management Report
Inappropriate out-of-area placements (OAP) for adult mental health services (Occupied Bed days as OAP)	Reduce as per Target	194 (Target not met)	129 (Target not met)	**193 (Target not met)**	Average monthly total bed days spent out of area
Clinical Effectiveness					
Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral	60%	81.6%	91.4%	**89.8%**	Average monthly %
Improving access to psychological therapies (IAPT): proportion of people completing treatment who move to recovery	50%	53.6%	49.6%	**46.7%**	Average Monthly %

Figure 36- Other Quality Indicators	Annual Target	2021/22	2022/23	2023/24	Commentary
People with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral	75%	97.7%	94.8%	90.4%	Average monthly %
People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral	95%	100%	100%	100%	Average monthly %
Accident and Emergency: maximum waiting time of four hours from arrival to admission/ transfer/ discharge	95%	99.1%	99.3%	99.3%	Average monthly %
Patient Experience					
Community Paediatric Service- Referral to Treatment waiting times (RTT)- Incomplete pathways	95% <18 weeks	98.4%	99.6%	99.9%	Average monthly %
Diabetes Service- RTT- Incomplete pathways	95% <18 weeks	100%	100%	100%	Average monthly %
Complaints received		231	240	281	Total number of complaints
Complaints acknowledged within 3 working days	100%	99.0%	99.2%	99.7%	Average monthly %
Complaint resolved within timescale of complainant	90%	100%	99.6%	100%	Average monthly %

Source- Trust Tableau Dashboard except if indicated in commentary.

Please note that metrics relating to admissions to adult facilities for patients under 16 years old and the Data Quality Maturity Index are not detailed as they are no longer part of the NHS oversight framework.

Statement of Directors' responsibilities in respect of the Quality Report

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

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

In preparing the Quality Report, Directors are required to take steps to satisfy themselves that:
- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust annual reporting manual 2023/24 and supporting guidance detailed requirements for quality reports 2023/24
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2023 to May 2024
  - papers relating to quality reported to the Board over the period April 2023 to May 2024
  - feedback from commissioners dated April 2024
  - feedback from governors dated April 2024
  - feedback from local Healthwatch organisations dated April 2024
  - feedback from Overview and Scrutiny Committees dated April 2024
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2024
  - the 2023 national patient survey, March 2024
  - the 2023 national staff survey, March 2024
  - the Head of Internal Audit's annual opinion of the Trust's control environment dated May 2024
  - CQC inspection report dated March 2020
- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered.
- the performance information reported in the Quality Report is reliable and accurate.
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice.
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review, and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the Board

14th May 2024   **Martin Earwicker, Chairman**

14th May 2024   **Julian Emms, Chief Executive**

Appendix A- Annual Plan on a Page

2.5. Annual Plan on a Page- 2023-24

Annual Plan on a Page 2023/24

NHS
Berkshire Healthcare
NHS Foundation Trust

Our **mission** is to **maximise independence** and **quality of life**
Our **vision** is to be a **great place to get care, a great place to give care**

Harm-free care
Providing safe services

- We will protect our patients and staff by using appropriate infection control measures
- We will identify and prioritise patients at risk of harm resulting from waiting times
- We will ensure face to face care where clinically indicated
- We will continue to reduce falls, pressure ulcers, self-harm in in-patient services and suicide across all of our services
- We will recognise and respond promptly to physical health deterioration on all our wards
- We will improve the physical health of people with serious mental illnesses
- We will strengthen our safety culture to empower staff and patients to raise safety concerns without fear, and ensure learning from incidents

Good patient experience
Improving outcomes

- We will reduce length of time patients wait for our services, year on year (compared to 2022 waits)
- We will make every contact count by offering advice in making healthy choices
- We will identify and address inequality of access to services
- We will gain feedback from at least 10% of our patients in each service and demonstrate service improvements based on the feedback

Supporting our people
A great place to work

- We will ensure our teams have access to effective health and wellbeing support
- We will promote a culture of respect, compassion and kindness
- We will not tolerate bullying, harassment or abuse of any kind
- We will support staff to work flexibly and connect with their teams
- We will act on feedback from staff to improve satisfaction and address identified inequalities
- We will provide opportunities for staff to show initiative and make improvements through great team working, Quality Improvement and Bright Ideas
- We will support staff to achieve their career aspirations
- We will attract and welcome school leavers, apprentices, students and international recruits to help close our workforce gaps

Efficient use of resources
A financially and environmentally sustainable organisation

- We will achieve our financial plan
- We will improve our productivity, returning to pre-pandemic activity levels or better
- We will take action to reduce our environmental impact

With our health and care partners: We will work with our health and social care partners to provide **better and more efficient care.**

2.6. Annual Plan on a Page- 2024-25

Annual Plan on a Page 2024/25

NHS
Berkshire Healthcare
NHS Foundation Trust

Our **mission** is to **maximise independence** and **quality of life**
Our **vision** is to **be a great place to get care, a great place to give care**

Harm-free care
Providing safe services

- We will protect patients by using appropriate infection control measures
- We will identify and prioritise patients at risk of harm resulting from waiting times
- We will continue to reduce falls, pressure ulcers, self-harm on wards and suicide across all services
- We will recognise and respond promptly to physical health deterioration on all wards
- We will improve the physical health of people with serious mental illnesses
- We will empower staff and patients to raise safety concerns without fear, and ensure learning from incidents

Good patient experience
Improving outcomes

- We will identify and reduce health inequalities in access, experience and outcomes
- We will involve patients in co-production of service improvement
- We will reduce length of time patients wait for Trust services, year on year (compared to 2022 waits)
- We will make every contact count by offering advice in making healthy choices
- We will gain feedback from at least 10% of patients in each service and demonstrate service improvements based on feedback

Supporting our people
A great place to work

- We will promote a culture of respect, compassion, kindness and inclusivity
- We will act against anyone who is verbally, racially, physically or sexually abusive
- We will act on our anti-racism commitment, removing barriers to equity and improving representation in senior positions
- We will create a supportive work environment that values each team member's contribution, wellbeing and professional development
- We will provide opportunities for staff to show initiative and make improvements
- We will reduce staff leaving (turnover to 10%)
- We will ensure we have a highly skilled permanent and temporary workforce by actively developing staff and proactively attracting great external candidates

Efficient use of resources
A financially and environmentally sustainable organisation

- We will achieve our financial plan
- We will identify and deliver efficiencies
- We will increase our productivity
- We will reduce our impact on the environment, minimise waste and reduce carbon emissions
- We will maximise use of our digital tools to release time to care and empower patients

With our health and care partners: We will work with our health and social care partners to provide **better and more efficient care.**

Appendix B- National Clinical Audits- Actions to Improve Quality

National Clinical Audits Reported in 2023/24 and results received that were applicable to Berkshire Healthcare NHS Foundation Trust

National Audits	National Audit Aim/ Objectives	Actions to be Taken
National Clinical Audit and Patient Outcomes Programme (NCAPOP) Audits		
1 National Clinical audit of Psychosis (NCAP) Early Interventions in Psychosis (EIP) Local outcomes. (No National Report is being produced)	This re-audit is part of a 5-year programme by the Royal College of Psychiatrists (RCPsych). The aim of the audit is to improve the quality of care that NHS mental health trusts in England and Health Boards in Wales provide to people with psychosis	- A Quality Improvement project has started, and caseload review completed. - Questionnaires sent to care coordinators and carers to seek improvements, - Create Standard Operating Procedures (SOP), including the offer of carers education and support and progress notes. - Provide carer education and support training including care pathways - Submit a Bright Idea to develop a digital platform for carer support. - Access Consent to Share form information on the RiO patient record that is linked to a Tableau dashboard. Trial the Consent to Share dashboard - Develop an SOP for recording Consent to Share information on RiO. - Develop protocol for better scrutiny of waitlist and allocation from that. - Psychologists to only engage in complex systemic work, - Health Education England funding requested for recruit to train posts. - Develop SOP and training needs around utilising care pathways on RiO that identifies when PROMS and CROMS are required. - Senior Leadership team to review NHS Guidance and RCPsych EIPN accreditation to identify skill mix and focus of interventions. - Skill mix and set up of the service reviewed as part of One Team approach. - Develop and implement scorecard for CYP EIP team
2 National Audit of Care at End-of-life (NACEL)	This audit is open to all acute and community organisations who provide inpatient services. It aims to improve the quality of care at the end of their life.	- Conduct an audit to ensure that the paper-based care plan is used for all patients throughout all inpatient units. - Short task and finish group to be put together to write a standard of work for documentation and support, including Hydration and nutrition. - To review the current care plan and make changes as required, including to meet community nursing role.

National Audits		National Audit Aim/ Objectives	Actions to be Taken
3	Sentinel Stroke National Audit Programme	This national quality improvement programme measures the quality and organisation of stroke care in the NHS.	No actions were required from the national annual report.
4	National Audit of Inpatient Falls (NAIF)	This national audit measures compliance against national standards of best practice in reducing the risk of falls within Inpatient care.	- Use our own data to determine quality of Multi-factorial risk assessment - Implement process to routinely collect lying/sitting BP readings. - Review the Royal College of Physicians post falls guidelines and amend existing post falls process. Update Falls policy. - Review current process for prescription of analgesia post falls. - Consider new process or how time can be reduced to ensure patients receive appropriate pain medication post fall.
5	National Diabetes core audit	This audit measures the effectiveness of diabetes healthcare against NICE Clinical Guidelines and NICE Quality Standards, in England and Wales.	- Audit the change in HbA1c for people with Type 2 Diabetes, on referral and completion of care from Diabetes Specialist Service. - Explore options with the ICB for establishing an Intermediate Level Community Diabetes service in order to improve care for Type 2 diabetes.
Non- NCAPOP Audits			
6	National audit of Cardiac Rehabilitation (NACR) annual report	This is a British Heart Foundation strategic project which aims to support cardiovascular prevention and rehabilitation services to achieve the best possible outcomes for patients with cardiovascular disease,	- The 2022 annual report makes five key national recommendations, all of which are relevant to our Cardiac Rehabilitation service and have been reviewed by the Cardiac and Respiratory Specialist services (CARRS) Lead. All five recommendations were met by the service and no actions were required. The Berkshire Healthcare Cardiac Rehab service is currently a certified service by NACR.
7	Prescribing Observatory for Mental Health (POMH): Use of Melatonin	This new national audit was undertaken during June and July 2022, with practice standards derived from multiple sources including NICE and The British Association for Psychopharmacology.	- Create a service Standard Operating Procedure (SOP) for the prescribing of melatonin and share this with all existing and new staff - Amend Attention Deficit Hyperactivity Disorder (ADHD) prescribing agreement to add information about unlicensed medicines. - Finalise leaflet regarding licensed and unlicenced medicines. - Share audit report and outcome to raise awareness. - Include process for 3 month and annual review in Service SOP.

National Audits		National Audit Aim/ Objectives	Actions to be Taken
8	Prescribing Observatory for Mental Health (POMH). Topic 20b: Improving the quality of prescribing valproate in mental health services.	This is a national audit to determine and improve the quality of valproate prescribing in mental health services, including physical health checks and off-label prescribing.	- Valproate training sessions for clinicians covering; NICE guidelines, where and how valproate should be prescribed, safety, mandatory requirements when prescribing to women of child-bearing age- the 'PREVENT' programme, the EPRO clinical letter prompt, and the importance of clearly documenting clinical reasoning for prescribing valproate. - Utilise the Population Health System to produce a quarterly report that identifies women of child-bearing age prescribed valproate. - Create a monitoring process and create a Standard Operating Procedure (SOP) with named role overseeing women of child-bearing age patient list. - The EPRO letter template for clinic letters will have a prompt for special prescribing including asking if the patient is on valproate and the date of their annual ARAF review. - Investigating whether the EPRO valproate question can be made reportable whereby using it to search who is on it. To implement further actions from this if it is possible. - To provide EPRO training and ensure the adoption of the EPRO system.
9	POMH 7g: Monitoring of Patients Prescribed Lithium	This re-audit aims to improve the monitoring of patients prescribed lithium in mental health inpatients and community mental health services. The previous audits were conducted in 2013, 2016 and 2019. Lithium is licensed for the treatment of bipolar affective disorder and depression and its use in these conditions is supported by National Institute for Health and Care Excellence (NICE) guidelines. Its side-effect profile is well established.	- Within E-Pro, generate prompt on Tests for prescribing clinicians who initiate or maintain Lithium. Prompt will direct clinicians to latest guidance. - Update staff of the requirement to provide both written and verbal communication and the need to document it through Training at the Academic Meeting. - Update staff on the use of the Lithium Side-Effect Rating Scale (LISERS) to support systematic reviewing of side-effects through training at the academic meeting.

Appendix C- Local Clinical Audits- Actions to Improve Quality

	Audit Title	Aim/Actions
1	(8540/CA) - An Audit of the Implementation of Enhanced Constipation Screening in Clozapine-treated patients	Worldwide, clozapine-related constipation remains hard to ascertain, diagnose and treat and remains a leading cause of harm. Self-reporting of constipation can be poor at best, and research has shown the detection of constipation in clozapine induced gastric hypomotility is not improved by using screening tools. A Berkshire Healthcare Serious Incident report prompted this audit of the robustness of bowel screening in our own clozapine-treated patients. The objectives are to ascertain how diligently constipation symptoms are enquired after, documented and actioned; the extent to which laxatives are prescribed and if this is influenced by the presence of other risk factors for constipation; the levels of compliance with advice given to Healthcare professionals by the manufacturer of Clozaril around the management of constipation; the degree to which clozapine prescribing is accurately reflected on GP records. Key recommendations/Actions: • Improve compliance with requirement for annual consultant review to be carried out, shared with the GP and uploaded to RiO; this review should include a documented constipation management plan. • Patients receiving clozapine by post should have bowels monitored with the same level of scrutiny as other Clozapine Clinic patients. • Stimulant laxatives should be prescribed pre-emptively, and first line as recommended in the Porirua Protocol; prophylactic laxative prescribing should be encouraged unless diarrhoea is present. • A closed loop process should be considered to ensure all patients showing symptoms of constipation are followed up and an outcome documented on RiO. • The enhanced bowel questions should be further improved, using the Rome IV criteria, to give a representative overview of bowel habits rather than a snapshot.
2	(9976/CA) - Consent to Electroconvulsive therapy (ECT) Re-audit 2021-2022	This is a re-audit to monitor Berkshire Healthcare ECT Department's compliance with national guidelines for consent for ECT and to ensure that all patients have a robust capacity assessment with relevant documentation prior to ECT. Aims: To monitor Berkshire Healthcare ECT Department's compliance with national guidelines relating to consent for ECT. Objectives: To ensure that ECT Accreditation Service (ECTAS) standards are upheld, and that patient safety remains at the utmost forefront whilst ECT is delivered. To ensure a capacity assessment is conducted for all patients, and relevant documentation completed during each ECT cycle to ensure the validity of informed consent. Recs/Actions: - We maintain that all capacity assessments must be recorded electronically on RiO as lack of accessible documentation around capacity and consent for ECT has the potential to leave the Trust open to future medico legal issues and represents poor clinical practice. -All new staff who will be involved in ECT must be made aware of the protocols, forms and consent procedures at the time of their induction with additional staff training sessions to be arranged if necessary.

	Audit Title	Aim/Actions
3	(10212/CA) - Quality Schedule Audit of Safeguarding Referrals to Berkshire Local Authorities	This is a trust wide clinical audit carried out by the Safeguarding team to ensure safeguarding concerns reported on Datix have been sent to the Local Authority (LA) and that the views of the service user have been documented accordingly, as per Trust policy. Aim: To improve the quality of the completion of Datix fields on the Safeguarding form

Recommendations/Actions:1. Staff referring safeguarding concerns to LAs via Datix must contact the LAs concerned and confirm referral was received. This should be documented on the patient's electronic record and added to Datix by the handler before closing. 2. Named Professionals for Adult Safeguarding to visit locality teams who did not perform well to discuss findings and remind professionals to discuss referral with patient/ client including recording their wishes on Datix. 3. Reminder of correct process to all clinical staff via Patient Safety and Quality meetings.4. Put Safeguarding Adult Training Levels 2 & 3,4. Reminder in Circulation bi-annually. 5. Head of Safeguarding and Practice Improvement to meet with Royal Borough of Windsor and Maidenhead LA to discuss the findings. 6. If patient/ client lacks capacity or it is not safe to discuss the referral due to level of risk or presence of the alleged abuser, this information should be clearly recorded on Datix. |
| 4 | (10102/CA) - The Presence of Dental Radiographs for Paediatric Patients undergoing General Anaesthetic | This audit assesses the presence of dental radiographs for paediatric patients undergoing General Anaesthetic within Berkshire Community Dental Services.
Aim: To reduce the likelihood of a repeat General Anaesthetic. Objectives: To ensure all (100%) paediatric patients have recent radiographs taken as part of their assessment prior to General Anaesthetic

Recommendations/Actions: 1. To discuss documenting attempted radiographs at staff meeting with all clinicians. 2. To provide additional time and appointments to attempt radiographs. 3. To install digital x-ray system through Carestream. |

	Audit Title	Aim/Actions
5	(10349/CA) - Tissue Viability Service Quality of Patient Visit Documentation Audit	A local clinical audit in the Tissue Viability Service to ensure patient's tissue viability needs are reflected in the clinician's assessment, recommendations, and ongoing plan. Aim: To improve the quality of documentation by the Tissue Viability Service. Objectives: To determine whether Nursing and Midwifery Council standards are being followed. To establish if National Wound Care Core Capabilities Framework for England is being followed. To enable reflection on issues affecting standards of documentation. To help increase nurses' confidence with documentation issues, such as use of Situation, Background, Assessment, Recommendation (SBAR) tool. Recommendations/Actions: 1. To discuss the SBAR tool, start time of review, variable documentation of assessment, photographs of wounds, and completion of discharge letter at Tissue Viability Team meetings. 2. To update/ learning on how to document using SBAR for the team with wound care examples. 3. To discuss start time of review, variable documentation of assessment, photographs of wounds, and completion of discharge letter at peer review. 4. To discuss with RiO team the possibility of adding the discharge letter on RiO and feedback at Tissue Viability team meetings.
6	(10448/CA) - Audit of Oral Hygiene Practices at Thornford Park Hospital	A clinical audit by Berkshire Community Dental Service where it has been recognised that many service users have poor oral hygiene and that there is a high level of dental need at Thornford Park Hospital. Aim: To improve the oral healthcare practices of services users at Thornford Park Hospital. Objectives: To determine how many times a day that patients are brushing their teeth. To establish the fluoride level of the toothpastes used by patients. Recommendations/Actions: 1. To send a questionnaire to all service users at Thornford Park Hospital to understand their attitudes towards oral health and how they can be supported to improve their oral health. 2. Senior Dental Nurse Prevention Lead to provide a talk to both the service users and staff about oral health. 3. To produce oral health promotion leaflets for service users in multiple formats. 4. To provide samples of toothpaste and toothbrushes to the nursing staff at Thornford Park Hospital for them to distribute to service users accordingly. 5. To ensure all service users have access to a toothbrush and toothpaste twice a day. For some service users this will have to be under supervision. 6. The dental team who attends Thornford Park Hospital for dental examinations to provide tailored oral health advice to individual service users.

	Audit Title	Aim/Actions
7	(10706/CA) - Prolactin monitoring inpatient re-audit (Rose Ward)	This re-audit looks at local Trust standards of care relating to inpatients admitted on Rose Ward, who should have baseline prolactin levels taken, which needs to be repeated at 3 months if they are on antipsychotic medication. Previous audit ID: 9529. Aim: To improve prolactin monitoring of inpatients on Rose Ward who are taking antipsychotic medication. Objectives: To determine to what extent Trust guidelines are being followed. To establish whether actions from previous audit were successful. Recommendations/Actions: 1. Presentation slides circulated to all the medical staff via email. 2. Importance of taking serum prolactin, at least once a week, during ward huddles, handover, and multidisciplinary team meetings. 3. Psychoeducation to improve patients' understanding of prolactin monitoring and improve compliance. 4. The community team, including the GP, to be notified of patients who have not had their prolactin levels done due to short admissions to regularly monitor serum prolactin levels.
8	(8193/CA) - Record Keeping by S12 doctors during mental health act assessment	The purpose of the audit was to determine whether Section 12 doctors in Berkshire made contemporaneous records of the Mental Health Act (MHA) assessment and that these were included in the patient record. There should be two separate records, one from each of the doctors. The key findings of the assessment are crucial in determining the extent of the condition and risks, the current treatment and the available community treatment. The General Medical Council makes it clear that doctors must record their work clearly, accurately and legibly. These records should be contemporaneous. More specifically, and highly relevant to Mental Health Act Assessments, the General Medical Council instructs doctors to document for every medical examination in whatever context: who is making the record and when, relevant clinical findings, the decisions made and actions agreed and who is making the decisions and agreeing the actions, and finally the information given to patients. The records made by section 12 doctors during a Mental Health Act assessment should become part of the patient's record. Recommendations/Actions: 1. The date and time and place of assessment needs to be recorded, along with the name of the AMHP. 2. The current treatment including medication needs to be recorded. 3. The active risks need to be clearly recorded. 4. The available treatment such as home treatment team or crisis team requires to be recorded. 5. Adequate background information about the condition needs to be documented so that the nature of the condition was adequately described. 6. The reason for the assessment needs to be better recorded e.g. attempted suicide, aggressive behaviour etc. 7. The name of both doctors needs to be documented. 8. The degree of the condition including the active psychiatric symptoms or behaviours requires recording. 9. The decision and outcome of the assessment needs to be recorded.

	Audit Title	Aim/Actions
9	(10328/CA) - Mental Capacity Assessment Audit	A Trust-wide local audit of the Trust's RiO Mental Capacity Assessment form to ensure it meets the Mental Capacity Act (2019) and NICE clinical guideline NG108. Aim: To improve the quality and increase the amount of mental capacity assessments completed on the Trust's RiO mental capacity assessment form. Recs/Actions:1. Create 'bitesize' training videos that staff can easily access on NEXUS to support the assessment of mental capacity and subsequent documentation. 2. Trust-wide promotion of bitesize training videos. 3. Create example capacity assessments using the new RiO mental capacity assessment form 4. Consider how local audit can be used to monitor the quality of mental capacity assessments. 5. Included a prompt in the new mental capacity assessment form about the amount and detail of information used should be proportionate to the seriousness of the decision being made. 6. The new RiO mental capacity assessment form will include a section for information relevant to the decision to be recorded. 7. Update mandatory training to ensure it is made clear that the assessment of capacity requires a functional assessment of the person's ability to make the decision. 8. The new RiO mental capacity assessment form follows case law in moving consideration of the functional test before the diagnostic test. 9. Update Trust's Mental Capacity Act Policy to reflect the approach to assessing capacity set out in A Local Authority v JB [2021] UKSC 35. 10. The new RiO mental capacity assessment form will include the option to set a review date. 11. A prompt will be added to the new RiO mental capacity assessment form to ask the person if they want anyone to be involved in the assessment. 12. The new RiO mental capacity assessment form will be emphasised in mandatory training. 13. Meet with Community Mental Health Services to discuss further steps to support staff to use the RiO mental capacity assessment form. 14.Offer further Mental Capacity Act support to Community Mental Health Services.
10	(9805/CA) - Audit of Alcohol Intake doc in Initial Assmts - Maidenhead Memory Clinic	Drinking alcohol at harmful levels has significantly increased over the last 20 years. The Royal College of Psychiatrists report that 1 in 5 older men and 1 in 10 older females are drinking at that level (Alcohol and older people, rcpsych.ac.uk). Asking about alcohol intake is an important part of the mental health assessment, and this is important in a memory clinic due to the role alcohol has in brain function and its effect on cognitive functioning. This audit has looks at current practice, to see what we do well and what we need to improve upon moving forwards. Recs/Actions: 1. Ask more in-depth questions to clarify what patients are drinking. 2. Work out and document the number of weekly units. 3. Complete the alcohol section of the physical health and lifestyle assessment form. 4. Complete the AUDIT C tool for anyone who drinks alcohol. 5. Document advice given to patients. 6. Consider discussion about local alcohol services. 7. Document any information given re local alcohol services. 8. Determine if standards need altering, e.g. is it appropriate to discuss local alcohol services with people who drink 15-20 units a week? Should it be a higher level?

	Audit Title	Aim/Actions
11	(10859/CA) - Tinnitus Service Audit	A United Kingdom Accreditation Service Improving Quality in Psychological Services Accreditation assessment recommended we conduct a vertical audit that checks all aspects of a quality system from referral to discharge. Aim: To gain assurance and improve the quality of the Tinnitus care pathway from referral to discharge. Recs/Actions:1. Patient reports not being locked, ethnicity not being recorded & Tinnitus Functional Index / Visual Analog Scale completion scores email reminder to all staff. 2. refresher training to be given at staff meeting. 3. Tinnitus staff to meet to decide on best process for maintaining information security while completing reports. 4. Admin to hand out demographic update forms at King Edward VII Hospital, Windsor. 5. Admin to check on EPIC/ RiO patient record system where information is not provided on referral. 6. To amend referral template to act as a prompt. 7. Admin team to send tinnitus appointment letter to all patients (includes Tinnitus Functional Index).
12	(10864/CA) - Audiology Paediatric Record Keeping Audit	This clinical audit by the Hearing & Balance Service's Audiology team looks at paediatric hearing assessment appointments, Hearing Aid Review appointments, programmable ventriculo-peritoneal shunts, documentation of ethnicity and locking of completed reports on AuditBase system. Aim: To improve the quality of paediatric documentation on AuditBase system. Recs/Actions:1. Email reminders to staff and provide refresher training of reports locked after appts procedure. 2. Monthly user report on unlocked reports with findings circulated to staff. 3. Admin to hand out demographic update forms at King Edward VII hospital.4. Admin to check on EPIC /RiO patient system where info. not provided on ref. 5. Email to remind all clinicians that ethnicity should be recorded on AuditBase, and refresher training provided at June 2023 staff meeting. 6. Amend referral template to act as a prompt to record ethnicity of patients. 7. Review Hearing Aid Review guideline and share with staff. 8. Add hearing aid validation questionnaires to AuditBase. 9. To explore potential of AuditBase to automatically record and print locked reports.
13	(9749/SE) - Low Carbohydrate East – A Service Evaluation	This service evaluation assesses East Berkshire Community Dietitians' pilot of a Low Carbohydrate Diet Pilot Programme for people with Type 2 Diabetes, as an alternative to the Low Energy Liquid Diet Remission Programme. Aim: To review the LCDs Pilot Programme's clinical outcomes. Recommendations/Actions: No further recommendations / Actions identified

	Audit Title	Aim/Actions
14	(9353/SE) - Understanding Older Adults Who Do Not Opt-In to Talking Therapies Berkshire	The NHS Long Term Plan (NHS England, 2019) has identified Improving access to psychological therapies (IAPT) for older adults (aged 65+) as a priority for improvement across all mental health services. Older adults are underrepresented in Improving IAPT services in the UK. Talking Therapies, the IAPT provision for Berkshire, recognized that many older adults who were referred did not opt-in to assessment. This service evaluation aimed to explore the characteristics of older adults who did not opt-in and to understand their experiences, to inform recommendations to support older adults to opt-in in future. Recs/Actions: 1. Increase accessibility of information. 2. Change procedures to improve personal connection. 3. Explore and overcoming practical barriers. 4. Improving routine data and feedback collection from people who do not opt-in will be important to inform and evaluate improvements.
15	(11025/SE) - Diagnosing Advanced Dementia Mandate (DiADeM): An end-of-year service evaluation.	The DiADeM project aims to increase dementia diagnosis rates in care homes across East Berkshire. It aims to highlight the outcomes of the project in East Berkshire and identify areas for improvement to continually develop the project. This pilot is being run in various localities across England. A mid-year evaluation was conducted in 2023, which showcased the positive outcomes of implementing the project as well as areas for improvement. This is the year-end evaluation to highlight strides made, pinpoint areas that require attention, and produce guidance and recommendations to improve DiADeM. Recommendations/Actions:- Enhancing communication between primary and secondary mental health services is imperative- Understanding the factors behind the reluctance of care homes to engage with DiADeM is crucial.- Maintaining connections with the Berkshire Care Association and GP leads will allow us to boost care home engagement with the DiADeM project.- Information sessions and educational resources can further enhance care homes' understanding of the project's importance and their integral role within it.
16	(9981/SE) - Post-discharge Mental Health Support for Post-Stroke Adults of Working Age (AWA)	This is a service evaluation to evaluate the degree to which the service provision of the East Berkshire Earlier Support Discharge (ESD) for Stroke service meets the mental health needs of Adults of Working Age (AWA) and Older Adults (OA) service users. Aim: To evaluate the service's mental health support provision for AWA, according to service users, identifying areas of service delivery perceived to be helpful, as well as aspects for service improvement. Recommendations/Actions: To offer a family session earlier in the 6 weeks to support psychoeducation and support within the family.

Appendix D- CQUIN 2023/24

CQUIN Number	CQUIN Indicator Name
CQUIN 1	CQUIN 1- Flu vaccinations for frontline healthcare workers
CQUIN 2	CQUIN 12- Assessment and documentation of pressure ulcer risk
CQUIN 3	CQUIN 13- Assessment, diagnosis, and treatment of lower leg wounds
CQUIN 4	CQUIN 14- Malnutrition screening in the community
CQUIN 5A	CQUIN 15a- Routine outcome monitoring in community mental health services
CQUIN 5B	CQUIN 15b- Routine outcome monitoring in CYP
CQUIN 5C	CQUIN 15c- Routine outcome monitoring in perinatal mental health services
CQUIN 6	CQUIN 17- Reducing the need for restrictive practice in adult/older adult settings

Appendix E- CQUIN 2024/25

To be added when published

Appendix F- Statements from Stakeholders

Berkshire Healthcare NHS Foundation Trust – Quality Account 2023/2024 - Response from the Council of Governors to the Trust

At the time of writing this response, it was very pleasing to see the following quoted in the LinkedIn social media channel:

"We're delighted to announce our best ever results after receiving the top score (7.45) for staff engagement compared to similar NHS Trusts for the fifth year running, which is also the fifth top score among all NHS organisations.
We're really proud to be the top scoring community and mental health Trust for staff recommending their organisation as a place to work."

The reason for referring to this is that one of the great strengths observable about BHFT is the very good organisational and workplace culture throughout the Trust and which is one of the strongest possible drivers of quality performance and quality improvement. In all the meetings and committees Governors are able to attend there is good evidence of this happening in real practice in service units.

Service excellence is made up of two essential components: the first is excellent service delivery (much in evidence) and the second is excellent service recovery. The latter is a real-world requirement because nothing is perfect and sometimes something will go wrong. The learning from patient and family/carer complaints and the "You said/We did" process are two good recovery examples.

Great team working, Quality Improvement and Bright Ideas presentations have been made to Governors and have been well received.

From the March 6th Council of Governors and the Patient Experience Report Q3 there were a couple of recommendations noting "assist patients in their self-care". We look forward to hearing further about the implementation. It has become part of the usual patient psychology that they turn up to their appointments with a "I'm here now, so fix me" expectation or mentality. This is an important area worthy of further development within patient care settings.

National mandated access targets: an impressive number of targets met. The staff turnover data is of particular note. The target response percentage for iWGC has not been met but we are aware of creative and innovative ideas and efforts in a number of service units to drive up the response rate. We wish them every success in their endeavours.

The Governors take a very keen interest in waiting times across the Trust and we look forward to continuing updates on progress in this major area.

The Staff Survey continues to be a major success overall. There are areas for improvement, and we acknowledge the Trust's awareness of these, particularly with WRES and WDES.

Finally, from the Quality Account to date we see progress in integration of service delivery, Multi-disciplinary Teams (MDTs) and increasing Berkshire-wide patient care where possible. Again, this is an area of interest to Governors and we would welcome additional formal updates to the Council

of Governors as this is developed across the Trust and especially noting the East West ICS relationships.

Brian Wilson
Lead Governor, April 2024

Berkshire Healthcare NHS Foundation Trust Response:
We wish to thank our Board of Governors for their response to our 2023/24 Quality Account. We greatly appreciate the time given by the Governors to review our Quality Account and acknowledge their valuable, consistent and ongoing support in making it more user friendly and readable over the years.

We look forward to keeping the Council of Governors appraised of our progress.

Integrated Care Boards' Response – BHFT Quality Account 2023/24

This statement has been prepared on behalf of:
- Frimley Integrated Care Board (ICB),
- Buckinghamshire, Oxfordshire & West Berkshire ICB.

The ICBs are providing a response to the Quality Account 2023/24 submitted by Berkshire Healthcare Foundation Trust (BHFT). Note: This commentary is based on the draft Quality Account shared with the ICBs which included data from Quarter 1 to Quarter 3 of 2023/4.

The Quality Account provides information on the achievements, improvements and priorities that were set for 2023/24 and gives an overview of the services and quality of care provided by the Trust during this period. The priorities for 2024/25 are also detailed in the report. The ICBs are committed to working with the Trust to support further improvement in the areas identified within this Quality Account.

Progress in respect of the Trust's 2023/24 Quality Priorities is detailed in the Quality Account, covered within the overarching domains of Patient Experience, Harm-Free Care (Patient Safety), Clinical Effectiveness, and Supporting Staff. The priorities for 2024/25, using the same overarching domains, have been agreed by the Trust and set out in this Quality Account, with confirmation that these will be monitored on a quarterly basis by the Trust's Quality and Performance Executive Group (QPEG).

Frimley and Buckinghamshire, Oxfordshire & West Berkshire ICBs would like to take this opportunity to acknowledge and praise BHFT for their continued commitment to quality improvement and innovation, as well as ensuring that the ICB and partners are actively involved in conversations around the quality and safety of services being provided. The ICBs have been in attendance at the Trust's QPEG throughout the year and are assured of the strength of the organisation's clinical governance framework. The Trust has also consistently contributed as a partner in the System Quality Groups, bringing expertise, learning, and quality escalations to these system-wide forums. Alongside the progress reported on the Trust's main quality priorities, we also acknowledge the wide variety of improvement work reported across all of its divisions. The ICBs would like to offer ongoing support to the Trust with an aim to further strengthen our working partnership.

Patient Experience and Involvement

We note that the Trust is meeting all six of its mandated access targets and acknowledge the Trust's work on reducing waiting times. The ICBs have observed that the Trust has an effective system in place for identifying which services are experiencing the greatest challenges and its application of targeted interventions to improve waiting times in these areas. This has shown notable improvements in waiting times for Musculoskeletal Physiotherapy in East Berkshire, Diabetes Education, and the Integrated Pain and Spinal Service. The focus on waiting times is also relevant to the Trust's 'Harm-Free Care' priorities, and harm reviews with remedial actions have been undertaken and reported to the Quality and Performance Executive Group in respect of services with significant waiting list challenges. The Trust has also ensured that where significant challenges exist, these are recorded on its Quality Concerns Risk Register, along with mitigating actions, and these are fed into the System Quality Groups.

We note that the Trust continues to promote and encourage patient feedback, particularly via its " I Want Great Care" surveys. The response rate has increased slightly and although below target, we acknowledge the further work being undertaken to improve towards the target of 10%. It is pleasing to see that, Trust-wide,

a 94.1% positive experience score was achieved for Q3 of 2023/24 with an average 4.74-star (out of 5 star) rating. We also note that the Trust has a Carers Strategy and Toolkit in place, and a Carer's Lead to assist and advise services on involvement and support for carers. We commend the Trust on its processes for analysing and acting on feedback from surveys and complaints, and its use of a 'You Said, We Did' approach to assurance on improvement actions.

We are also pleased to acknowledge the Trust's continued commitment to reducing health inequalities, in particular the development of a reducing health inequality strategy, which focuses on access, experience and outcomes, and the analytical / task-and-finish work being undertaken in support of this strategy. Also of note is the Trust' Anti-Racism Task Force and its work in supporting the Trust's commitment to being an anti-racist organisation.

Harm-Free Care

The Trust has taken a strong approach to the implementation of the National Patient Safety Strategy, with regular Patient Safety Strategy Implementation Group meetings including membership from the ICB Quality Teams.

We commend the hard work that has gone into the Trust's transition from the SI Framework to the new Patient Safety Incident Response Framework (PSIRF), including the development of the Trust's PSIRF policy and plan, which were ratified in late 2023, followed by the launch of PSIRF in the organisation in January 2024. Among the many workstreams put in place to support this transition, the Trust has undertaken excellent work on communicating with and supporting families, a key principle within PSIRF. The Trust has launched its new Mortality and Patient Safety (MAPS) Group for oversight of patient safety responses, learning and improvement, and has included the ICBs in the membership of this group. We also acknowledge the Trust's commitment to participation in the joint Frimley-BOB ICBs quarterly PSIRF review meetings, and the ICBs' system-wide Patient Safety Forums.

We also note that the Trust has implemented automated reporting to the Learning from Patient Safety Events (LfPSE) system and continues to adapt to the evolving reporting criteria and to support staff on reporting requirements.

We are pleased to note that the Trust has adopted and is implementing the National Infection Prevention and Control Board Assurance Framework.

We acknowledge the improvement work and progress made in the following key areas:

- Number of falls on Older People's Inpatient Wards (Community Inpatient Wards and Older People's Mental Health Wards): The target was met in 8 out of 9 months (Q1-Q3) and the Trust has showed continued commitment to, and achievements in relation to improvements in falls prevention work.
- Pressure ulcers (PUs) due to lapse in care by the Trust: Targets across categories 2 to 4 pressure ulcers were once again achieved by a wide margin, supported by staff training and regular thematic reviews.
- Self-harm incidents by mental health inpatients: Significant improvement with targets met in all months (Q1-Q3), compared to the previous year when targets were met in 3 months. This is supported by a focus on neurodiversity and safety planning adjustments. We also acknowledge the extensive work the Trust is undertaking on ligature safety at the Prospect Park Hospital site, based partly on learning from the Never Event reported in Q4 of 2022/23.
- Suicide Prevention: We acknowledge the Trust's continued commitment to suicide prevention work, both within its services and as a key partner across the two ICS geographies. We note that the Trust has refreshed its suicide prevention strategy action plan in line with the Berkshire-wide strategies and findings from the National Confidential Inquiry into Suicide and Homicide (NCISH).
- Patients with Severe Mental Illness (SMI) referred to Community Mental Health Teams (CMHT) will have all parameters of the annual physical health check completed within one year of referral to the CMHT:

We are pleased to note that the 85% target was exceeded, with performance standing at 90% at the end of Q3. We mentioned in last year's report that a focus on improving performance in the Slough area was desirable, and the Quality Account reports that improvement has been achieved, with an increase across the year to an above-target position as of January 2024. A similar focus on achievement in the Windsor, Ascot and Maidenhead area would be desirable in 2024/25.

- Co-Occurring Mental Health, Alcohol and Drugs (COMHAD) pathways: We note the specialist support the Trust has put in place for staff in managing COMHAD cases, and the Trust's system-level work on reviewing and improving care and treatment pathways. We look forward to working with the Trust to further improve the effectiveness of care and treatment in this area.

We also note that the Trust has not reported any Never Events in 2023/24, and as discussed above, we acknowledge the work on ligature safety in response to the Never Event which was reported in Quarter 4 of 2022/23. Serious Incidents are lower in number than the previous year, although this was a likely change in view of the transition from the SI Framework to PSIRF.

The ICBs see the work on harm-free care described by the Trust as representative of its ongoing commitment to patient safety.

Clinical Effectiveness

We note that the Trust has a strong clinical audit programme, and has participated in all applicable national clinical audits, with improvement actions emanating from national audit findings set out in the Quality Account

We are assured that the Trust operates an effective system for reviewing and reporting on compliance with NICE guidance and technology appraisals.

In respect of mortality reviews and learning from deaths, the Trust reported no deaths that were judged definitely, strongly, or probably avoidable. The Trust has maintained a diligent approach to reviewing and acting on learning from deaths even where there was no likelihood of avoidability and has been a valued partner in system-wide mortality review forums. We commend the Trust on its work to integrate mortality review governance into the wider patient safety framework in the context of its adoption of PSIRF. We also acknowledge the Trust's contributions to ensuring efficient and effective system-wide Medical Examiner functions.

We also note the continued work on the Learning Disability Improvement Standards, and we are grateful to the Trust for its continued excellent engagement with the LeDeR Programme. This has included the timely and comprehensive provision of evidence to support the undertaking of LeDeR reviews.

We note the challenges in increasing reporting on outcome measures (ROMS) in mental health services, linked to the CQUIN, and this is an area of focus for improvement among providers nationally. Progress has been made and there is further work in progress targeting an increase in the percentage of eligible service users with matched outcome measures recorded in their clinical records.

Supporting Staff

We note that the Trust continues to implement its People Strategy 2021-24, including a focus on staff health and wellbeing, working hours, violence reduction, sexual safety, anti-bullying, anti-racism, and supportive and compassionate leadership.

Key elements within this are the 'Freedom to Speak Up' Guardian and Safety Culture Charter, both in place to support staff in raising concerns, and also of great importance in the delivery of harm-free care. This demonstrates commitment to being a supportive and transparent organisation with the safety of its staff and service users at its core.

We also note the Trust's dedication to Quality Improvement (QI) programmes and supporting staff in applying a QI mindset and methodologies to their services. The fruits of this are evident in the array of service improvement and innovation work detailed in this year's Quality Account.

We acknowledge the successful results achieved by the Trust on some of the key questions in the national staff survey, and its commitment to identifying and addressing areas for improvement.

We are assured that the Trust has identified and is focused on areas for improvement in relation to the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard.

Priorities for Improvement for 2024/25

The ICBs acknowledge and support the improvement priorities set out for the coming year under the domains of Patient Experience, Patient Safety, Clinical Effectiveness, and Supporting Our People. We agree that these priorities encompass the most important areas of work in support of continuous quality improvement.

In the context of system-wide improvement, we also encourage and support a continued focus on:
- Improvement in the numbers of inappropriate out of area placements for adult mental health services.
- Improvement in performance on Talking Therapies outcome measures (the proportion of people completing treatment who move to recover).
- Further improvement in the effectiveness of pathways for Co-Occurring Mental Health, Alcohol and Drugs (COMHAD).
- The implementation of the Right Care Right Person protocol (on which the Trust has been actively engaged at system-level).

Conclusion

The commentary above, provided by both Frimley ICB and Buckinghamshire, Oxfordshire & West Berkshire ICB, covers selected key areas reported in this year's Quality Account. We also acknowledge the continual focus on quality improvement through numerous other ongoing projects within a wide range of BHFT services which the Quality Account effectively summarises. We commend the Trust's achievements throughout 2023/24 and look forward to working together as partners in the delivery of great care to our population in the coming year.

Sarah Bellars
Chief Nursing Officer
NHS Frimley ICB

Rachael Corser
Chief Nursing Officer
NHS Buckinghamshire, Oxfordshire and Berkshire West ICB

**Berkshire Healthcare NHS Foundation Trust Response:**

We wish to thank Frimley Integrated Care Board (ICB) and Buckinghamshire, Oxfordshire and West Berkshire ICB for their joint response to our 2023/24 Quality Account. We would also like to thank both ICBs for their engagement in partnership working, and we have again reaffirmed our commitment to this in our 2024/25 annual plan on a page document. We look forward to working with both ICBs to achieve our shared objectives.

Appendix G- Map of Berkshire Localities
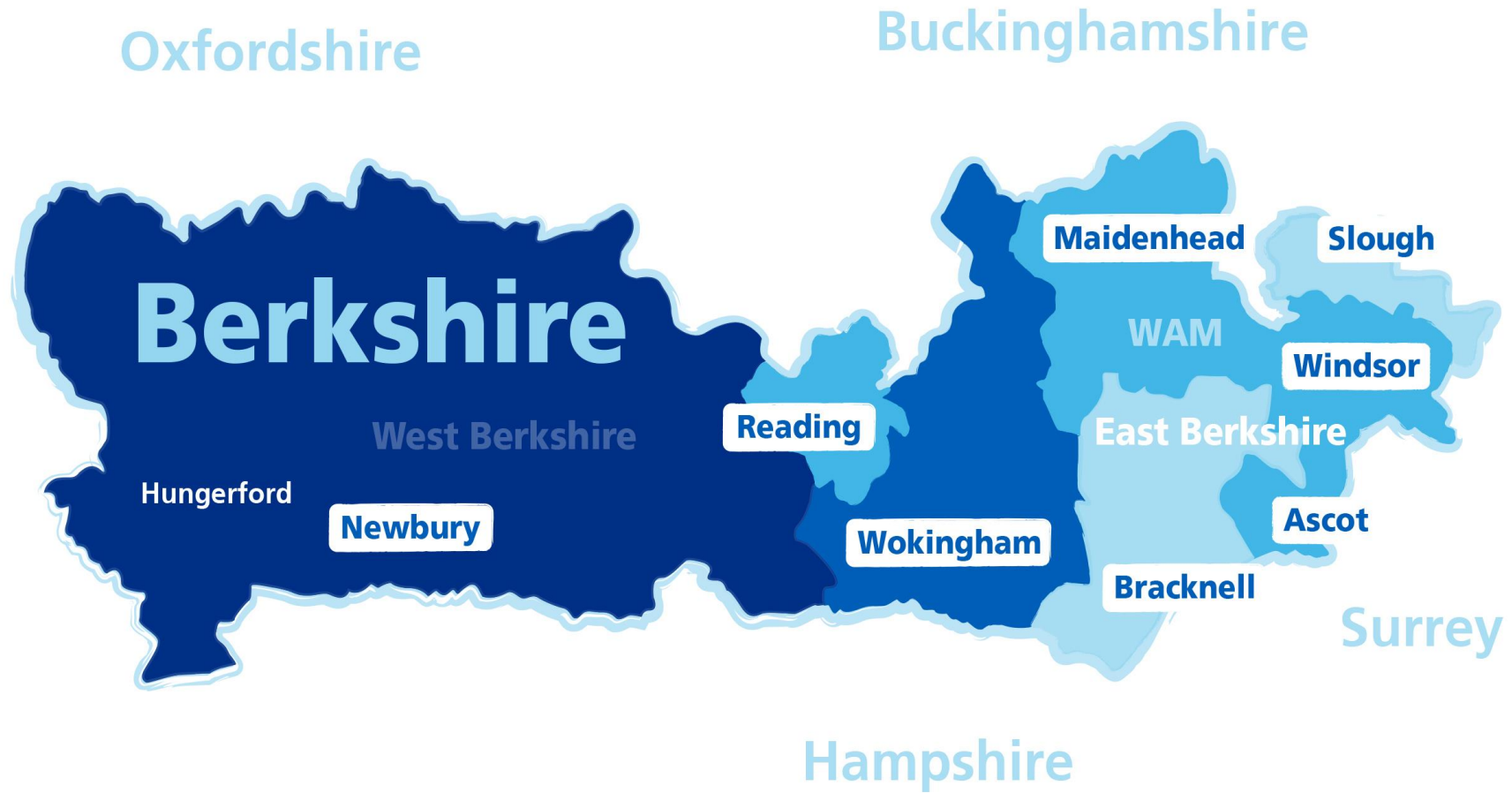
Glossary of acronyms used in this report.

Acronym	Full Name
ACP LD/A	Advanced Practice Credential in Learning Disability and Autism
ADHD	Attention Deficit/ Hyperactivity Disorder
ADTT	Anxiety Disorder Treatment Team
AF	Atrial Fibrillation
ARC	Assessment and Rehabilitation Centre
AWOL	Absent Without Leave
BAME	Black Asian and Minority Ethnic
BEACH	Bedside Emergency Assessment Course for Healthcare Staff
CAMHS	Child and Adolescent Mental Health Service
CaPDID	Caring for People with a Personality Disorder and an Intellectual Disability
CARRS	Cardiac and Respiratory Rehabilitation Service
CBT	Cognitive Behavioural Therapy
CCN	Community Children's Nursing
CCTV	Closed-Circuit Television
CDiff	Clostridium Difficile
CFAA	Children, Family and All Age Services
CMHT	Community Mental Health Team
COMHAD	Co-occurring Mental Health, Alcohol and Drug Disorders
COVID	Coronavirus disease
CPD	Continuing Professional Development
CPE	Common Point of Entry
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CREST	Community Rehabilitation Enhanced Support Team
CRHTT	Crisis Resolution and Home Treatment Team
CSS	Community Specialist Service
CYPIT	Children and Young People's Integrated Therapy Service
DNA	Did Not Attend
DSR	Dynamic Support Register
ECT	Electroconvulsive Therapy
ECTAS	Electroconvulsive Therapy Accreditation Service
EIP	Early Intervention in Psychosis
EOL	End of Life
EPMA	Electronic Prescribing and Medicines Administration
FFT	Friends and Family Test
FLO	Family Liaison Office
FTSU	Freedom to Speak Up
GDE	Global Digital Exemplar
HCSW	Healthcare Support Worker
HV	Health Visitor, Health Visiting

Acronym	Full Name
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
ICP	Integrated Care Partnership
ICS	Integrated Care System
IFR	Initial Findings Report
IPASS	Integrated Care and Spinal Service
IPC	Infection Prevention and Control
iWGC	I Want Great Care (patient experience monitoring)
LA	Local Authority
LD	Learning Disability
LeDeR	Learning Disability Mortality Review Programme
LGBTQ+	Lesbian, Gay, Bi, Trans, Queer, Questioning and Ace
LPSE	Learn from Patient Safety Event
MDT	Multi-Disciplinary Team
MH	Mental Health
MHA	Mental Health Act
MHICS	Mental Health Integrated Community Health Service
MRSA	Methicillin-Resistant Staphylococcus Aureus
MSK	Musculoskeletal
NACEL	National Audit of Care at the End of Life
NCAP	National Clinical Audit of Psychosis
NACR	National Audit of Cardiac Rehabilitation
NCAPOP	National Clinical Audit and Patient Outcomes Programme
NCEPOD	National Confidential Enquiry into Patient Outcome and Death
NCISH	National Confidential Enquiry into Suicide and Homicide
NEWS	National Early Warning System
NG	NICE Guideline
NHS	National Health Service
NICE	The National Institute of Health and Care Excellence
NIHR	National Institute of Health Research
NRAP	National Respiratory Audit Programme
OAP	Out of Area Placement
OPMH	Older Peoples Mental Health
OSCE	Objective Structured Clinical Examination
PCN	Primary Care Network
PDSA	Plan, Do, Study, Act
PICU	Psychiatric Intensive Care Unit
PMVA	Prevention and Management of Violence and Aggression
PNA	Professional Nurse Advocate
POMH	Prescribing Observatory for Mental Health
PPH	Prospect Park Hospital
PRT	Placement Review Team

Acronym	Full Name
PSII	Patient Safety Incident Investigation
PSIRF	Patient Safety Incident Response Framework
PTSD	Post-Traumatic Stress Disorder
PU	Pressure Ulcer
QI	Quality Improvement
QMIS	Quality Management and Improvement System
RAG	Red, Amber, Green
RiO	Not an acronym- the name of the Trust patient record system
ROM	Routine Outcome Monitoring
RRT	Rapid Response Team
RTT	Referral to Treatment Time
SBAR	Situation, Background, Assessment, Recommendation
SCT	Specialist Community Team
SE	Service Evaluation
SEND	Special Educational Needs and Disability
SI	Serious Incident
SJR	Structured Judgement Review
SLT	Speech and Language Therapy/ Therapist
SMI	Severe/ Serious Mental Illness
SOP	Standard Operating Procedure
SSPI	Staff Support Post Incident
STEIS	Strategic Executive Information System
SUS	Secondary Uses Service
TA	Technology Appraisal (NICE)
UCR	Urgent Community Response
VFW	Virtual Frailty Ward
VPR	Violence Prevention and Reduction
VCSE	Voluntary and community social enterprise
WDES	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard