

**COUNCIL OF GOVERNORS**

The next meeting will be held on Wednesday, 23 September 2020  
starting at 10.30 am

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

There will be a private pre-meeting for all governors at 9.45am)

**AGENDA**

ITEM	DESCRIPTION	PRESENTER	TIME
1.	Welcome & introductions	Martin Earwicker, Chair	1
2.	Apologies for Absence	Company Secretary	1
3.	Declarations of Interest	All	1
4.1	Minutes of Last Formal Meeting of the Council of Governors – 29 July 2020	Martin Earwicker, Chair	2
4.2.	Matters Arising	Martin Earwicker, Chair	2
5.	External Auditors Report to the Council of Governors ( <i>Enclosure</i> )	Deloitte, External Auditors	5
6.	External Auditors Procurement	Alex Gild, Deputy Chief Executive and Chief Financial Officer	5
7.	BHFT Annual Report and Accounts 2019/20 Presentation ( <i>Enclosure</i> )	Julian Emms, Chief Executive Alex Gild, Deputy Chief Executive and Chief Financial Officer	10
8.	Carers Strategy Presentation ( <i>Enclosure</i> )	Dan Groves, Physiotherapy Professional Lead for Unscheduled Care Services	15
9.	Reports from the Sub-Groups <i>There were no meetings since the last Council meeting</i>		
10.	Executive Reports from the Trust 1. Patient Experience Quarter 1 Report ( <i>Enclosure</i> ) 2. Performance Report ( <i>Enclosure</i> ) 3. COVID-19 Recovery Update ( <i>Enclosure</i> )	Heidi Ilesley, Deputy Director of Nursing  Julian Emms, Chief Executive Kathryn MacDermott, Acting Executive Director of Strategy	15
11.	Appointment of Lead and Deputy Lead Governor	Company Secretary	1
12.	Chair's Activities	Martin Earwicker, Chair	2

ITEM	DESCRIPTION	PRESENTER	TIME
13.	Governor Feedback Session <i>This is an opportunity for governors to feedback relevant information from any (virtual) meetings they have attended</i>	Martin Earwicker, Chair	5
14.	Any Other Business	Chair	2
15.	<b>a) Date of next meetings</b> 4 November 2020 – Joint TB/CoGs meeting 2 December 2020 – Formal Council Meeting <b>b) Annual Schedule of Council Meetings 2021 (Enclosure)</b>	Martin Earwicker, Chair	1

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

**Wednesday, 29 July 2020 at 10.30 am**

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

	<p>Present: Martin Earwicker, Chair</p> <p>Public Governors: Verity Murrricane John Barrett Paul Myerscough Susana Carvalho Tom Lake Tom O’Kane Joan Moles Andrew Horne Gillian Mohamed</p> <p>Staff Governors: June Carmichael Guy Dakin Julia Prince Natasha Berthollier</p> <p>Appointed Governors: Cllr Julian Sharpe Cllr Deborah Sharpe Cllr Graham Bridgman Suzanna Rose</p> <p>In attendance: Julian Emms, Chief Executive Jenni Knowles, Executive Office Manager and Asst Co Sec Heidi Ilsley, Deputy Director of Nursing Julie Hill, Company Secretary Aileen Feeney, Non-Executive Director David Buckle, Non-Executive Director Mark Day, Non-Executive Director Naomi Coxwell, Non-Executive Director</p> <p>Apologies: Raymond Fox Linda Goddard David Lloyd-Williams Isabel Mattick Arlene Anstell</p>
<b>1.</b>	<b>Welcome</b>
	Martin Earwicker, Chair welcomed everyone to the meeting.
<b>2.</b>	<b>Declarations of Interest</b>

	<p><b>a) Declarations of Interest</b></p> <p>None declared</p> <p><b>b) Annual Declarations of Interest</b></p> <p>The Governors Declarations of Interest Register had been circulated. The Company Secretary invited Governors to review their individual entries on the Register and to let her know of any amendments.</p> <p>John Barrett updated his entry and reported that the WAM Mental Health Services Group and the Partnership Board no longer existed. The Company Secretary reported that she would update the Register accordingly.</p>
3.1	<p><b>Minutes of Last Formal Meeting of the Council of Governors – 04 December 2019 and Minutes of the Council of Governors Briefing meeting – 17 June 2020</b></p>
	<p>The minutes the meetings held on 4 December 2019 and 17 June 2020 were approved as current records of the meeting after minor typological errors were corrected.</p>
3.2.	<p><b>Matters Arising</b></p>
	<p>The matters arising log had been circulated. All actions had been completed.</p>
4.	<p><b>“Bite Size Learning” – Role of the Quality Assurance Committee - David Buckle, Chair of the Quality Assurance Committee</b></p>
	<p>The Chair welcomed Dr David Buckle, Chair of the Quality Assurance Committee meeting.</p> <p>Dr Buckle gave a brief verbal introduction on the role of the Quality Assurance Committee which was a sub-committee of the Trust Board.</p> <p>Dr Buckle said that the key role of the Committee was to provide assurance to the Trust Board about the Trust’s systems and processes in place to ensure safe and effective care for patients. It was noted that this was not an operational committee.</p> <p>Dr Buckle stressed that the Committee received evidence-based assurances from a variety of different sources, including the outcome of clinical audits, serious incidents and learning from deaths.</p> <p>Dr Buckle said that it was important for Committee members to understand the patient context, the Trust’s Strategy as well as national policy and national regulations and requirements.</p> <p>Paul Myerscough mentioned that quality in the industry context meant improvement and asked whether the Trust’s Quality Improvement Programme was important. Dr Buckle answered that the Quality Improvement Programme was well embedded across the Trust and pointed out that the Trust was ahead of many other NHS organisations in its adoption of Quality Improvement methodology as a means of achieving sustainable improvement to services.</p> <p>John Barrett asked whether it would it be appropriate to look at how quality improvement was being undertaken in commercial organisations. The Chair pointed out that every business had different priorities and cultures and commented that quality improvement was a continuing journey and that the Trust was still learning.</p> <p>The Chair thanked David Buckle for attending the meeting and explaining more about the role of the Quality Assurance Committee.</p>

5.	<p><b>Non-Executive Director Introduction - Aileen Feeney, Non-Executive Director</b></p>
	<p>The Chair welcomed Aileen Feeney, Non-Executive Director to the meeting.</p> <p>Ms Feeney reported that she joined the Trust in November 2019. Her background was in the oil, gas and utility sector where she worked on strategy, business transformation and quality. Following this she transitioned to the charity sector in the last few years.</p> <p>It was noted that Aileen was a member of the Quality Assurance Committee.</p> <p>The Chair thanked Aileen for attending the meeting and for introducing herself.</p>
6.	<p><b>Ratification of the decision to extend the Term of Office of Chris Fisher, Non-Executive Director - Martin Earwicker, Chair</b></p>
	<p>The Chair reminded the meeting that the Governors had agreed via email to extend Chris Fisher, Chair of Audit's term of office for one year because the recruitment process for his successor had been paused because of the COVID-19 pandemic.</p> <p>The Council of Governors ratified the decision to extend Chris Fisher's term of office by one year. Mr Fisher's term of office would now end on 30 September 2021.</p>
7.	<p><b>Reports from the Sub-Groups</b></p>
	<p><b>a) Living Life to the Full</b></p> <p>John Barrett, Chair reported that the meeting was held on 8 July 2020 and was conducted via MS Teams. It was noted that Julie Hill, Company Secretary and Julia Prince, Staff Governor and WAM Team Therapy Lead spoke about how they and their teams had adopted to new ways of working because of the COVID-19 pandemic.</p> <p>John said that both members of staff had mentioned how useful they had found the weekly and now fortnightly Executive All Staff Briefings.</p> <p>John said that Verity Murrice had informed the Group that the Eight Bells for Mental Health Group had appointed a Co-ordinator to help people complete various forms during the COVID-19 pandemic.</p> <p>John extended an invitation to other Governors to join the Living Life to the Full Group.</p> <p><b>b) Quality Assurance</b></p> <p>Susana Carvalho, Chair reported that the meeting was held on 13 July 2020 and was conducted via MS Teams. Susana reported that Heidi Ilsley, Deputy Director of Nursing had attended discuss patient experience and to help the Group to review an anonymised multi-agency complaint relating to the care of a child. It was noted that the Group had paused face to face visits to services because of the COVID-19 social distancing requirements.</p> <p><b>c) Membership and Engagement</b></p> <p>Tom Lake, Chair, reported that the meeting was held on 28 July 2020 and was conducted via MS Teams. Tom reported that there had been a slight increase in the Trust's membership. Tom reminded everyone that the Trust's AGM on 23 September 2020 would be held online and would last an hour.</p>

	<p>Tom reported that the governor elections for Reading had been paused because of the COVID-19 pandemic and that the election process would shortly be re-started.</p> <p>Cllr Julian Sharpe, Appointed Governor for the Royal Borough of Windsor and Maidenhead offered his help to encourage members to join the Trust.</p> <p>The Chair suggested that the Membership and Engagement Group discuss ways of connecting with people in communities.</p>
<b>8</b>	<b>Patient Experience Quarter 4 Report</b>
	<p>Heidi Ilsley, Deputy Director of Nursing presented the report and pointed out that the first part of quarter was a normal quarter and business as usual, however, heading into March things changed due to Covid-19. Nationally, the Friends and Family Test was suspended, and a revised approach to managing complaints was implemented. There were 50 complaints during this quarter and complainants were contacted via telephone to inform them that their response may be delayed, and to ask if it could be managed informally. The complaints service was now back to usual.</p> <p>Julia Prince asked if the Trust had received many Covid-19 related complaints. Heidi reported that there were no Covid-19 related complaints.</p> <p>Guy Dakin asked about patient feedback in relation to the Campion Unit after the CQC had rated it Outstanding. Heidi advised that the Senior Oversight Group would be looking into this and an action plan developed. Julian Emms added that following his visit to Campion Unit on Monday, he reminded everyone that Campion was a behavioural unit for people with learning disabilities and the cohort of patients could have challenging behaviour including staff being physically assaulted by patients.</p> <p>Tom Lake noted that 5 of 6 of complaints relating to Community wards were upheld. Julian Emms said there was a consistent theme around communication.</p>
<b>9.</b>	<b>Performance Report</b>
	<p>The Performance Report had been circulated.</p> <p>Guy Dakin referred to page 76 and of the agenda pack and asked about the increase in the number of patient on staff assaults.</p> <p>Julian Emms said that the increase in the number of patient on staff assaults mainly related to the Campion Unit and Mental Health in patient wards.</p> <p>Tom Lake asked about the Cardio Metabolic CQUIN assessment and treatment for people with psychosis performance which was below target. Julian Emms said that Trust staff undertook this as part of the Trust's contract and that it was the responsibility of all staff in mental health to drive performance.</p> <p>Tom asked if Trust staff were able to take annual leave during the COVID-19 pandemic period. Julian said that the Trust was encouraging staff to take annual leave.</p> <p>John Barrett referred to the national performance highlights section and asked whether the Trust shared NHS Providers concern about the points scheme and its impact on recruiting staff. Julian reported that this would mainly impact Social Care service and pointed out that the Trust and that the Trust was able to recruit Health Care Assistants.</p> <p>June Carmichael reported that CCG colleagues who joined the Trust to support the COVID-19 response were very complimentary about their experience with the Trust.</p>

	Julian thanked June for sharing the positive feedback.
<b>10.</b>	<b>Chair's Activities</b>
	<p>The Chair reported that the Trust's meetings (both internal and external) were being conducted via MS Teams which had reduced the time he spent driving between different parts of the County. The Chair reported that he had now resumed his face to face visits to Trust service.</p> <p>June Carmichael, Staff Governor reported that colleagues from the BOB and Frimley Health and Care Integrated Care Systems were very complimentary about the Trust's COVID-19 response and by its use of technology which had enabled to Trust to operate as business as usual.</p>
<b>11.</b>	<b>Governor Feedback Session</b>
	<p>The Chair said that this agenda item provided an opportunity for Governors to feedback relevant information from any (virtual) meetings they have attended.</p> <p>Guy Dakin, Staff Governor thanked the Executive for holding regular All Staff Briefings throughout the COVID-19 pandemic. Guy particularly welcomed the opportunity staff were given to raise issues through the question and answer session at the end of each meeting.</p> <p>Cllr Graham Bridgman, Appointed Governor for West Berkshire Council wanted Governors to be aware of the Berkshire and North Hampshire development plan consultation.</p> <p>Graham also mentioned that he preferred using Zoom rather than MS Teams for meeting. Julian Emms said that Zoom did not meet GDPR criteria.</p> <p>Andrew Horne, Public Governor commented that one of the downsides of online meetings was the social side being curtailed as only nine videos could be seen on the screen with others just appearing with their initials.</p> <p>Tom Lake, Public Governor reported that Reading had set up an Outbreak Engagement Board. Graham Bridgman said that the Outbreak Engagement Board had held its first meeting on Friday on YouTube.</p> <p>The Chair asked if the Governors would be happy for the recording of future Council meetings to be made public to get more democratic representation. The Governors agreed that future formal Council meetings would be published on the Trust's website.</p> <p>Paul Myerscough asked if Board meetings would be "live" rather than the recording being made available on the Trust's website after the meeting. The Chair responded that that was the intention once we had the technology.</p> <p><b>Post meeting note from the Company Secretary</b>  Unfortunately, there are technical issues relating to holding "live" Board meetings which have not yet been resolved. For the time being, Board meetings will continue to be recorded and the recording published on the Trust's website.</p>
<b>12.</b>	<b>Any Other Business</b>
	There was no other business.
<b>13.</b>	<b>Date of Next Meeting - Martin Earwicker, Chair</b>

	23 September 2020 (the Annual General Meeting will also be held on 23 September 2020 – via Teams.)
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# INDEPENDENT AUDITOR'S REPORT TO THE BOARD OF GOVERNORS AND BOARD OF DIRECTORS OF BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

## Report on the audit of the financial statements

### 1. Opinion

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

- give a true and fair view of the state of the foundation trust's affairs as at 31 March 2020 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with the accounting policies directed by NHS Improvement – Independent Regulator of NHS Foundation Trusts; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

We have audited the financial statements which comprise:

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

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

### 2. Basis for opinion

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

We are independent of the foundation trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the Financial Reporting Council's (the 'FRC's') Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### 3. Summary of our audit approach





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#### Key audit matters

The key audit matters that we identified in the current year were:

- property valuations; and
- management override of controls.

Within this report, key audit matters are identified as follows:

-  Newly identified
-  Increased level of risk
-  Similar level of risk
-  Decreased level of risk

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#### Materiality

The materiality that we used for the financial statements was £5.0m which was determined on the basis of 2% forecast revenue.

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#### Significant changes in our approach

There have been no significant changes in our approach.

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### 4. Conclusions relating to going concern

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We are required by ISAs (UK) to report in respect of the following matters where:

- the directors' use of the going concern basis of accounting in preparation of the financial statements is not appropriate; or
- the directors have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the foundation trust's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

We have nothing to report in respect of these matters.

### 5. Key audit matters

Key audit matters are those matters that, in our professional judgement, were of most significance in our audit of the financial statements of the current period and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those which had the greatest effect on: the overall audit strategy, the allocation of resources in the audit; and directing the efforts of the engagement team.

These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

## 5.1. Property valuation

<b>Key audit description</b>	<b>matter</b>
	<p>The foundation trust holds property assets within Property, Plant and Equipment at a modern equivalent use valuation of £85.3m (2018/19: £86.7m). The valuations are by nature significant estimates which are based on specialist and management assumptions (including the floor areas for a Modern Equivalent Asset, the basis for calculating build costs, the level of allowances for professional fees and contingency, and the remaining life of the assets) and which can be subject to material changes in value.</p> <p>The net valuation movement on the foundation trust's estate shown in note 12.1 is an impairment of £4.4m (2018/19 £1.6m).</p> <p>As detailed in note 1.8, in applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'), the valuer has declared a 'material valuation uncertainty' in the valuation report. This is on the basis of uncertainties in markets caused by COVID-19, which meant that at the valuation date the valuers considered that less weight could be attached to previous market evidence for comparison purposes, to inform opinions of value.</p>
<b>How the scope of our audit responded to the key audit matter</b>	<p>We obtained an understanding of relevant controls over property valuations, and tested the accuracy and completeness of data provided by the foundation trust to the valuer. We worked with Deloitte internal valuation specialists to review and challenge the appropriateness of the key assumptions used in the valuation of the foundation trust's properties, and have agreed the results of the valuation to the amounts disclosed in the financial statements.</p> <p>We have reviewed the disclosures in notes 1.3, 1.8 and 12 and evaluated whether these provide sufficient explanation of the basis of the valuation and the judgements made in preparing the valuation.</p> <p>We considered the impact of uncertainties relating to the UK's exit from the EU and the COVID-19 pandemic upon property valuations in evaluating the property valuations and related disclosures including the adequacy of the disclosure of the material valuation uncertainty.</p> <p>We assessed whether the valuation and the accounting treatment of the impairment was compliant with the relevant accounting standards, and in particular whether impairments should be recognised as within the surplus from continuing operations or as an item of other comprehensive income.</p>
<b>Key observations</b>	<p>While we note the increased estimation uncertainty in relation to the property valuation as a result of COVID-19, and as disclosed in note 1.8, we consider that the key judgements are within the acceptable range.</p> <p>We are satisfied that the Trust assumptions and valuation methodology are appropriate.</p>

## 5.2. Management override of controls

<b>Key audit description</b>	<b>matter</b>
	<p>We consider that in the current year there is a heightened risk across the NHS that management may override controls to manipulate fraudulently the financial statements or accounting judgements or estimates. This is due to the increasingly tight financial circumstances of the NHS and close scrutiny of the reported financial performance of individual organisations.</p> <p>The foundation trust has been allocated £2.3m of the Provider Sustainability Fund, contingent on achieving financial and operational targets each year, equivalent to a "control total" for the year of a surplus (adjusted for certain items) of £1.9m. This creates an incentive for reporting financial results that exceed the control total of £1.9m. The foundation trust's reported results show a surplus of £0.9m, equivalent to £0.7m above the control total when the impact of impairments is removed.</p> <p>NHS Trusts and Foundation Trusts have previously been requested by NHS Improvement to consider a series of "technical" accounting areas and assess both whether their current accounting approach meets the requirements of International Financial Reporting Standards, and to remove "excess prudence" to support the overall NHS reported financial position. The areas of accounting estimate highlighted included accruals, deferred income, bad debt provisions, property valuations, and useful economic lives of assets.</p> <p>Details of critical accounting judgements and key sources of estimation uncertainty are</p>

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included in note 1.3.

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**How the scope of our audit responded to the key audit matter**

**Manipulation of accounting estimates**

Our work on accounting estimates included considering areas of judgement, including those identified by NHS Improvement. In testing each of the relevant accounting estimates, we considered their findings in the context of the identified fraud risk. Where relevant, the recognition and valuation criteria used were compared to the specific requirements of IFRS.

We tested accounting estimates (including property valuations (see above), useful economic lives, capitalisation and year end accruals), focusing on the areas of greatest judgement and value. Our procedures included comparing amounts recorded or inputs to estimates to relevant supporting information from third party sources.

We evaluated the rationale for recognising or not recognising balances in the financial statements and the estimation techniques used in calculations, and considered whether these were in accordance with accounting requirements and were appropriate in the circumstances of the foundation trust.

**Manipulation of journal entries**

We used data analytic techniques to select journals for testing with characteristics indicative of potential manipulation of reporting focusing in particular upon manual journals.

We traced the journals to supporting documentation and evaluated the accounting rationale for the posting. We evaluated individually and in aggregate whether the journals tested were indicative of fraud or bias.

We tested the year-end adjustments made outside of the accounting system between the general ledger and the financial statements.

**Accounting for significant or unusual transactions**

We considered whether any transactions identified in the year required specific consideration and did not identify any requiring additional procedures to address this key audit matter.

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**Key observations**

We are satisfied that there is no significant bias in the key judgements made by management.

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## 6. Our application of materiality

### 6.1. Materiality

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

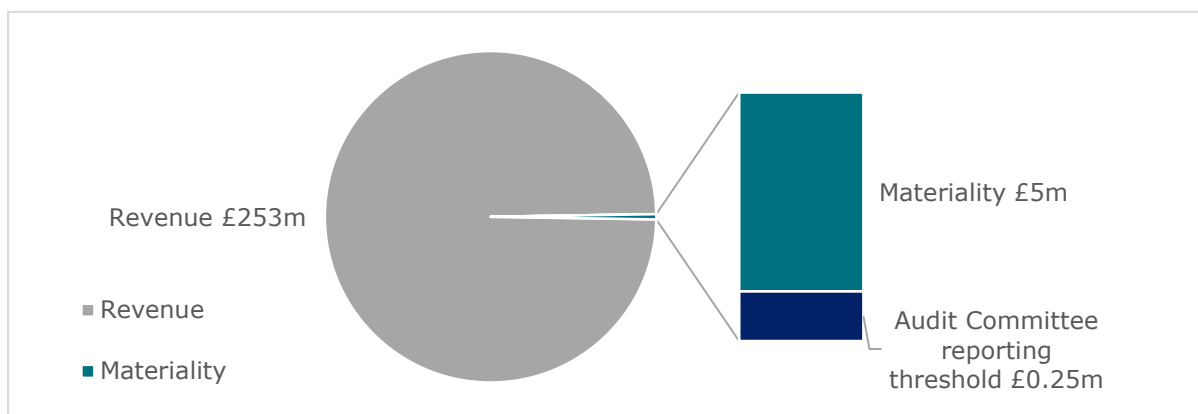
Based on our professional judgement, we determined materiality for the financial statements as a whole as follows:

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Foundation trust financial statements	
<b>Materiality</b>	£5.0m (2019: £5.0m)
<b>Basis for determining materiality</b>	2% of revenue (2019: 2% of revenue)

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<b>Rationale for the benchmark applied</b>	Revenue was chosen as a benchmark as the foundation trust is a non-profit organisation, and revenue is a key measure of financial performance for users of the financial statements.
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## 6.2. Performance materiality

We set performance materiality at a level lower than materiality to reduce the probability that, in aggregate, uncorrected and undetected misstatements exceed the materiality for the financial statements as a whole. Performance materiality was set at 80% of materiality for the 2020 audit (2019: 80%). In determining performance materiality, we considered the following factors:

- the quality and maturity of the control environment and the lack of significant control deficiencies identified,
- the low level of corrected and uncorrected misstatements identified in previous years, and
- the absence of significant changes in the business.

## 6.3. Error reporting threshold

We agreed with the Audit Committee that we would report to the Committee all audit differences in excess of £250k (2019: £250k), as well as differences below that threshold that, in our view, warranted reporting on qualitative grounds. We also report to the Audit Committee on disclosure matters that we identified when assessing the overall presentation of the financial statements.

## 7. An overview of the scope of our audit

### 7.1. Identification and scoping of components

Our audit was scoped by obtaining an understanding of the entity and its environment, including internal control, and assessing the risks of material misstatement. Audit work was performed directly by the audit engagement team, led by the senior statutory auditor. There is only one component included in the financial statements, being the foundation trust itself. There have been no changes to our scoping compared to the prior year.

## **7.2. Other areas of our audit scope**

The audit team included integrated Deloitte specialists bringing specific skills and experience in Information Technology systems and property valuations.

We used our Spotlight Data Analytics platform to identify key trends in the journals population to support our work on management override of controls and as part of our risk assessment

## **8. Other information**

The accounting officer is responsible for the other information. The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in respect of these matters.

## **9. Responsibilities of accounting officer**

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

In preparing the financial statements, the accounting officer is responsible for assessing the foundation trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the accounting officer either intends to liquidate the foundation trust or to cease operations, or has no realistic alternative but to do so.

## 10. Auditor's responsibilities for the audit of the financial statements

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

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

## Report on other legal and regulatory requirements

### 11. Opinion on other matters prescribed by the National Health Service Act 2006

In our opinion:

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

### 12. Matters on which we are required to report by exception

#### **12.1. Annual Governance Statement, use of resources, and compilation of financial statements**

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

- the Annual Governance Statement does not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, is misleading, or is inconsistent with information of which we are aware from our audit;
- the foundation trust has not made proper arrangements for securing economy, efficiency and effectiveness in its use of resources; or
- proper practices have not been observed in the compilation of the financial statements.

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

We have nothing to report in respect of these matters.

## **12.2. Reports in the public interest or to the regulator**

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

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

We have nothing to report in respect of these matters.

## **13. Certificate**

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

## **14. Use of our report**

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

Ben Sheriff, ACA (Senior statutory auditor)

For and on behalf of Deloitte LLP  
Statutory Auditor  
St Albans, United Kingdom

June 2020



# About us

- **Main provider of community and mental health services to the population of Berkshire**
- Annual income of around **£270m**, employing approximately **4,500 staff** and providing services from **98 sites**
- In terms of scale the **Mental Health** and **Community Health** services portfolio are of equal size – we are a combined trust
- We are key partners in **two integrated care systems** – **BOB** and **Frimley**

# Our CQC rating

March 2016 – awarded ‘**Good**’ – the first trust of our kind to achieve this.

October 2018 – awarded ‘**Outstanding**’ for being a well led (and maintained overall ‘Good’).

March 2020 – awarded ‘**Outstanding**’ overall and have four services also holding this rating:

(Community Physical Health services for adults, End of Life service, Learning Disability In-Patients and Older Peoples Community Mental Health services)

All our core physical and mental health services now rated **Good** or **Outstanding**.



# Lots be proud about

“**All** the staff at Berkshire Healthcare NHS Foundation Trust should be **proud of their achievement** and how they continue to place patients at the **centre of everything** they do.”



‘we have seen **progressive improvement in the quality** of core services’ since the last inspection the trust had **continued to make considerable improvements**’

Staff felt **proud to work for the Trust** , were **passionate** about **delivering good quality care** and Inspectors found that there was a **positive culture** throughout the trust, one of **inclusivity** and **compassion**. Patients were encouraged by staff to express their wishes and to be an **active participant in their care**.

‘Real **commitment** to learning and **driving improvements**’.

‘The **positive culture** of the trust meant staff felt **passionate** about **delivering good quality care**. Further progress in quality improvement ... championed at all levels from ward to board’

‘**Clear vision** underpinned by a set of **values** that were understood by staff across the Trust

‘leaders had the skill, knowledge, integrity and experience to perform their roles and good understanding of the services they were responsible for delivering’

‘Continued to build on its **innovation** as a global digital exemplar’

‘**Strong governance** supported by **high quality performance information**’



# Our **priorities** (True North)

1. **Harm free care**
2. **Improving staff experience**
3. **Improving patient experience & outcomes**
4. **Supporting financial sustainability**

# Harm Free Care

- No more than 18 category 3 or 4 pressure ulcers for the year due to a lapse in care – **Achieved**
- Reducing falls to no more than 4 per 1000 bed days – **Not achieved, but reducing trend and reduced by more than 50% since 2018/19**
- No more than 4 medication errors resulting in moderate harm for the year – **Achieved**
- Reducing rates of suicide of people under our care by 10% by 2021 - **Stable and on track**
- All our services will contribute to an outstanding CQC rating - **Achieved**

# Improving Staff Experience

- Vacancy level for the year below 10% – **Achieved 5.9% in March 2020**
- Staff turnover below 16% - **Achieved (14.9%) but still too high**
- Annual staff survey - **top 3 in our sector with high levels of engagement and satisfaction**, but more to do around disability and BAME
- Reduction in patient to staff assaults (no more than 36 per month) - **Not achieved, but downward trend and below target in 7 out of the 12 months**

# Improving Patient Experience and Outcomes

- Friends and Family Test satisfaction rate – **Community Inpatients (95%), Minor Injuries (97%), Mental Health Inpatients (71%)**
- Mental Health delayed transfers of care below 7.5% - **Achieved**
- No more than 2 cases of prone restraint per month – **Not Achieved in 6 of the 12 months, but significant overall reduction on previous year**



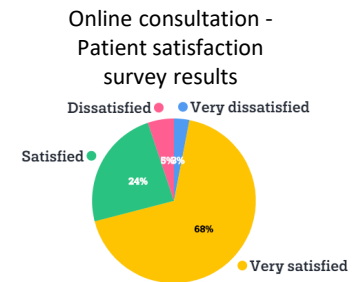
# Supporting Financial Sustainability


- Achieved our Financial Plan for the year
- Alex will say more!

# Online Consultations – Berkshire Healthcare NHS FT

- Two solution approach to provide options for scheduled, unscheduled and group appointments.
- Berkshire Healthcare NHS FT expedited roll out of One Consultation solution and Microsoft Teams across March and April.
- All appropriate services enabled within 4 weeks of lockdown starting on the 16th March


## One Consultation & MS Teams usage during Covid -19






75000

Appointments completed via online consultations



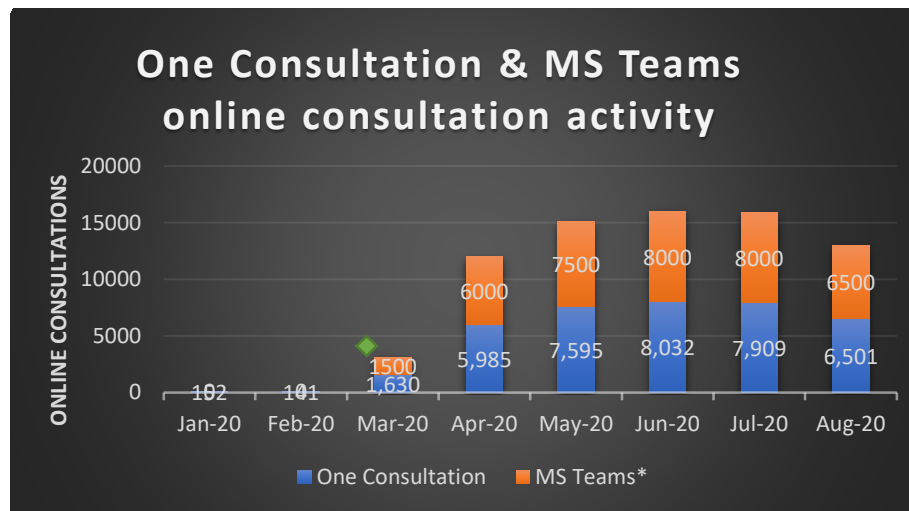
33000+

Hours of face to face conversation whilst staying safe/distanced



1000+

Clinicians using the service enabling safe care delivery



**One Consultation** provides a 'waiting room' to greet patients with functionality to test their video and audio settings.

Available on smart devices and laptop/desktop PCs

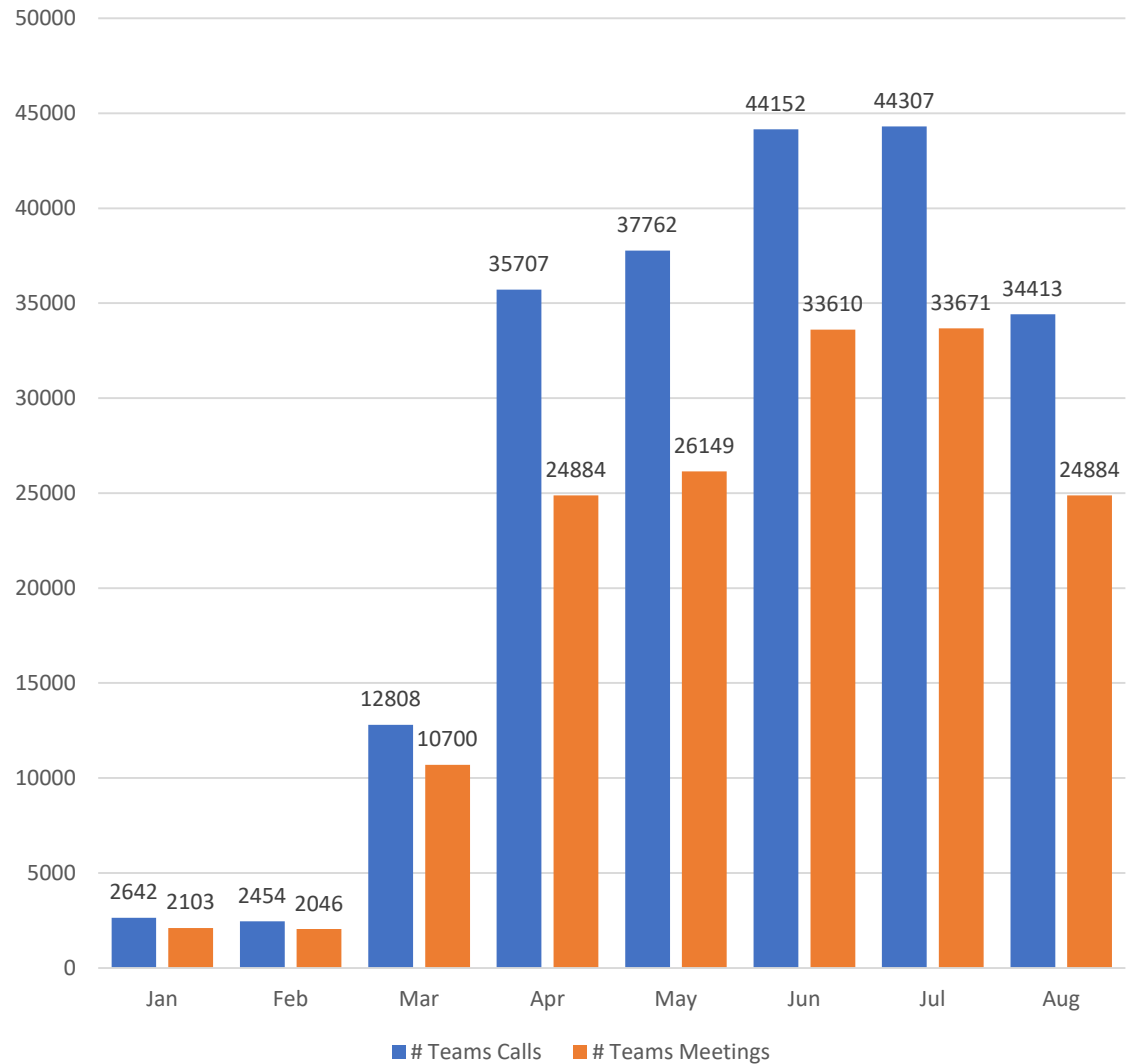
Solution has recently been updated to support groups, screen and file sharing, translation support and recording, for clinical training and supervision purposes.

**MS Teams** being developed to provide greater levels of support and choice for both staff and patients.

• MS Teams data estimated, data to 30<sup>th</sup> April 2020

# MS Teams stats - usage by activity

Teams usage by activity



# Financial Review for 2019/20

Alex Gild

Deputy Chief Executive and Chief Financial Officer

23<sup>rd</sup> September 2020

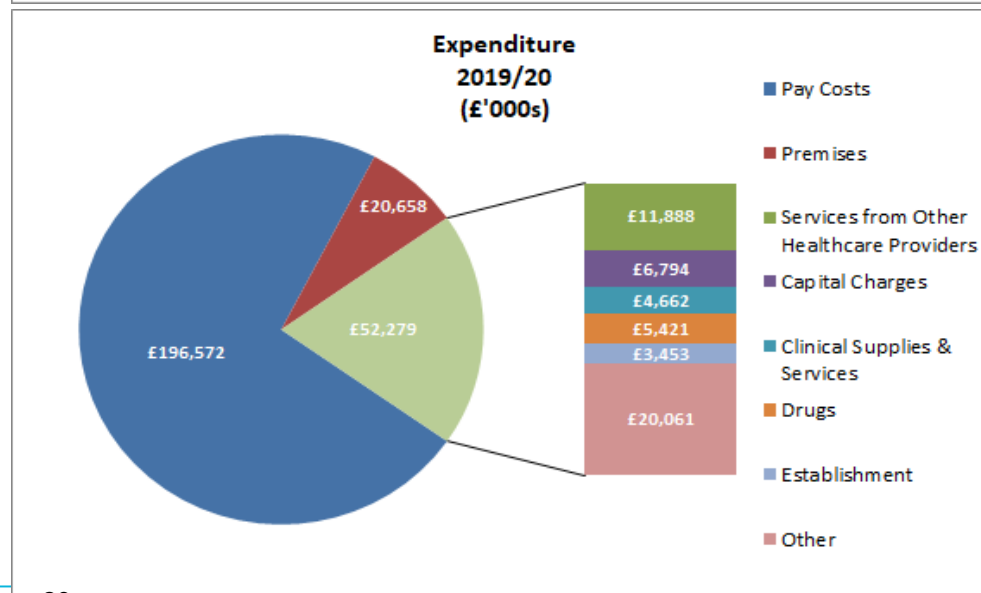
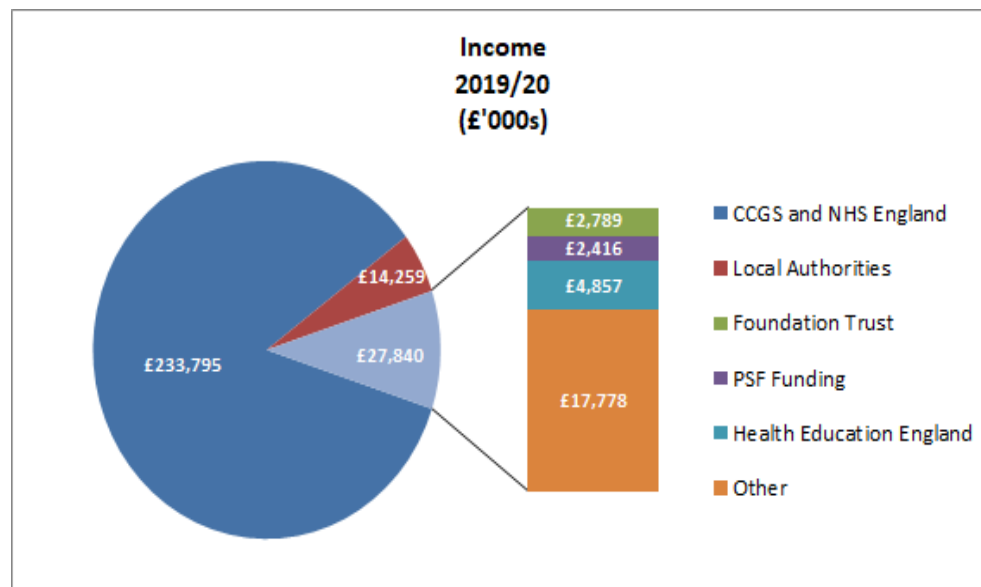


# Income and Expenditure

	2019/20 Actual £'000s	2018/19 Actual £'000s
Income Received (excluding Donations)*	275,833	255,762
Donations (Renal Unit, etc)	61	1,005
<b>Sub total Income</b>	<b>275,894</b>	<b>256,767</b>
Employee Pay Costs*	(196,572)	(175,026)
Other operating expenses	(72,937)	(69,916)
<b>Total operating expenses</b>	<b>(269,509)</b>	<b>(244,942)</b>
<b>Operating Surplus</b>	<b>6,385</b>	<b>11,825</b>
Non operating income/expenses (net)	(5,426)	(5,312)
<b>Net Surplus (including Donations)</b>	<b>959</b>	<b>6,513</b>
<b>I&amp;E Margin (%) (including Donations)</b>	<b>0.35%</b>	<b>2.54%</b>
<b>Net Surplus (excluding Donations)</b>	<b>898</b>	<b>5,508</b>
<b>I&amp;E Margin (%) (excluding Donations)</b>	<b>0.33%</b>	<b>2.15%</b>

\* Included in the increase in income of £20.1m is £7.9m relating to a technical adjustment for employer contributions to the NHS Pension Scheme. The increase in income was offset by an equal and opposite increase in expenditure reflecting the payment by NHS England to NHS Pension Agency on the Trust's behalf.

- Planned surplus £1.8m, reported surplus £0.9m, £0.9m below plan. Excluding £1.7m asset 'impairment', the Trust achieved an underlying net surplus of £2.6m.
- Exceeded regulator control total by £0.7m, securing PSF funding for final year of scheme of £2.4m
- Achieved cost savings of £4.6m against plan of £4.0m;
- Temporary staffing costs of £20.9m, increase of £0.8m on prior year. Agency usage decreased by £1.1m, from £6.0m to £4.9m;
- Returned a Financial Risk Rating of '1' (plan of '1') indicating lowest financial risk from regulator perspective



# Statement of Financial Position

	As at 31st March 2020 £'000s	As at 31st March 2019 £'000s
Property, Plant & Equipment	101,637	102,717
Current Assets	11,584	11,901
Cash	26,406	25,597
<b>Total Assets</b>	<b>139,627</b>	<b>140,215</b>
Current Liabilities	(28,966)	(27,866)
Non Current Liabilities	(28,973)	(29,971)
<b>Total Liabilities</b>	<b>(57,939)</b>	<b>(57,837)</b>
<b>Total Net Assets</b>	<b>81,688</b>	<b>82,378</b>

- Improved closing cash position of £26.4m, an increase in cash of £0.8m on prior year;
- £10.3m spent on improving and enhancing Trust estate and investment in information technology (Global Digital Exemplar);
- Reduced net assets position as a result of lower valuations against Trust land and buildings;
- Repaid £1.2m of PFI debt;
- **Governance Highlights** – Another clean audit with no material or significant recommendations for fourth year running.

# Plan for 2020/21

- NHSI/E suspended the 20/21 planning process to allow the Trust to focus on the COVID 19 pandemic response
- Interim financial arrangements have been put in place to ensure that the direct additional costs incurred by providers in responding to the pandemic are met with central funding
- Further, there is a commitment that all providers will breakeven during the periods with further funding being provided as required.
- We await confirmation of the regime from October onwards

# Carers Strategy Project



**GDE**  
Digital solutions for  
outstanding healthcare



# Content of Presentation

1. Background information regarding the project and the vision and goals
2. Project progress
3. Content of carer offer
4. Evidencing compliance against carer offer
5. Implementation plan and next steps

# Background Information

## Vision

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

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

# Background Information

## Goals

1. Using national best practice guidance, develop a carer offer that Berkshire Healthcare services will be able to commit to providing.
2. The creation of a methodology to enable services to self assess what level of carer offer they should implement.
3. Produce a revised Trust strategic plan for carers which aligns with the direction of travel set by NHS England and the six local authorities in Berkshire and is consistent with NICE guidance.
4. Development of a Trust wide implementation plan to facilitate the successful implementation of a carer offer.

# Project Progress

- Creation of Carers Task and Finish group
- Engagement with Berkshire local authorities and Carer support groups/agencies
- Production of two documents

1. Family and Friends Carers Strategy 2020-2023



Microsoft Word  
Document

2. Overview of the Family and Friends Carers Strategy 2020-2023



Microsoft Word  
Document

# Content of Carer Offer

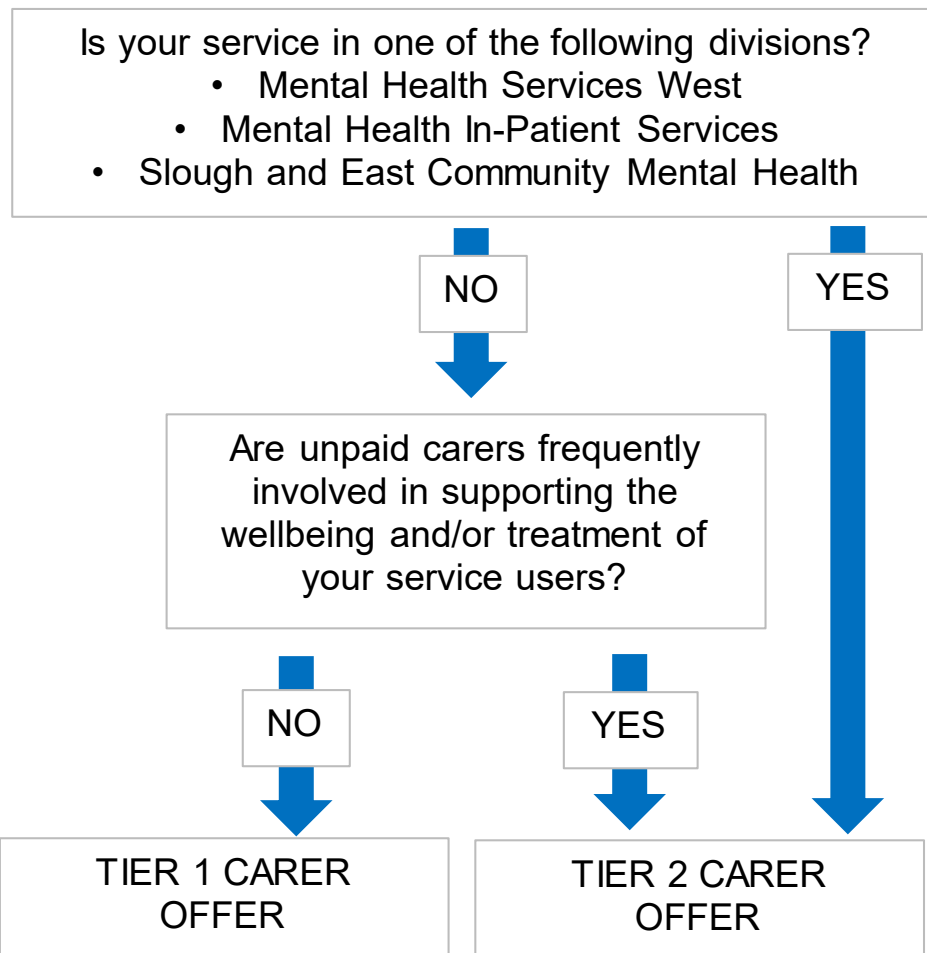
## Tier 1 Offer

1. Staff will be 'carer aware'
2. Services will identify carers and involve them in the planning of care
3. Staff will refer or signpost carers to relevant support

## Tier 2 Offer – in addition to Tier 1:-

4. Services will have allocated staff responsible for carers
5. Services will provide an introduction to the service and relevant information across the care pathway
6. Services will provide a range of carers support and obtain carers feedback

# Tier 1 or Tier 2 Offer?



# Evidencing Compliance

Self assessment: Services would assess their compliance against the standards by completing either the Tier 1 or Tier 2 self assessment form

Form submitted and content reviewed

Possible Outcomes

- Sufficient evidence to provide assurance that the service has taken actions to ensure they are meeting the standards
- Insufficient evidence and/or absence of a credible action plan to provide assurance of how the standards will be met. Form returned to service for them to amend and resubmit

Self assessment process repeated at agreed time intervals

# Implementation Plan and Next Steps

1. Creation of a permanent new role to be the Trust's Carer Lead
2. Development of a Family and Friends Carers group responsible to deliver the actions and recommendations made in the strategy.



# Any questions?

[dan.groves@berkshire.nhs.uk](mailto:dan.groves@berkshire.nhs.uk)



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outstanding healthcare

# **Family and Friends Carers Strategy 2020-2023: A Detailed Report on the Development of the Carer Offer and Recommendations for its Implementation**

Carers Task and Finish Group  
Dan Groves - Carer Lead Project Manager

May 2020

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## **Introduction**

‘We need to care for the carers’. Simon Stevens NHS England CEO<sup>(1)</sup>

The contribution that carers make to our society is immense. The support Carers provide saves the Health and Social care system around £132 billion a year<sup>(2)</sup>. This equates to a saving of:

- £2.5 billion per week
- £362 million per day
- £15.1 million per hour

To put this financial cost into context, the entire budget for the Department of Health and Social Care in England for 2019/20 is £140.4 billion<sup>(3)</sup>.

There are around seven million carers in the UK, which equates to one person in ten being a carer<sup>(4)</sup>. The fact that caring responsibilities can change over time means that 3 in 5 people will be carers at some point in their lives<sup>(5)</sup>.

With an ageing population, the need for families and friends to care for their loved ones will only increase further. It is predicted by the Carers Trust that by 2030, that the number of carers will increase by a further 3.4 million<sup>(4)</sup>. It is therefore extremely likely that caring responsibilities will at some point touch everyone’s life in the near future.

Berkshire Healthcare NHS Foundation Trust (herein referred to as Berkshire Healthcare) recognises the vital and essential role that carers, including those under the age of 18, do in supporting and caring for their friends and family. Providing care is not easy and carers can experience physical, mental or emotional strain as a direct result of being a carer. Berkshire Healthcare acknowledges that having a Carers Strategy will have a beneficial impact on the health and wellbeing of both the carer and the person that they care for. A well informed and supported carer will also be better equipped to care for their loved one with greater safety and increased confidence.

## **Who is a Carer?**

'A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid'<sup>(6)</sup>.

There is no such thing as a 'typical carer'; carers can be any age and from all walks of life and the support they provide will be varied and wide-ranging. What all carers do have in common is their desire to help the person they care for.

The 2011 census revealed that 75,040 people across Berkshire provide unpaid help and support to individuals who are ill, frail or disabled; that is 8.7% of the population<sup>(7)</sup>. By 2021 it is estimated that this number will have increased significantly and will continue to do so as the population expands and ages.

The true number of carers is difficult to estimate as many carers do not actually see themselves as carers; they are a husband, wife, mother, father, brother, sister, daughter, son or friend and for them the caring relationship is simply part of normal everyday life.

## **Vision of this Strategy**

In April 2019 a carer workshop was held using a Quality Improvement methodology and as a result of this workshop a vision for the organisation was formulated;

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

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

It is important to clarify what is meant by the term 'carer offer'. Simply it refers to what actions our services will commit to doing in order to improve the experience and support carers receive.

In order to make this vision a reality, this strategy will deliver the following outputs;

- Provide Berkshire Healthcare with a defined carer offer that has been constructed using national best practice guidance and is informed, understood and valued by carers.
- Produce a methodology to enable services to self-assess what level of carer offer they should implement.
- A self-assessment tool for all services to use in order to demonstrate compliance with the carer offer.
- Provide a plan of recommendations and priorities for the next two years to ensure successful implementation of the carer offer in all services.

## Where are we now?

The development of the Trust's Carers Strategy in 2010 clarified the actions that services within Berkshire Healthcare would implement between 2011 – 2014 to improve the identification, experience and support offered to carers. Subsequently, in this three-year period the organisation made positive progress in achieving some significant improvements in these areas. Unfortunately, in the subsequent years, work on monitoring and updating the Carers Strategy has failed to progress. As a result, there has been a lack co-ordination and focus across the organisation in delivering further improvements for carers.

Following the development of the Trust's vision for carers, it was recognised that the organisation did not have a current understanding of the format and type of carers support being offered by individual services. To address this lack of baseline knowledge, an audit was conducted to establish what carer offer Berkshire Healthcare services were currently providing. The audit identified many examples of good practice, particularly in mental health services but also highlighted that there was significant variation between services and that there was an absence of a co-ordinated approach across the organisation.

Revising the Trust's Carers Strategy was therefore necessary to define the methodology and process of ensuring that all Berkshire Healthcare services will provide a carer offer to carers in a consistent and co-ordinated approach.

## Strategy Alignment with Berkshire Healthcare True North Goals

The annual plan set by Berkshire Healthcare is underpinned by four "True North" goals. True north is a key concept in the quality improvement process and refers to what we should do, to achieve the vision that the organisation is striving towards. It provides a framework to ensure that only those activities that contribute to one or more of the True North goals should be implemented or pursued. A revised Carers Strategy and the successful implementation of a carer offer across all services would assist Berkshire Healthcare in working towards the following True North goals;



### **True North goal 1: Harm-free care**

- ✓ To provide safe services, prevent self harm and harm to others



### **True North goal 3: Good patient experience**

- ✓ To provide good outcomes from treatment and care



### **True North goal 4: Money matters**

- ✓ To deliver services that are efficient and financially sustainable

Clearly the alignment this strategy has with the organisations True North goals supports the importance of addressing the recommendations and actions made within this strategy.

## **Development of the Carer Offer**

The development of the carer offer was one of the outputs of the Carers Task and Finish Group. The membership of this group consisted of representatives from all the Divisions within Berkshire Healthcare to ensure that the views and opinions of the whole organisation were heard and considered. The group also included Berkshire Healthcare staff who expressed an interest in being involved due to their association of working with or supporting carers (see appendix A for membership of the group).

The consideration of national guidance and best practice documents were of significant importance in the development of this strategy and informed the construction and content of the carer offer.

### **National Guidance and Best Practice Documents**

The five key documents utilised were as follows:

- Triangle of Care<sup>(8)</sup>.
- An Integrated Approach to Identifying and Assessing Carer Health and Wellbeing<sup>(9)</sup>.
- Supporting Carers in General Practice: A Framework of Quality Markers<sup>(10)</sup>.
- NICE: Supporting Adult Carers<sup>(11)</sup>.
- The NHS Long Term Plan<sup>(12)</sup>.

Triangle of Care (TOC) was launched in July 2010, as a joint piece of work between the Carers Trust and the National Mental Health Development Unit. The TOC is a set of elements that ensure family, friends & carers are included and supported by Health & Social Care services. It emphasises the need for better involvement of carers and families in the care planning and treatment of people with mental ill-health.

Berkshire Healthcare is currently a member of the TOC membership scheme and has two stars. The first star was obtained after completing self-assessments of all the inpatient mental health and crisis teams and making a commitment to improve. The second star was awarded for completing self-assessments for all community mental health, learning disability, older people and dementia and substance misuse services.

The TOC identifies six key elements required to achieve better collaboration and partnership with carers in the service user and carer's journey. These are as follows;

- Element 1 Carers and their essential role are identified at first contact or as soon as possible afterwards.
- Element 2 Staff are "carer aware" and trained in carer engagement strategies
- Element 3 Policy and practice protocols re:confidentiality and sharing information are in place
- Element 4 Defined post(s) responsible for carers are in place
- Element 5 A carer introduction to the service and staff is available with a relevant range of information across the acute care pathway
- Element 6 A range of carer support is available

Comparing the recommendations and endorsements made in the other national guidance and best practice documents, there is clear alignment and similarities between the elements contained within the TOC.

### **Our Approach and Design of the Carer Offer**

The first consideration was whether the elements in the TOC could be applied to all services within Berkshire Healthcare. Under the TOC membership scheme achieving this would permit Berkshire Healthcare an opportunity to submit evidence and be considered for a third star. It was recognised in the Trust's 2011 – 2014 Carers Strategy that applying all the elements of the TOC to Berkshire Healthcare's physical and community services was unlikely to be viable or successful option. The Carers Task and Finish Group were also in agreement that those services not currently under the scope of the TOC would find it unrealistic and impractical to implement all the TOC elements in a sustainable way. It was agreed by the group that a more pragmatic approach was required to ensure that all services could deliver and maintain a consistent offer to carers.

The Carers Task and Finish Group agreed that Berkshire Healthcare would develop a carer offer that is divided into two distinct parts, tier 1 and tier 2. The tier 1 offer would contain three standards that all services would commit to achieving. The tier 2 offer would encompass all the components of the tier 1 offer and in addition contain additional standards in order to provide a greater level of specialised support for carers. The content of the tier 1 and tier 2 offers have been based on the elements contained within the Triangle of Care and the other national guidance and best practice documents, therefore providing the organisation with a solid foundation to achieve their vision for carers. Tables one and two clarify the standards contained within the tier 1 and tier 2 offers.



Tier 1 Carer Offer

- STANDARD 1: Staff will be 'carer aware'
- STANDARD 2: Services will identify carers and involve them in the planning of care
- STANDARD 3: Staff will refer or signpost carers to relevant support

Table One

Tier 2 Carer Offer

- STANDARD 1: Staff will be 'carer aware'
- STANDARD 2: Services will identify carers and involve them in the planning of care
- STANDARD 3: Staff will refer or signpost carers to relevant support
- STANDARD 4: Services will have allocated staff responsible for carers
- STANDARD 5: Services will provide an introduction to the service and relevant information across the care pathway
- STANDARD 6: Services will provide a range of carers support and obtain carers feedback

Table Two

All inpatient mental health and crisis teams and all community mental health, learning disability, older people and dementia and substance misuse services would be required to provide a tier 2 carer offer. All other services would determine whether they provide a tier 1 or tier 2 carer by following the flow chart in figure one.

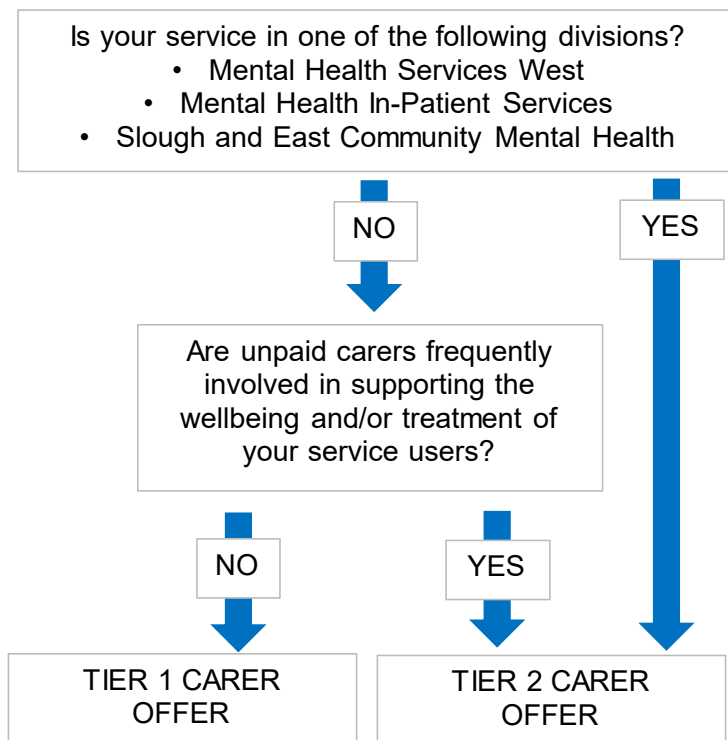


Figure One

## **Evidence of Compliance**

Once services have determined whether they will be providing a tier 1 or tier 2 offer, they will be required to assess their compliance against the standards by completing one of the self-assessment forms (see appendix B for tier 1 services and appendix C for tier 2 services). These forms contain 'essential' actions that services must demonstrate that they are doing in order to achieve compliance with the standards and 'potential' actions. The potential actions are suggestions, and it would be up to individual services to determine which of these would be appropriate and relevant to implement. Alternatively, services can also design and implement their own actions to ensure compliance with the standards.

If services identify that they are not meeting a standard they will be required to develop an action plan to clearly identify what they plan to do in order to improve their compliance against the standard. The action plan must be recorded on the self-assessment form.

It is acknowledged that until certain recommendations made in this strategy are implemented across the organisation, that services will find compliance against the some of the standards difficult to achieve e.g. all staff being carer aware, until the training has been developed.

## **Compliance Monitoring Arrangements**

All completed self-assessment forms will be submitted to a central point so the content can be independently reviewed by a designated team. The outcome of this review will not be to determine whether services have 'passed' or 'failed' to achieve compliance with the standards. Instead the scrutiny of the self-assessment forms will be seeking to gain assurance that services have taken actions to ensure they are meeting the standards.

For those services that have identified the need to create an action plan to meet a standard, the review will consider whether the action plan is sufficiently robust to achieve compliance with the standard. If any action plans are considered inadequate, then the service will be asked to review and resubmit until assurance is obtained.

At predetermined intervals, all services will be asked to repeat the self-assessment process to provide ongoing assurance that services are continuing to comply with the standards and identifying new action plans to deliver further improvement in the support they offer to carers.

## **Carer Offer Alignment with Triangle of Care**

Services that have completed the TOC self-assessment would be required to provide a tier 2 carer offer in order to ensure that they remain aligned with the elements in the TOC. The two-tier approach was discussed at the London and South East Regional Triangle of Care Meeting in February 2020. The feedback confirmed that this proposed approach should not compromise the two TOC stars already gained by Berkshire Healthcare and would likely provide additional evidence for the organisation to use when TOC revalidation is necessary. It was concluded that obtaining the third TOC star would not be possible because all of the TOC elements would not be implemented in all of Berkshire Healthcare services.

## **Carer Offer Endorsement by Local Authorities**

It was important that the proposed carer offer was endorsed by the local authorities in Berkshire and aligned with their carers' strategies and priorities. Five of the six local

authorities have Carers Steering groups who regularly meet to discuss the progress on achieving projects and actions relating to carers. The membership of these groups consisted of representatives from the local authority, carers, carers support agencies and primary care.

Berkshire Healthcare was able to attend two of these steering groups meetings to present the proposed carer offer (see appendix D for groups attended). There were plans to attend the remaining three meetings, but these were cancelled due to the coronavirus epidemic. Positive feedback on the content of the carer offer was received from all the steering groups. The carers present at these meetings felt that this approach would improve their experience when they accessed healthcare services. All the local authorities welcomed any steps taken by Berkshire Healthcare to improve the identification of carers and the subsequent referral/signposting to the local authority or carer support agencies.

Although all the six local authorities in Berkshire have separate Carers Strategies there is commonality regarding the approach of how support is offered to carers. Initially when a carer first encounters the local authority, they are recording this information, offering a carers assessment and signposting them to community, charity or voluntary services for advice, information and basic support. If these steps are unsuccessful in providing adequate support for the carer then the local authority will consider more specialised assessment, support and intervention. This approach has significant similarities with the proposed Berkshire Healthcare carer offer and provides further assurance that a two-tier carer offer is appropriate and relevant to implement.

### **Carers Engagement and Endorsement of Carer Offer**

The carer offer proposed by Berkshire Healthcare is based on the principles and content of the TOC. The TOC was co-produced by carers and therefore the content has already been subject to carer consultation, engagement and scrutiny. As a result, it was felt that conducting a large-scale consultation with carers on the content of the offer was not necessary. However, to ensure that there was an opportunity to gain feedback from carers on the carer offer, the plan and carer offer were presented to carers at several carer support groups and forums. (see appendix D for list of groups attended). However, as a result of the coronavirus epidemic many of these meetings were cancelled.

From these presentations there was unanimous agreement from the carers that the successful implementation of the carer offer would improve the support they receive and deliver a more positive experience.

## **Next Steps**

Berkshire Healthcare has set a bold and ambitious vision to ensure that all of its services will have a defined carer offer. The proposed content and format of the carer offer along with the Trust's vision has been welcomed by Berkshire local authorities, carer support agencies and carers themselves.

The Carers Task and Finish Group recognised that it was of crucial importance to identify the priorities for improvement and development that need to be accomplished in the subsequent three-year period to ensure that the carer offer can be successfully implemented across the organisation.

It is important to mention that due to the coronavirus epidemic the group was unable to review and amend this document in the depth it had planned.

## **Priorities for Improvement and Development**

It is the advice of the Carers Task and Finish Group that priority must be given to achieving the first two actions/recommendations in table three, as these are fundamental to the carer offer being successfully implemented by services.

- Creation of a permanent new role to be the Trust's Carer Lead.
- Development of a Family and Friends Carers group responsible to deliver the actions and recommendations made in this strategy. It is recommended that the minimal membership requirements of this group would be representatives from all the Divisions, and both governor and carer representatives.

Table Three

When the first two recommendations have been completed then the organisation would be able to address the remaining actions and recommendations set out in table four. To assist with prioritisation of the remaining actions and recommendations the Carers Task and Finish Group have placed them into an order of priority.

- Development of carer awareness training and subsequent implementation plan to enable the roll out across the organisation.
- Development of training and guidance for staff who have been identified as a Carer Lead for their service.
- Review of the 'Guidance for information sharing with carers' section in the Trust Confidentiality policy (ORG017) to ensure relevant and up to date.
- Creation of brief confidentiality guidance for staff.
- Creation of brief confidentiality guidance for patients/carers in the format of a leaflet and poster.
- Review the current process of how carers are recorded on Rio to ensure that the process is clear and user friendly. Complete any subsequent amendments to Rio user guide/s.
- Ensure that any carer information recorded on Rio is highly visible to the user when they access the record of a carer or a patient who has a carer.
- Establish a process to regularly report the number of carers registered on Rio.
- Create a carers information resource on Nexus. To include contact details and referral forms for the six local authorities and carer support agencies.
- Review and update our Trust internet page to make sure the information carers need is clear and easily accessible.
- An internal promotional campaign to raise the awareness of carers and the resources available for staff to utilise.
- Establish a methodology for the collecting, monitoring and recording of the self-assessment forms on an annual basis.
- Determine the reporting structure of the Family and Friends Carers Group thereby enabling the organisation to have oversight of the plans and outputs of the group.
- Continue engagement with carer steering groups run by Berkshire local authorities.
- Obtain regular feedback from carers to ensure what Berkshire Healthcare is doing is making a difference to them.
- Explore how technology can be utilised to offer alternative ways to support and communicate with carers, for example virtual meetings and appointments
- Produce an annual report, setting out progress made against the improvement priorities.

Table Four

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Appendix A: Membership of the Carers Task and Finish Group

<b>Name</b>	<b>Job Role/title</b>	<b>Division Representing</b>
Dan Groves	Carer Project Manager (Chair)	N/A
Jayne Reynolds	Regional Director East	Berkshire East
Liz Chapman	Head of Patient Experience	Corporate
Sarah Farman	Clinical Psychologist	Adult Mental Health Service East
Vicki Matthews	Older Person Mental Health (OPMH) Service Development Manager	Mental Health East and OPMH East and West
Obi Okongwu	Lead for Community Nursing and Cardiac and Respiratory Specialist Services	Adult Community Health Services West
Maria Clarke	Clinical In-reach Lead	Adult Community Health Services East
Mairi Evans	Regional Director Children, Young People and Family Services	Children, Young People and Family Services
Natasha Kumar	Assistant Psychologist	Adult Mental Health Service West
Marcella Browne	Community Engagement Lead- East & Purple Network Chair	Berkshire East
Emma Davies	Therapy Lead	Mental Health Inpatient Service
Cecily Mwaniki	Community Engagement Lead	Adult Community Health Services West
Ray Nair	Senior Manager-Carer Support & Development. Crisis Resolution and Home Treatment Team	Adult Mental Health Service West
Isabel Mattick*	Governor Bracknell Forest	
Claire Williams*	Locality Director	Adults Community Health Services East
Paul Adkins*	Carer	

\* these members did not attend the Carers Task and Finish group due to planned meetings being cancelled as a result of coronavirus

Appendix B: Self-Assessment Form for Tier 1 Services

Name of Service:		Date Completed:	Contact Name for Service:
Standard	Actions required of services to ensure compliance with each standard	Supporting evidence to verify service compliance with each standard*	Action Plan to address any issues with compliance (to include timescales and who is responsible)
1	<p>Staff will be carer aware</p> <p><b><u>Essential Actions</u></b></p> <p>Frontline staff have received carer awareness training and are aware of the carer offer provided by their service</p>		
2	<p>Services will identify carers and involve them in the planning of care</p> <p><b><u>Essential Actions</u></b></p> <p>Initial assessments of service users contain questioning to establish whether they are supported by a carer or recognise themselves as a carer to someone else</p> <p>Clear processes are in place for staff to follow to ensure that Carers are recorded (subject to the patient and carers consent) on the relevant PAS used by the service</p> <p><b><u>Potential Actions</u></b></p> <p>Implement initiatives to identify carers or promoter them to self-identify. For example</p> <ul style="list-style-type: none"> <li>• Referral paperwork containing questioning to establish whether the service user is supported by a carer or recognises themselves as a carer to someone else</li> <li>• Posters displayed in waiting areas</li> <li>• Information on service website</li> <li>• Information on patient letters and other correspondents</li> </ul>		



		<p>Guidance about information sharing with carers are established and shared with staff</p> <p>The carer is encouraged to share information about the patient to inform assessment and treatment.</p> <p>Patient consent is sought to share confidential information with the carer</p> <p>If service user wishes no disclosure, staff regularly revisit this decision with the service user</p> <p>Agreement is reached with the patient about the level of information which can be shared with the carer. If lacking capacity, decisions are based on best interest decisions</p> <p>Treatments and management plans are explained to the carer</p> <p>The carer is regularly updated and involved regarding care plans, treatment and discharge planning</p> <p>All information shared with the carer is clearly documented in the service users notes</p>		
3	<p>Staff will refer or signpost carers to relevant sources of support</p>	<p><b><u>Essential Actions</u></b></p> <p>Staff know how to refer carers to carer support services and the contact details/information of these organisations is readily available</p> <p><b><u>Potential Actions</u></b></p> <p>Staff inform carers of their right to request a carers needs assessment and explain the value of this. Subsequently either staff will refer with the carer's consent or provide the carer with the relevant contact details for them to self-refer</p>		

	<p>Staff have a general knowledge of what services are available to carers and can explain to carers how these services may be of benefit</p> <p>Newly identified carers should be identified to their GP to ensure that GP records and Summary Care records are updated accordingly</p> <p>Encouraging carers to have a flu vaccination</p> <p>Suggesting carers contact their GP for a health check or to be screened for anxiety and depression</p>		
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\* any service that is unable to provide sufficient evidence to comply with the standards must develop an action plan to clearly identify what they plan to do in order to improve their compliance

Appendix C: Self-Assessment Form for Tier 2 Services

Name of Service:		Date Completed:	Contact Name for Service:
Standard	Actions required of services to ensure compliance with each standard	Supporting evidence to verify service compliance with each standard*	Action Plan to address any issues with compliance (to include timescales and who is responsible)
1	<p>Staff will be carer aware</p> <p><b><u>Essential Actions</u></b></p> <p>Frontline staff have received carer awareness training and are aware of the carer offer provided by their service</p>		
2	<p>Services will identify carers and involve them in the planning of care</p> <p><b><u>Essential Actions</u></b></p> <p>Initial assessments of service users contain questioning to establish whether they are supported by a carer or recognise themselves as a carer to someone else</p> <p>Clear processes are in place for staff to follow to ensure that Carers are recorded (subject to the patient and carers consent) on the relevant PAS used by the service</p> <p><b><u>Potential Actions</u></b></p> <p>Implement initiatives to identify carers or promoter them to self-identify. For example</p> <ul style="list-style-type: none"> <li>• Referral paperwork containing questioning to establish whether the service user is supported by a carer or recognises themselves as a carer to someone else</li> <li>• Posters displayed in waiting areas</li> <li>• Information on service website</li> <li>• Information on patient letters and other correspondents</li> </ul> <p>Guidance about information sharing with carers are</p>		

		<p>established and shared with staff</p> <p>The carer is encouraged to share information about the patient to inform assessment and treatment.</p> <p>Patient consent is sought to share confidential information with the carer</p> <p>If service user wishes no disclosure, staff regularly revisit this decision with the service user</p> <p>Agreement is reached with the patient about the level of information which can be shared with the carer. If lacking capacity, decisions are based on best interest decisions</p> <p>Treatments and management plans are explained to the carer</p> <p>The carer is regularly updated and involved regarding care plans, treatment and discharge planning</p> <p>All information shared with the carer is clearly documented in the service users notes</p>		
3	<p>Staff will refer or signpost carers to relevant sources of support</p>	<p><b><u>Essential Actions</u></b></p> <p>Staff know how to refer carers to carer support services and the contact details/information of these organisations is readily available</p> <p><b><u>Potential Actions</u></b></p> <p>Staff inform carers of their right to request a carers needs assessment and explain the value of this. Subsequently either staff will refer with the carer's consent or provide the carer with the relevant contact details for them to self-refer</p>		

		<p>Staff have a general knowledge of what services are available to carers and can explain to carers how these services may be of benefit</p> <p>Newly identified carers should be identified to their GP to ensure that GP records and Summary Care records are updated accordingly</p> <p>Encouraging carers to have a flu vaccination</p> <p>Suggesting carers contact their GP for a health check or to be screened for anxiety and depression</p>		
4	Services will have allocated staff responsible for carers	<p><b><u>Essential Actions</u></b></p> <p>Carer Lead post/s are in place in each service. They will provide the oversight of the carer offer provided in their service, that it meets the needs of the carers and will support staff to deliver the offer</p>		
5	Services will provide an introduction to the service and relevant information across the care pathway	<p><b><u>Potential Actions</u></b></p> <p>Carer information packs are provided to carers upon admission of the patient.</p> <p>Service provides a booklet which explains the service and points of contact</p> <p>Carers are routinely given an information leaflet covering immediate practical matters</p> <p>Carers are welcomed to the ward and recognised as partners in the care planning for the patient</p> <p>Creation of carer information boards</p> <p>Information available for carers on the common conditions of service users</p> <p>Carers are offered support and general information when the service user wishes no disclosure</p> <p>The carer is aware of what happens when the</p>		

		<p>service user is discharged from the service and provided with information on 'what to do if...'</p> <p>The format of all information provide to carers is flexible and regularly updated.</p>		
6	<p>Services will provide a range of carers support and methods for obtaining carers feedback</p>	<p><b>Potential Actions</b></p> <p>Creation of a carers register and ensure that it is regularly reviewed and updated</p> <p>Establish how carers can be identified in ward environments when the cared for person is an inpatient</p> <p>Explore how technology can be utilised to offer alternative ways to support and communicate with carers, for example virtual meetings and appointments</p> <p>Deliver educational and/or peer support forums with clear information provided on how carers can join these groups.</p> <p>Provide training for carers so that they can deliver an intervention</p> <p>Carers are offered separate appointments to have the opportunity to discuss their story and concerns, what matters to them, including their own health, wellbeing and other support needs</p> <p>Consider offering longer or double appointments so both service user and carer can be seen at the same time</p> <p>Carers are offered assistance with transport costs to visit the cared for person in hospital or to attend education or support forums</p> <p>Offering carers appointments by telephone and virtual conferencing</p>		

	<p>The carer has access to 1:1 support when needed and the carer's needs are regularly re-assessed.</p> <p>Development of contingency plans for use in an emergency or when the carer is not available/no longer able to provide support</p> <p>Carers are contacted after the patient has been discharged to see how everything is going</p> <p>Working alongside MarComms, consider the development and use of social media to communicate and support carers</p> <p>Newsletter to carers</p> <p>Carers are asked for feedback regarding the service provided as part of service monitoring and improvement</p> <p>Services to consult with carers when considering service redesign to ensure their views and opinions are heard</p> <p>Perform annual survey of carers</p>		
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\* any service that is unable to provide sufficient evidence to comply with the standards must develop an action plan to clearly identify what they plan to do in order to improve their compliance

## Appendix D: Local Authority and Carer Groups Attended

### External Groups

- Frimley ICS Carers Group
- Slough Carers Support Forum
- West Berkshire Carers Strategy Board Meeting
- London and South East Regional Triangle of Care Meeting
- Reading Carers Steering Group
- Berkshire Young Carers Forum
- Slough Carers Partnership Board\*
- Wokingham Carers Strategic Group Meeting\*
- Bracknell Carers Meeting\*

### Berkshire Healthcare NHS Foundation Trust Groups

- Slough Memory Clinic Forum\*
- Dementia Forum\*
- Mental Health Inpatient Family Group
- CRISIS Carers Forum

\* = Groups cancelled due to coronavirus epidemic



**Overview of the Family and Friends Carers Strategy 2020-2023**

## **Introduction**

'A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid'<sup>(1)</sup>.

It is estimated that there are around seven million carers in the UK, which equates to one person in ten being a carer<sup>(2)</sup>. The fact that caring responsibilities can change over time means that 3 in 5 people will be carers at some point in their lives<sup>(3)</sup>.

Berkshire Healthcare NHS Foundation Trust recognises the vital and essential role that carers, including those under the age of 18, do in supporting and caring for their friends and family. The Trust also recognises that providing care is not easy and carers can experience physical, mental or emotional strain as a direct result of being a carer.

We want carers to have the best possible experience when they use our services and meet our staff. We know that involving and supporting carers will not only provide the best possible care for our patients and service users but also have a beneficial impact on the wellbeing of carers.

As an organisation we have taken positive steps to enable closer working relationships with carers, but we know we need to do more. We have identified that our services need to have a more robust and consistent approach to assure carers that they will be identified, involved in the planning of care and offered appropriate support.

## **Vision**

Berkshire Healthcare has set the following vision for carers

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

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

It is important to clarify what is meant by the term 'carer offer'. Simply it refers to what actions our services will commit to doing in order to improve the experience and support carers receive.

We are committed to make this vision a reality and this strategy clarifies the approach and actions we will be taking to make this happen.

**Our Approach**

Berkshire Healthcare is proud that its mental health services have been awarded a ‘two star’ rating as part of the Triangle of Care membership scheme<sup>(4)</sup>. The Triangle of Care is a nationally recognised certification that was developed as a joint piece of work between the Carers Trust and the National Mental Health Development Unit. It provides six standards that are designed to ensure that family, friends & carers are included and supported by Health & Social Care services. It emphasises the need for better involvement of carers and families in the care planning and treatment of people with mental ill-health.

The development of the carer offer was one of the outputs of the Carers Task and Finish Group. The membership of this group consisted of representatives from all the Divisions within Berkshire Healthcare to ensure that the views and opinions of the whole organisation were heard and considered. The group also included Berkshire Healthcare staff who expressed an interest in being involved due to their association of working with or supporting carers.

We have taken the six standards from the Triangle of Care along with the principles and recommendations from four other national guidance and best practice documents<sup>(5-8)</sup> in order to create our carer offer. The content and format of the carer offer along with the Trust’s vision has been welcomed by Berkshire local authorities, carer support agencies and carers themselves.

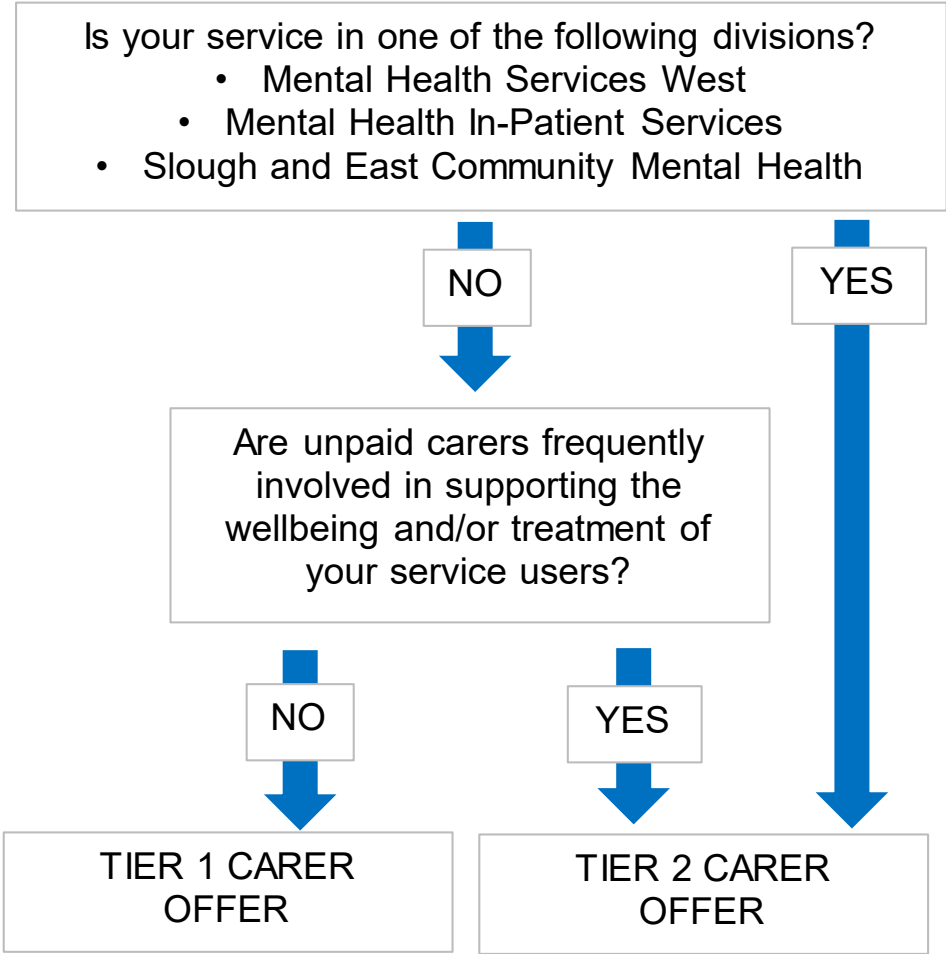
**Carer Offer**

The carer offer our services will deliver is divided into two distinct parts, tier 1 and tier 2 (see table one). The tier 1 offer contains three standards that all our services will commit to achieving. The tier 2 offer contains all the components of the tier 1 offer and three additional standards in order to provide a greater level of specialised support for carers.

<p><b><u>Tier 1 Carer Offer</u></b></p> <ul style="list-style-type: none"> <li>• STANDARD 1: Staff will be ‘carer aware’</li> <li>• STANDARD 2: Services will identify carers and involve them in the planning of care</li> <li>• STANDARD 3: Staff will refer or signpost carers to relevant support</li> </ul> <p><b><u>Tier 2 Carer Offer</u></b></p> <ul style="list-style-type: none"> <li>• STANDARD 1: Staff will be ‘carer aware’</li> <li>• STANDARD 2: Services will identify carers and involve them in the planning of care</li> <li>• STANDARD 3: Staff will refer or signpost carers to relevant support</li> <li>• STANDARD 4: Services will have allocated staff responsible for carers</li> <li>• STANDARD 5: Services will provide an introduction to the service and relevant information across the care pathway</li> <li>• STANDARD 6: Services will provide a range of carers support and obtain carers feedback</li> </ul>
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Table One

All our inpatient mental health and crisis teams and all community mental health, learning disability, older people and dementia and substance misuse services will provide a tier 2 carer offer. Our remaining services will determine whether they provide a tier 1 or tier 2 carer offer by following the flow chart.



## **How do we Plan to do this?**

Berkshire Healthcare has set a bold and ambitious vision to ensure that all of our services will have a defined carer offer. To achieve the vision, we have identified the following priorities for improvement and development that we will need to accomplish over the next three years.

- Creation of a permanent new role to be the Trust's Carer Lead.
- Development of a Family and Friends Carers group responsible to deliver the actions and recommendations made in this strategy. It is recommended that the minimal membership requirements of this group would be representatives from all the Divisions, and both governor and carer representatives.
- Development of carer awareness training and subsequent implementation plan to enable the roll out across the organisation.
- Development of training and guidance for staff who have been identified as a Carer Lead for their service.
- Review of the 'Guidance for information sharing with carers' section in the Trust Confidentiality policy (ORG017) to ensure relevant and up to date.
- Creation of brief confidentiality guidance for staff.
- Creation of brief confidentiality guidance for patients/carers in the format of a leaflet and poster.
- Review the current process of how carers are recorded on Rio to ensure that the process is clear and user friendly. Complete any subsequent amendments to Rio user guide/s.
- Ensure that any carer information recorded on Rio is highly visible to the user when they access the record of a carer or a patient who has a carer.
- Establish a process to regularly report the number of carers registered on Rio.
- Create a carers information resource on Nexus. To include contact details and referral forms for the six local authorities and carer support agencies.
- Review and update our Trust internet page to make sure the information carers need is clear and easily accessible.
- An internal promotional campaign to raise the awareness of carers and the resources available for staff to utilise.
- Establish a methodology for the collecting, monitoring and recording of the self-assessment forms on an annual basis.
- Determine the reporting structure of the Family and Friends Carers Group thereby enabling the organisation to have oversight of the plans and outputs of the group.
- Continue engagement with carer steering groups run by Berkshire local authorities.
- Obtain regular feedback from carers to ensure what Berkshire Healthcare is doing is making a difference to them.
- Explore how technology can be utilised to offer alternative ways to support and communicate with carers, for example virtual meetings and appointments
- Produce an annual report, setting out progress made against the improvement priorities.

## **References**

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**Berkshire Healthcare**  
NHS Foundation Trust

## **Patient Experience**

Quarter One 2019-20 Report

Presented by: Heid Ilsley, Deputy Director of Nursing

## **Quarter One– Patient Experience Report (April to June 2020)**

### **Main Report**

#### **1. Introduction**

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

From mid-March 2020, to align with national guidance and directives, the active collection of the FFT was suspended.

A revised complaints process was also brought in, which saw the Complaints Office supporting Investigating Officers with compiling response to complaints, triaging complaints in a different way to escalate concerns about patient safety, and following a review, placing a small number of formal complaints on hold (or paused). These complainants were all contacted and informed of this, advising them to contact the Complaints Office if they had any concerns. New complaints continued to be logged and the aim was to resolve complaints through an informal/local resolution where possible. This process freed up clinician's time to focus on the management of additional clinical need.

There was a national pause on the complaint handling, driven nationally through NHSE/I and for the Parliamentary and Health Service Ombudsman (PHSO) in March.

A letter was drafted and approved by Senior Leaders within the Nursing Directorate (where the Patient Experience Team are based), which was sent to complainants where it was identified that we could not adequately continue with the complaint investigation at that time.

As at 3 April 2020 there were 31 open Formal Complaints, of which 7 were paused by the Trust, 2 were paused at the request of the complainant and the remaining cases continued to be progressed and responded to.

The Complaints Office have continued to triage and assess complaints as they come in, with some services being able to resolve complaints locally.

From mid-June, the Complaints Office spoke with IOs about the lift of the pause in terms of their capacity to pick up complaints that have been on hold, and these are back up and running.

The decision to continue the complaints process proactively has meant that while an increase is being seen in complaints coming towards the end of June, we do not have many pre Covid-19 cases in addition.

The Covid-19 pandemic has meant that the way that Berkshire Healthcare provides services has had to adapt, and fast. In practice, this has meant a rapid move to remote appointments, by telephone or video call, and face to face appointments only where necessary. The services are currently collating feedback on the experience of using technology as an alternative to face to face appointments.



## 2. Complaints received

### 2.1 All formal complaints received

Table 1 below shows the number of formal complaints received into Berkshire Healthcare for years 2019-20 and 2020-21 by service, enabling a comparison. During Quarter one 2020-21 there were 44 complaints received (including re-opened complaints), this is a decrease compared to 2019-20 where there were 50 for the same period.

There were 136,464 reported contacts and discharges from our inpatient wards, giving a complaint rate of 0.03%.

**Table 1: Formal complaints received**

Service	2019-20						2020-21			
	Q1	Q2	Q3	Q4	Total for year	% of Total	Change to Q4	Q1	Total for year	% of Total
CMHT/Care Pathways	8	10	6	13	37	16.02	↓	4	4	9.09
CAMHS - Child and Adolescent Mental Health Services	10	8	8	4	30	12.99	↓	2	2	4.55
Crisis Resolution & Home Treatment Team (CRHTT)	2	2	4	6	14	6.06	↓	4	4	9.09
Acute Inpatient Admissions – Prospect Park Hospital	5	3	7	6	21	9.09	↑	7	7	15.91
Community Nursing	4	3	6	2	15	6.49	-	2	2	4.55
Community Hospital Inpatient	6	1	5	3	15	6.49	↑	5	5	11.36
Common Point of Entry	2	6	2	2	12	5.19	↓	1	1	2.27
Out of Hours GP Services	0	1	7	1	9	3.90	↑	4	4	9.09
PICU - Psychiatric Intensive Care Unit	0	0	1	0	1	0.43	↑	2	2	4.55
Urgent Treatment Centre	1	1	1	0	3	1.30	↑	1	1	2.27
Older Adults Community Mental Health Team	1	0	0	0	1	0.43	↑	1	1	2.27
10 other services in Q1	11	19	21	22	73	31.60	↓	11	11	25.00
<b>Grand Total</b>	<b>50</b>	<b>54</b>	<b>68</b>	<b>59</b>	<b>231</b>		<b>↓</b>	<b>44</b>	<b>44</b>	

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

Appendix one contains a listing of the formal complaints received during Quarter one. Since 2018-19 the severity of the complaint has been extracted from the completed Investigating Officers Report; complaints under investigation at the end of Quarter one will not have this information.

### 2.2 Adult mental health service complaints received in Quarter one

23 of the 44 (52%) complaints received during Quarter one were related to adult mental health service provision.

**Table 2: Adult mental health service complaints**

Service	Geographical Locality					Grand Total
	Bracknell	Reading	Slough	West Berks	Wokingham	
Adult Acute Admissions - Bluebell Ward		4				4
Adult Acute Admissions - Daisy Ward		1				1
Adult Acute Admissions - Rose Ward		1				1
Adult Acute Admissions - Snowdrop Ward		1				1
CMHT/Care Pathways		2		1	1	4
CMHTOA/COAMHS - Older Adults Community Mental Health Team			1			1
Common Point of Entry					1	1
Complex Treatment for Veterans		1				1
Crisis Resolution and Home Treatment Team (CRHTT)	2	2				4
PICU - Psychiatric Intensive Care - Sorrel Ward		2				2
Psychological Medicine Service			1			1
Traumatic Stress Service		1				1
Veterans TILS Service		1				1
<b>Grand Total</b>	<b>2</b>	<b>16</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>23</b>

**2.2.1 Number and type of complaints made about a CMHT**

4 of the 44 complaints (9%) received during Quarter one related to the CMHT service provision. In Quarter four, there were 13 complaints and up to this quarter there were between 6 and 10 complaints for CMHT in each quarter. There were 14,938 reported attendances for CMHT and the ASSiST service during Quarter one giving a complaint rate of 0.02% compared to 0.10% in Quarter four and 0.04% in Quarter three.

**Table 3: CMHT complaints**

Main subject of complaint	Geographic Locality			Grand Total
	Reading	West Berks	Wokingham	
Access to Services		1		1
Attitude of Staff	1			1
Care and Treatment			1	1
Confidentiality	1			1
<b>Grand Total</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>4</b>

There were no complaints received about the CMHTs based in Slough, Windsor, Ascot and Maidenhead or Slough.

**2.2.2 Number and type of complaints made about CPE**

There was no theme to the complaints received.

There was one complaint received about CPE, where the patient feels that they were discharged inappropriately.

There were 1,871 contacts with CPE during Quarter one, giving a complaint rate of 0.05% compared to 0.09% in Quarter four and 0.07% in Quarter three.

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

During Quarter one, 7 of the 44 complaints (16%) related to Adult Acute mental health inpatient wards this similar in number to Quarter three and Quarter four. In addition, there were two formal complaints about our PICU (Sorrel Ward).

There were 249 reported discharges from mental health inpatient wards during Quarter one giving a complaint rate 2.81% compared to 2.21% in Quarter four and 3.12% in Quarter three.

**Table 4: Mental Health Inpatient Complaints**

Main subject of complaint	Ward					Grand Total
	Bluebell Ward	Daisy Ward	Rose Ward	Snowdrop Ward	PICU - Sorrel Ward	
Attitude of Staff	4					4
Care and Treatment		1	1		1	3
Communication				1	1	2
<b>Grand Total</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>9</b>

All of the complaints received about Bluebell Ward were about attitude of staff. This was not a theme across any of the other wards.

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

In Quarter one, 4 of the 44 complaints (9%) were attributed to CRHTT, a decrease from 6 in Quarter four which was the highest number received in a quarter over the last year. There were 13,762 reported contacts for CRHTT during Quarter one giving a complaint rate of 0.02% compared to 0.04% in Quarter four.

**Table 5: CRHTT complaints**

Main subject of complaint	Number of Formal Complaints
Attitude of Staff	2
Care and Treatment	1
Communication	1
<b>Grand Total</b>	<b>4</b>

The Two complaints about attitude of staff are from the same person (their complaint was both received and re-opened in Quarter one).

### 2.3 Community Health Service Complaints received in Quarter one

During Quarter one, 15 of the 44 complaints (34%) related to community health service provision.

**Table 6: Community Health service complaints**

Service	Geographical Locality					Grand Total
	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Henry Tudor Ward				1		1
Jubilee Ward		1				1
Oakwood Ward	2					2
Windsor Ward					1	1
District Nursing (Community Nursing)			2			2
Out of Hours GP Services	4					4
Podiatry				1		1
Sexual Health		1				1
Tissue Viability				1		1
Urgent Treatment Centre			1			1
<b>Grand Total</b>	<b>6</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>15</b>

GP Out of Hours (WestCall) received the most complaints (4), Oakwood ward (2) and Community Nursing (3, including the Tissue Viability Service).

### 2.3.1 Community Health Inpatient Ward Complaints

During Quarter one, 5 of the 44 complaints (11%) received related to inpatient wards. There were 616 reported discharges from community health inpatient wards during Quarter one giving a complaint rate of 0.81% compared to 0.52% in Quarter four and 0.95% in Quarter three.

**Table 7: Community Health Inpatient complaints**

Main subject of complaint	Ward				Grand Total
	Henry Tudor Ward	Jubilee Ward	Oakwood Ward	Windsor Ward	
Care and Treatment		1	2		3
Communication				1	1
Discharge Arrangements	1				1
<b>Grand Total</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>5</b>

The Two complaints about care and treatment on Oakwood Ward are from the same person (their complaint was both received and re-opened in Quarter one).

### 2.3.2 Community Nursing Service Complaints

In Quarter one, 3 of the 44 complaints (7%) were related to care and treatment within community nursing services. Both the complaints for community nursing were about the team based in West Berkshire and one was for the Tissue Viability Team.

There were 69,330 reported attendances for the Community Nursing Service during Quarter one giving a complaint rate of 0.004% compared to 0.005% in Quarter four and 0.008% in Quarter three. This is a very small complaint rate well below the Trust overall rate of complaints per contact.

**Table 8: Community Nursing Service complaints**

Main subject of complaint	Service and Geographical Locality		Grand Total
	District Nursing	Tissue Viability	
	West Berks	Windsor, Ascot and Maidenhead	
Care and Treatment	2	1	3
Grand Total	2	1	3

There were no themes to the two complaints about the community nursing team based in West Berkshire.

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

There were four complaints about the GP Out of Hours Service received in Quarter one, three were about care and treatment and one was about the incorrect dose of medication being prescribed.

There were 16,959 contacts with WestCall giving a complaint response rate of 0.02% compared to 0.005% in Quarter four and 0.03% in Quarter three.

**Table 9: WestCall complaints**

Main subject of complaint	GP Out of Hours Complaints
Care and Treatment	3
Medication	1
Grand Total	4

There were was one complaint about the Urgent Care Centre based in West Berkshire Community Hospital, which was about a missed fracture.

There were 3,930 contacts (a reduction from 6,306 contacts during the previous quarter) with the Urgent Care Centre during Quarter one, giving a complaint relate of 0.02%.

## 2.4 Children, Young People and Family service Complaints

### 2.4.1 Physical Health services for children complaints

During Quarter one, 2 of the 44 complaints (5%) were about children's physical health services (both of which were for the Health Visiting service).

**Table 10: Children and Young People service physical health service complaints**

Service	Geographical Locality		Grand Total
	West Berks	Wokingham	
Health Visiting	1	1	2
Grand Total	1	1	2

One complaint was about care and treatment, and one was about the attitude of staff.

## 2.4.2 CAMHS complaints

During Quarter one, 4 of the 44 complaints (9%) were about CAMHS services (including CPE and Willow House); since Quarter one 2018-19, the number of complaints received has ranged from between 6 and 10 per quarter, so this is a sustained decrease. Two of the complaints were about specialist CAMHS, one was about the CAMHS CPE and one was about Willow House (inpatient ward). There were 8,186 reported attendances for CAMHS during Quarter one giving a complaint rate of 0.04% compared to 0.05% in Quarter four and 0.11% in Quarter three.

**Table 11: CAMHS Complaints**

Service/Geographical Locality	Main subject of complaint				Grand Total
	Attitude of Staff	Care and Treatment	Communication	Discharge Arrangements	
Adolescent Mental Health Inpatients - Willow House		1			1
CAMHS – AAT –West Berks			1		1
CAMHS - Anxiety and Depression Pathway - Reading				1	1
Common Point of Entry (Children) - Wokingham	1				1
Grand Total	1	1	1	1	4

There were no themes to the complaints about CAMHS and there were no formal complaints about waiting times and delays in accessing the service.

## 2.5 Learning Disabilities

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

## 3. KO41A return

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

This looks at the number of new formal complaints that have been received by profession, category, age and outcome. The information is published a quarter behind.

The collection and reporting of this data has been paused by NHS Digital due to Covid-19 and there is currently no indication of when this will start back up.

## 4. Complaints closed

As part of the process of closing a formal complaint, a decision is made around whether the complaint is found to have been upheld, or well-founded (referred to as an outcome). During Quarter one there were 35 complaints closed compared to 56 in quarter four and 61 in Quarter three.

### 4.1 Outcome of closed formal complaints

**Table 12: Outcome of formal complaints closed**

Outcome	2019-20						2020-21		
	Q1	Q2	Q3	Q4	Total	% of 19/20	Comparison to Q4	Q1	% of 20/21
Case not pursued by complainant	0	0	0	0	0	0	↑	1	2.86
Consent not granted	1	0	0	0	1	0.45	-	0	0.00
Local Resolution	1	1	0	0	2	1.92	-	0	0.00
Managed through SI process	0	0	0	0	0	0	-	0	0.00
Referred to another organisation	1	0	0	0	1	0.45	-	0	0.00

No further action	0	0	0	0	0	0	-	0	0.00
Not Upheld	16	20	23	24	83	37.56	↓	9	25.71
Partially Upheld	17	22	28	23	90	40.72	↓	13	37.14
Upheld	11	13	10	9	43	19.46	↑	12	34.29
Disciplinary Action required	0	1	0	0	1	0.45	-	0	0.00
<b>Grand Total</b>	<b>47</b>	<b>57</b>	<b>61</b>	<b>56</b>	<b>221</b>			<b>35</b>	

The 25 complaints closed and either partly or fully upheld in the quarter were spread across several differing services; however, 3 of the 4 complaints upheld and partially upheld about CRHTT were about attitude of staff (one member of staff was named twice and they are being supported by the Clinical Nurse Specialist) and all 3 of the upheld and partially upheld complaints about Bluebell Ward were about the attitude of staff (2 named individuals who are being supported by the Clinical Lead).

17 of the 25 complaints were found to be upheld or partially upheld. Of these 17, 47% related to attitude of staff and 53% were about care and treatment.

**Table 13: Complaints upheld and partially upheld relating to attitude of staff and care and treatment**

Service	Main subject of complaint		Grand Total
	Attitude of Staff	Care and Treatment	
Adult Acute Admissions - Bluebell Ward	3		3
Crisis Resolution and Home Treatment Team (CRHTT)	3		3
Out of Hours GP Services		2	2
Eating Disorders Service	1	1	2
Community Hospital Inpatient Service - Oakwood Ward		1	1
Community Hospital Inpatient Service - Henry Tudor Ward		1	1
Intermediate Care	1		1
Children's Speech and Language Therapy - CYPIT		1	1
Physiotherapy (Adult)		1	1
Community Hospital Inpatient - DO NOT USE		1	1
Health Visiting		1	1
<b>Grand Total</b>	<b>8</b>	<b>9</b>	<b>17</b>

## 4.2 Response Rate

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

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

**Table 14 – Response rate within timescale negotiated with complainant**

2020-21	2019-20				2018-19				2017-18				2016-17			
Q1	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
100%	100%	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

## 5. Characteristic data

### 5.1 Ethnicity

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

The tables below show the characteristics of patients who have had complaints raised about their care between April and June 2020. This does not include where a different organisation was leading the investigation.

**Table 15: Ethnicity**

Ethnicity	Number of patients	%	Census data %
Black African	2	5.26%	1%
Not stated	10	26.32%	-
Other Asian	3	7.89%	15.10%
Other Mixed	3	7.89%	-
White British	14	36.84%	80%
White Other	6	15.79%	-
Grand Total	38	100.00%	

### 5.2 Gender

There were no patients who identified as anything other than male or female during Quarter one.

**Table 16: Gender**

Gender	Number of patients	%	Census data %
Female	20	52.63%	50.90%
Male	18	47.37%	49.10%

### 5.3 Age

**Table 17: Age**

Age Group	Number of patients	%	Census data %
Under 12 years old	4	10.53%	31.60%
12 - 17 years old	2	5.26%	
18 - 24 years old	2	5.26%	14.90%
25 - 34 years old	6	15.79%	
35 - 44 years old	7	18.42%	15.40%
45 - 54 years old	6	15.79%	19.3%
55 - 64 years old	4	10.53%	
75 years old or older	6	15.79%	18.7% (65 - 75)
Not known	1	2.63%	-
Grand Total	38	100.00%	



## 6. Parliamentary and Health Service Ombudsman

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

The Parliamentary and Health Service Ombudsman (PHSO) are independent of the NHS and facilitate the second stage of the complaints process. The table below shows the Trust activity with the PHSO since April 2018.

In response to the Covid-19 pandemic from mid-March 2020, the PHSO suspended the investigation of existing investigations and accepting new cases. This restarted at the end of June 2020. This means that during Quarter one there were no new complaints taken to the PHSO.

**Table 18: PHSO activity**

Month open	Service	Month closed	Current Stage
Dec-18	Psychological Medicines Service	Open	Investigation Underway
Nov-19	CAMHS	Open	PHSO have requested information to aid their decision on whether they will investigate
Jan-20	CMHT/Care Pathways	n/a	PHSO not proceeding as Local Resolution had not been exhausted with the Trust
Mar-20	CMHT/Care Pathways	Open	Underway

The Trust is actively promoting the PHSO campaign for a complaints standard framework.

## 7. Multi-agency working

In addition to the complaints detailed in the report, the Trust monitors the number of multi-agency complaints they are involved in but are not the lead organisation (main area of complaint is about another organisation and therefore that organisation takes the lead). There were two received that were led by another organisation during Quarter one, both led by Frimley Health. One was about care on Jubilee Ward and the other was about access to the Psychological Medicines Service (PMS) at Wexham Park Hospital.

## 8. MP enquiries, locally resolved complaints and PALS

### 8.1 MP enquiries

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

**Table 19: MP Enquiries**

Service	Main theme of complaint			Grand Total
	Care and Treatment	Communication	Waiting Times for Treatment	
CAMHS - ADHD			1	1
CAMHS - Specialist Community Teams	1			1
CMHT/Care Pathways	2			2
PICU - Psychiatric Intensive Care - Sorrel Ward		1		1
<b>Grand Total</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>5</b>

There were 5 MP enquiries raised in Quarter one, a decrease from 10 in Quarter four and compared to 5 in Quarter three. The number of MP complaints has varied each quarter over the last year from 3-12.

## 8.2 Local resolution complaints

The complaints office will discuss the options for complaint management when people contact the service, to give them the opportunity to make an informed decision as to whether they are looking to make a formal complaint or would prefer to work with the service to resolve the complaint locally. Some concerns are received and managed by the services directly and the complaints office is not involved. These are called Local Resolutions and services log these so that we can see how services are doing at a local level.

**Table 20: Concerns managed by services – Local Resolution complaints**

Service	Number of concerns managed by services
District Nursing (Community Nursing)	4
Other	3
Intermediate Care	2
CAMHS - ADHD	1
Children's Speech and Language Therapy - CYPIT	1
CMHT/Care Pathways	1
CMHTOA/COAMHS - Older Adults Community Mental Health Team	1
Continence	1
Health Visiting	1
Neuropsychology	1
Out of Hours GP Services	1
Perinatal Mental Health	1
Urgent Treatment Centre	1
<b>Grand Total</b>	<b>19</b>

Two of the four concerns resolved locally about the Community Nursing service were about the attitude of staff (one about the West Berkshire team and one about the Reading team). These have been shared with the Clinical Governance Lead for Community Health Services based in the West for her to review.

## 8.3 Informal complaints received

An informal complaint is managed locally by the service through discussion (written or verbal) and when discussing the complaints process, this option is explained to help the complainant to make an informed choice.

There have been four informal complaints received during Quarter one, which cover various aspects of care and communication with CAMHS - Child and Adolescent Mental Health Services, CMHT and Common Point of Entry (CPE).

## 8.4 NHS Choices

There were no postings during Quarter one.

### 8.4.1 PALS Activity

PALS has continued to provide a signposting and information service throughout the pandemic response. A member of the team has been onsite at Prospect Park Hospital (PPH) one day per week to ensure that any post or physical enquiries are picked up. The PALS answerphone is remotely accessed on a daily basis.

PALS developed the initial guidance on Virtual Visiting and facilitated the Message to Loved One service that was available across all inpatient areas. PALS have held monthly meetings with Advocates who would ordinarily be based at PPH and ensured that updated information on advocacy support was circulated to the wards.

The options for the enquiry subject have been updated during Quarter one, so it will be clearer to separate the contacts that were enquiries and the contacts that were concerns.

There were 408 contacts recorded during this period and in addition there were 143 contacts which referred to non-Trust services. The main reasons for contacting PALS were:

- Communication with other organizations and within the Trust (150 contacts)
- General information requests (75 contacts)
- Choice and flexibility of access to services (65 contacts)
- Long wait for an appointment (15)

Contact around choice and flexibility of access included:

- Arrangements for access due to Covid19 outbreak
- Asking for confirmation of the time for virtual appointments
- Access to the Continence Service
- Asking how we are holding appointments
- Confirmation that referrals to CAMHS have been received
- Asking about access to the sedation clinic of the Community Dental Service
- Asking if carer groups are going ahead

Contact around long wait for an appointment included:

- Waiting for an appointment with psychiatrist (CPE)
- Long wait for CAMHS appointments
- Waiting times for Neuropsychology

## 9. The Friends and Family Test

The NHS Friends and Family Test (FFT) gives an opportunity for patients and their carers to share their views in a consistent way across the Health Service. Berkshire Healthcare has aligned its Strategic Objectives to support a 15% response rate for the FFT in both physical and mental health services. The results of the NHS England national review of the FFT have been

published and the FFT question was due to change from April 2020 to *Overall, how was your experience of our service.*

NHSE/I issued a national pause on the mandatory active collection and reporting of the FFT in March 2020. The Trust has continued to collect the FFT via non-contact methods such as SMS (3,079 responses), online link and by telephone for local learning and service development. The Patient Experience Team has worked with wards in both physical and mental health services, to telephone patients who have given consent to be telephoned after their discharge. The feedback has been positive, and staff were able to also speak with family members and carers on several calls. From May 2020, in addition to the FFT, patients were prompted to share their experience of being in hospital during the pandemic (*Q2: Please can you tell us why you gave your answer?* (Prompt to find out more about PE, feeling safe, assured, hand hygiene, visiting restrictions)).

NHSE have said that the FFT reporting will formally start again from 1 October 2020; this is being considered and Trusts will be informed as soon as possible. When the FFT is reinstated, it will be the new FFT question (rating of care rather than recommendation to others) which was due to be launched from 1 April 2020 (and paused). The Trust has made the decision to start the new FFT locally from 1 September 2020 in readiness for the NHSE launch.

Examples of the feedback received from the telephone calls are:

*"Very pleased with the service. Hard for dad to sometimes understand as doctors were in a hurry and he found the masks confusing. Dad contracted COVID-19 while on the ward so overall care was fair."*

*"It was good considering we are going through COVID. The staff were good, some of the younger staff were not great. I had to ask for things 3 or 4 times. I had to wait for my insulin for an hour and a half and also urine bottles were not emptied on time. Sometimes it feels the younger staff are like customer services in a shop but overall it was good."*

*"Staff were good and listened to me, they regarded me as a human being and not just a patient."*

*"They were very good; they took the time to understand me when I could not talk. They were brilliant as they helped me get into a wheelchair when I could not walk and let me see my daughter through the window which was very nice."*

*"The ward was brilliant; all the staff were so nice and friendly. The food was also great. It was like a first class hotel. I have even asked if I can go back and book a week's stay without the ailments! I have broken my arms so using the soap dispenser in the sink was a bit difficult as it was quite high up but the overall service was very good."*

*"It was awkward, patients were yelling on the ward for bed pans and staff were getting irritated. We are told to clap and dance but I did not see staff at their best. The lady who has come to see me since has given me eye medication and I am feeling better."*

*"Sometimes there were minor duplications of services where I was asked the same thing by more than one person."*

*"They could answer calls quicker, we had to wait sometimes for 5 to 10 minutes to go to the toilet and in that time it was too late".*

The feedback was shared anonymously to the wards.

## **10. Our internal patient survey**

The existing patient survey programme was paused from mid-March, alongside the collection and reporting of the FFT. Some services have continued to collect this information for internal service monitoring and development use, but the use of handheld devices to collect feedback has and continues to on pause. The Patient Experience Team has liaised with colleagues in Infection Prevention and Control, and cards will be reintroduced by services locally scanning and emailing cards across. This does mean that some services who leave cards and freepost envelopes with patients will not be able to give their feedback in the first instance. The team are

looking at how to reintroduce the use of handheld devices in a safe way, which will involve thorough cleaning between patients and for devices to be added to routine cleaning schedules in services.

Work continues on the new Patient Experience Measurement tool to improve Berkshire Healthcare’s measurement, analysis and dissemination of patient feedback across all Community and Mental Health Services, this will complement the Friends and Family Test.

## 11. Learning Disabilities survey

As this is part of our Internal Patient Survey, this was paused during Quarter one as part of the pandemic response.

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

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

### Healthwatch

The quarterly Healthwatch meeting has been suspended. There have been open and regular channels of communication between the Patient Experience Team and the Healthwatch organisations across Berkshire, on individual cases and for sharing communication with communities. From 1 July 2020, a Partners Meeting for Healthwatch Orgs based in the West of Berkshire, the Trust and RBH have taken place (as the Trust and RBH were both meeting separately).

### Volunteer expenses

The PPI Team have actively processed and supported the reimbursement of expenses for the army of volunteers who have supported the Trust, by using the existing service user expenses process (rather than a separate process as was originally proposed).

## 13. Compliments

There were 873 compliments reported during Quarter one. The services with the highest number of recorded compliments are in the table below.

**Table 22: Compliments**

Service	Number of compliments
Talking Therapies	536
District Nursing (Community Nursing)	69
Criminal Justice Liaison and Diversion Service - (CJLD)	25
Heart Function Service	19
CMHTOA/COAMHS - Older Adults Community Mental Health Team	18
Community Dietetics	17
Community Respiratory Service	15
Lower Limb Clinic	14
Crisis Resolution and Home Treatment Team (CRHTT)	13
CMHT/Care Pathways	12

**Table 23: Examples of compliments received during Quarter one**

<p>Children's SALT</p> <p><i>"L has cited your sessions as one of his lockdown highlights. I think he is getting a lot from your teaching but he thinks he is playing. Thankyou"</i></p>	<p>Community Nursing - WAM</p> <p><i>"The nurse who came last time to dress my pressure sore did a fantastic job and it has been the best it has ever been"</i></p>
<p>Rapid Response - West</p> <p><i>"The service was so good. Everyone was very special. Good job we have got you 100/100"</i></p>	<p>Community Nursing - West</p> <p><i>"We really cannot thank you enough for everything you have done for our family over these last few weekend. You really went above &amp; beyond for us, and we truly would not have survived without your support. You helped our family to navigate the most difficult of waters and you brought light and laughter into our home even on the darkest of days. We want you to know that you have made a huge difference to our lives and we are forever indebted to you"</i></p>
<p>Windsor Ward</p> <p><i>"We would just like to say thank you very much for all the care you have taken of my mother and for enabling us to visit and to speak to her in these difficult times"</i></p>	<p>Berkshire Traumatic Stress Service</p> <p><i>"You have completely changed my life – I feel like I am now truly living. I used to feel that I was in prison but now feel free and am connecting with life and experiencing things day to day. You are like an angel that came into my life at the right time. You have restored my faith in humanity. You are a wonderful human being"</i></p>
<p>CMHT – West Berkshire (to the Psychiatrist)</p> <p><i>"When I first met you, I was a misunderstood daughter, sister, sister in law niece, friend and wife.</i></p> <p><i>It sounds ridiculous writing this, however it's, true. You gathered information about my symptoms, and back story, before choosing both my medical treatment, and CPN support. I was acting out in rage and regret..... rage and regret at home.</i></p> <p><i>I took seroxat, I was stood in my kitchen at home, beside myself, overwhelmed by bipolar / psychotic symptoms. Then it happened... The long awaited recovery. I took my seroxat and felt a, deep sense of peacefulness in my body and mind.</i></p> <p><i>I noticed a smile on my face, a long awaited response to the right medication.</i></p> <p><i>Years before we met, I was misdiagnosed with schizophrenia and consequently mistreated with risperidol, I responded badly to this mistake the doctors made, became zombie like, shut down emotionally and spiritually. It was horrendous. My then CPN nurse was uninterested in my recovery. My new CPN offered me outstanding support, and your correct diagnosis and treatment has assisted me in a number of ways such as :</i></p> <ol style="list-style-type: none"> <li><i>1. A sense of inner calm</i></li> <li><i>2. This calm enables me to better communicate my needs, being calm means I make better choices and decisions.</i></li> <li><i>3. You have proved to me how a holistic approach to good mental health is key to my</i></li> </ol>	



success.

4. You and my CPN sign posted me to the Recovery college, And it was a fascinating, and empowering experience for me.

5. You connected me with my outstanding CPN, who empowered me to use my voice, to communicate my needs, and me to tell my husband how he could support me. As a result my marriage improved.

6. My CPN Assisted me to find the right job, that I felt I thrived in, and when there were challenges she met with me and my employer to work things out and this helped me sustain my job.

You've made great choices and decisions to keep me well. You are fascinating to talk with, and I can sense and feel the compassion and love under your care, that I have not had before. You are such a beautiful person and you offer an outstanding service. Thank you so much”

**Table 24: Compliments, comparison by quarter**

	2018/19					2019/20					2020/21
	Q1	Q2	Q3	Q4	18/19	Q1	Q2	Q3	Q4	20/21	Q1
Compliments	1,008	1878	1,670	1,409	5,965	1,404	1,389	1,437	1,436	5,666	873

#### 14. Changes made as a result of feedback

##### Memory Boxes

The staff at West Berkshire Community Hospital developed Memory Boxes, which have been shared with the family of people who have died in our care during Covid-19. These have been overwhelmingly positive and a touching way to keep families connected during this time.

Services were asked to share examples of positive patient experiences and feedback they have received during the pandemic response:

WBCH, End of Life Care (a letter from a relative):

*“Thank you for your letter dated 17th May expressing your condolences on the passing of my mother at the West Berkshire Community Hospital on 16th May. In response to your request for feedback on the care she received at the hospital I have written my thoughts below.*

*A few days after my mother’s passing I wrote a Thank You card to all the staff on Donnington Ward thanking them for the kind care and attention they gave to my mum during her 11 day stay with them. I do hope they have received the card safely because I wanted them to know what a marvellous job they all did and how I am immensely grateful to every one of them.*

*My Mum had been in Royal Berks Hospital for some weeks with sepsis and pneumonia amongst other things, and she was very unhappy there. Of course we were not allowed to visit her which made the situation worse for her, and for us. When I spoke to her on the phone every day she asked me to see if the Doctor’s would allow her to come home with me. It was torture for me to know that she was so unhappy and I felt powerless to help her in any way.*

*However, when she was transferred to Donnington Ward at the West Berkshire Community Hospital it was a different story altogether. The kind nurses arranged for her to speak to me most days on their I-Pad which we both thoroughly enjoyed. When I asked her how she was*

*getting on she could not praise the staff enough. She said they were all lovely and she obviously felt very happy there because she did not ask once to come home with me! She said the food was lovely too, something she had not been able to say for at least 6 weeks previously. One lovely nurse had even made time to take Mum around the garden in a wheelchair and I know that Mum would have enjoyed this very much being a very keen gardener in her day.*

*When Mum's condition unfortunately took a turn sharply downhill and she began refusing all food and drink the nurses contacted me and asked if I would like to come and see her. That was on Thursday lunchtime. I grabbed a few things and went immediately to her bedside in Rainbow Room 2 and there I stayed until she eventually passed peacefully away on Saturday evening.*

*During this time I saw for myself the complete and utter dedication that the nurses and doctors all had to ensure that my Mum received the best possible care. I only had to put my head around the door to say I was a bit worried about a noise Mum was making, or a facial expression she had, and they were there immediately to reassure me and to ensure that Mum was not distressed in any way. The minute she appeared to need more air they gave her oxygen and immediately she became peaceful. When she groaned because her leg hurt when it was moved they immediately gave her medication for the pain. On Friday after lunch they started the pump syringe and Mum blissfully slept for the next 30 hours. The nurses were very sensitive in giving Mum and I uninterrupted time together so that I could comfort her, talk to her and say goodbye to her, but at the same time they were attentive enough to provide first class compassionate care and make sure that Mum was clean, comfortable and peaceful at all times.*

*I cannot find the words to express enough gratitude to all the staff on Donnington Ward at the West Berkshire Community Hospital. For Mum and I to be able to spend our last few days together in such a warm and caring environment was so special. To know that she passed away so peacefully with no distress and no suffering will be an enormous comfort to me for the rest of my life. So my heartfelt thanks go to all the Doctors and nurses who helped to care for Mum so well. You have made a huge impact on my life and I will always be eternally grateful for the warm and loving care you gave to Mum."*

EMBRACE Slough; the Trust supplied IT equipment to help people continue accessing the service:

*"I've been missing the group so much and I am so appreciative of you for organising this."*

*"I look forward to once again re-joining everyone virtually: it's been too long."*

*"Absolutely wonderful, like being reborn, a whole new way of life. Words cannot express what you guys have done for me".*

*(Carer's feedback): "This is quite exceptional: it will really make a difference for him. He is all alone in his room and this will help him to re-connect with people."*

*"I'm looking forward to joining the group- I am desperate to see everyone again as I've had to self-isolate during Covid."*

Case study:

Following years of severe and enduring mental health difficulties and three lengthy psychiatric admissions, B was admitted to psychiatric hospital again during Covid as he was deemed to be a high risk to self. B was supported to be discharged after 46 days in hospital by a care coordinator and our psychological team specialising in assertive stabilisation. It was identified that B experiences a sense of loneliness and had lost a sense of purpose in his life. As a result, EMBRACE community group programme was offered to B, aimed at developing a sense of purpose and belonging through co-produced group programme and peer support.



Unfortunately, B's deprived background meant he was unable to purchase a device though which he would access internet and digital offer.

BHFT organised to loan an internet-ready device to B and clinical staff then helped B set up an email account and access Teams app. B is now able to join psycho-educational workshops and peer-supported sessions as a part of EMBRACE group community programme. He connected to his peer mentor through a common interest of music and famous guitar players. B learnt about emotions experienced during Covid, as well as an importance of a routine through digital workshops. As a result of finding out about B's strengths, B was also supported to digitally access our partner social enterprise Green Cloud, to join people interested in horticultural work, as B used to work in the field prior to his physical disability issues.

As a result, B now has access to five digital groups per week, as well as our co-produced website with psycho-educational resources.

#### CAMHS A&D Team:

In February 2020, the CAMHS A&D Team launched SHaRON, an online self-help and resources network for parents and carers. Since the launch, 183 parents and carers have joined. A recent compliment was received about SHaRON: *"I am finding it really helpful to have a safe place to share things that I wouldn't necessarily talk about with friends and family and certainly not my own social media. For example yesterday I posted that my daughter went for a walk and I was proud - many of my life friends would never understand that to be an achievement but I knew sharing it here would be understood. I find it easy to use and it would be nice to get to know some other parents so we can support each other."*

The CAMHS Anxiety & Depression (A&D) Team have been offering a remote assessment and treatment service throughout the lockdown period. Right at the start of lockdown, members of the CAMHS A&D team led training for all CAMHS clinicians in delivering services remotely, which over 80 CAMHS staff attended. 60% of those clinicians who responded to the survey about the training sessions 'strongly agreed' with the statement: *'The recent Clinical Effectiveness Forums have been helpful in supporting me with telephone and/or online appointments.'*

The CAMHS A & D team have been running workshops for parents online throughout the pandemic period. This has enabled more parents to access specialist information, support and resources. More parents were able to attend remotely with time saved from travel and work, and more parents asked questions because they were able to do this anonymously during the workshop. When asked what they gained from the workshop, parents commented:

*'A clearer understanding of the process that CAMHS goes through in assessing our child and the support that can be given. We also got some good practical ideas on how to provide day to day'; 'The more knowledge the more help I can give my son'; and 'That he [son] is not alone and that there are a lot of children like him.'*

#### Intensive Management of Personality Disorder and Clinical Therapies Team:

Every week that we were in lockdown, one of our DBT patients put together a 10 page PDF document that contained activities to distract people, soothe people, entertain them, get them physically moving... the activities drew on all the skills she had been learning in DBT that she thought it would be imperative to be practising whilst in lockdown. Each week the document included online resources and "virtual events," app suggestions, amusing cartoons, puzzles, craft activities, physical exercise activities. At the start of every week, the document was sent to other patients in DBT who had requested it and it was really well received.

### Health Visiting Wokingham: Responding to a Parent:

A mother recently declined a home new birth visit, stating she didn't want anything to do with the HV service due to a previous poor experience from where she had lived previously. She has an older child and stated that she didn't want any development reviews for them either.

The service lead felt that we should make every attempt to engage with this family, particularly as they are new to the area and there are the current challenges of Covid-19. She asked the health visitor to write to the mother, reminding her of the universal service and our additional interim contacts, stating that a health visitor would call her at 4 weeks to see if she had any questions or needed any support. We also acknowledged her previous poor experience. The mother contacted the Duty HV service by email and accepted a home visit.

At the end of the new birth visit, the mother told the health visitor that she really appreciated her visit. She had accepted the home contact from the tone of the letter and the acknowledgement of her previous experience. She stated that she had got lots of information during the visit and felt that she had not been judged. The mother has accepted further contact / visits from the health visitor and has actively requested that her older child receives their 2-year review later this year.

### School Nursing Service:

During the work-around for Covid, clients have not been able to be seen face to face in our Nocturnal Enuresis clinics, the key with this work is to involve both the family and child. Initially contacts were maintained by telephone whilst the One consultation system was set up for video calls and although parents were very grateful for the continued support, this often left the child out of the appointment. However, once the new system was up and running and mastered by the staff who needed to use it, this was the feedback from one member of staff:

*"I did my first One Consultation and it went well! The parent said she found the joining instructions easy using her mobile phone. The child although shy was engaged. Mum said, "See there was a person who was telling me you should drink and go to the toilet. I was not making it up." The child laughed at this comment. Their connection dipped near the end of the consultation but we picked it up by telephone conferencing. I'll be issuing a bed-wetting alarm following our consultation which will be collected from the main reception. The child said he definitely preferred it when he could see me even though I heard him comment at the end of the call that I wasn't wearing any make-up!"*

As a response to Covid and to maintain a direct contact for our children and young people, particularly those still not in school, School Nursing have set up a new advice and support line across all its localities which launched on the 11 June 2020 and was advertised through our schools, local authority partners, social media and the Berkshire Healthcare web-site. This new initiative has already been well utilised by families who have described the service as "very quick" to receive a response and advice/support. Of the 7 families who have currently given feedback, all said they would be 'extremely likely' to recommend the service. Further specific comments were;

*"The lady I spoke to was very helpful and I was very reassured speaking to someone who knew what they were talking about. I received guidance which really helped. it gave me a different perspective which helped me a great deal"*

*"Very efficient, very respectful and didn't make me feel silly and was very professional"*

*"Million percent likely. Was very concerned about my son's wellbeing and felt I had a very good response with helpful advice"*

### Immunisation Service:

From 23 March 2020, in response to the Covid 19 pandemic the programme for the school-aged immunisation service was suspended. This team were amongst the first to be redeployed and supported a variety of services such as the 'AIR Team', managing referrals for the Covid Swabbing team and work on the community wards. Whilst this was happening an information line was set up by the team to support families during the crisis, many of those calls came from parents who were anxious that their child's immunisations were being delayed and wanting to know when they would re-start. Therefore, it is great to see the team back in action so soon; working with schools across all Berkshire localities, in a complex situation of needing to comply with schools guidance but also follow guidance for healthcare workers, the team are back in our schools delivering HPV vaccinations as well as some catch-up vaccines as needed. In addition, following a successful redeployment as a PPE champion, Berkshire Healthcare's own Health Inequalities Nurse is also now operational once more, supporting other teams and families to ensure that children and young people have access to vaccines whatever their barriers might be.

Significant challenges are ahead as the team plan, what is likely to be, a very challenging flu season, but one thing is for sure, if any team can do it, then this team can.

A letter sent to our Chief Executive about their experience of the Immunisation Service:

*Dear Julian,*

*I hope you find yourself fit and well.*

*I am writing to you directly because I wanted to make you aware of the great work of one of your members of staff.*

*Over the last year I have had the privilege of working together with your Health Inequalities Nurse to deliver a course of immunisations to a vulnerable teenager in her own home.*

*She has been professional and able to engage the young girl when others couldn't. She is now fully immunised thanks to her.*

*I am so pleased that you have this service and it delights me to think that I can fall back on BHFT and the nurse for support in this area in the future. She Nicky is a star and I thought you should know.*

Healthwatch Bracknell Forest:

Healthwatch Bracknell Forest is running the Community Response during the COVID-19 pandemic in Bracknell Forest. On several occasions during conversations with residents we have had reason to call Common Point of Entry; this has resulted in an instant response from the Community Nursing Service. One resident reported back to us that they were told that the intervention had avoided a hospital admission.

*"During this time, we have made many more enquiries to Berkshire Healthcare about their services on behalf of residents and patients. These have always been promptly responded to and the answers have helped the residents and patients in Bracknell Forest during these difficult times".*

## **15. Shifting the mindset – a closer look at NHS Complaints**

This action plan has been put on hold. Healthwatch and the CQC are launching a campaign to encourage feedback (not just complaints) called 'Because we all care'. The Trust are working with local Healthwatch organisations on how we can support the campaign locally.

**Elizabeth Chapman**  
**Head of Service Engagement and Experience**



**Berkshire Healthcare**  
NHS Foundation Trust

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Berkshire Healthcare NHS Foundation Trust

Performance Report to Council

September 2020

## Chief Executive Highlights Report

### **Local**

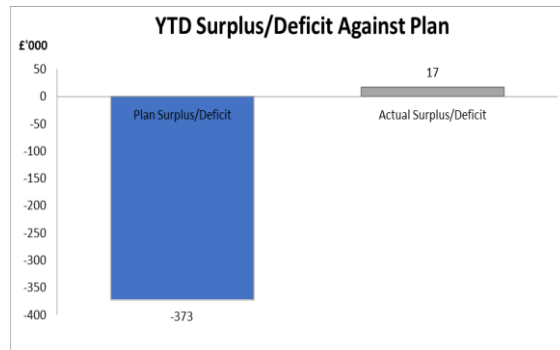
- The Trust is supporting more patients and carers to self-care and self-manage their health needs by providing training etc
- All the Trust's services are now open with social distancing and robust infection controls in place
- The Trust continues to operate a "Virtual First" approach where clinically appropriate (this includes telephone and virtual consultations)
- The Trust has undertaken COVID-19 risk assessments for all staff
- This Trust's Staff Flu Campaign will include a Drive Through option at Ascot Racing Course and West Berkshire Community Hospital as well as Flu Clinics, roving Peer Vaccinators and Flu vouchers for staff get their Flu jab via a Pharmacy. NHS England are aiming for 100% of clinical staff to receive a flu jab this year.
- On 21 August 2020, Slough was designated as an "area of concern" by Public Health England and the Department of Health and Social care. This comes following a rise in the number of cases which tested positive for Coronavirus within the borough in the last two weeks. There is no evidence to suggest it is an 'outbreak' caused by a particular event, or from a location e.g. a restaurant or a shop.
- The Trust completes an annual "pulse check" survey of staff, alongside two national friends and family test questions. It is very positive to note that this year we have achieved our highest scores since we started running the pulse survey in 2012, with positive responses across all areas increasing between 4% and 21%.
- 1,453 staff took the time to complete the survey over June and July. Despite the pressures of Covid-19, 32% took the time to reflect on their experience of working with Berkshire Healthcare in the last year. The two highest increases – strong communication with staff about our priorities and goals, and effective communication between senior managers and staff - reflects how much staff valued the increased communication during the active phase of Covid-19. Another area which saw strong improvement was satisfaction with patient care, achieving an 11% increase in positive responses to all three relevant questions.

### **National**

- From 1 September 2020 the question we ask for the Friends and Family Test is changing. Following a nationwide project, NHS England have changed the question from asking whether patients would recommend their service to how they would rate the care they've received.
- NHS England/Improvement has issued guidance on its COVID-19 Phase 3 plan which asks that all scheduled services should be restored to "near normal levels of non-COVID-19 health services
- NHS England has identified eight urgent actions that need to happen in order to tackle health inequalities and protect those at greatest risk.
  - Protect the most vulnerable from COVID
  - Restore NHS services inclusively
  - Develop digitally enabled care pathways in way which increase inclusion
  - Accelerate preventative programmes which proactively engage those at risk of poor health outcomes
  - Particularly support those who suffer mental ill-health
  - Strengthen leadership and accountability
  - Ensure datasets are complete and timely
  - Collaborate locally in planning and delivering action

**Performance Report to Council of Governors – Performance April to June 2020**

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



*This surplus or deficit reflects the difference between the Trust spending and the income it receives.*

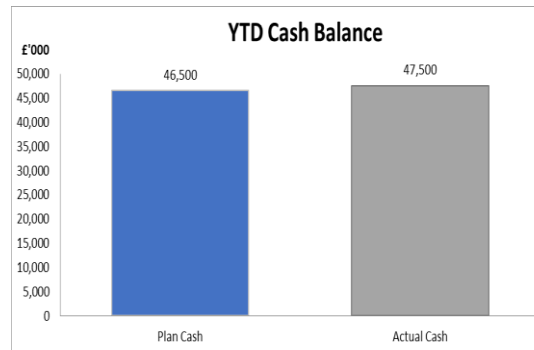
During quarter 1 we operated in a COVID influenced financial regime, the overriding principle being that providers report a breakeven position during this period made possible by 'Top UP' payments, covering both additional costs incurred in response to COVID and underlying deficits.

During this period

- Use of Resource rating is not being monitored
- There is no efficiency requirement, effectively putting our Cost Improvement Programme on hold
- CCG contracts have been replaced by centrally calculated block allocations. Central allocations make provision for inflation only, no service development
- Expenditure is expected to continue per run rate at the end of 19/20 adjusted for inflation only.

In quarter 1 COVID costs totalled £3.3m and a Top Up payment of £2.8m was made. The underlying YTD surplus position was £0.5m.

**Latest Cash Position (£k's)**

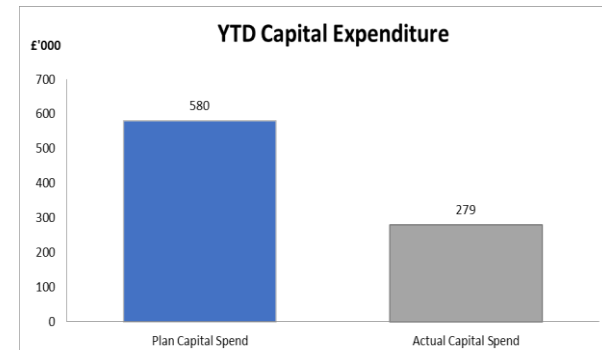


*The cash surplus shown in the graph supports liquidity and capital expenditure.*

**Cash**

In order to ease liquidity pressure on providers, block allocations have been paid 1 month in advance, cash held is offset by increased deferred income.

**YTD Capital (£k's)**



*Capital Spend is cash spent on items that last longer than 1 year and have a value of over £5,000.*

*Examples of this are buildings and networked IT. It is important that the trust re-invests in capital items to provide good facilities and equipment for patient care.*

**Capital Spend**

The YTD underspend against the planned capital programme is £0.3m, overall spend has been slow in Q1, particularly in Estates spend which has been impacted by the ability to engage contractors due to COVID as well as the diversion of resources focussing upon estates requirements to restart servicees safely in light of social distancing requirements.

**Performance Report to Council of Governors – Performance April to June 2020**

**Friends and Family Test**

Indicator	Target
Recommendation Rate	-

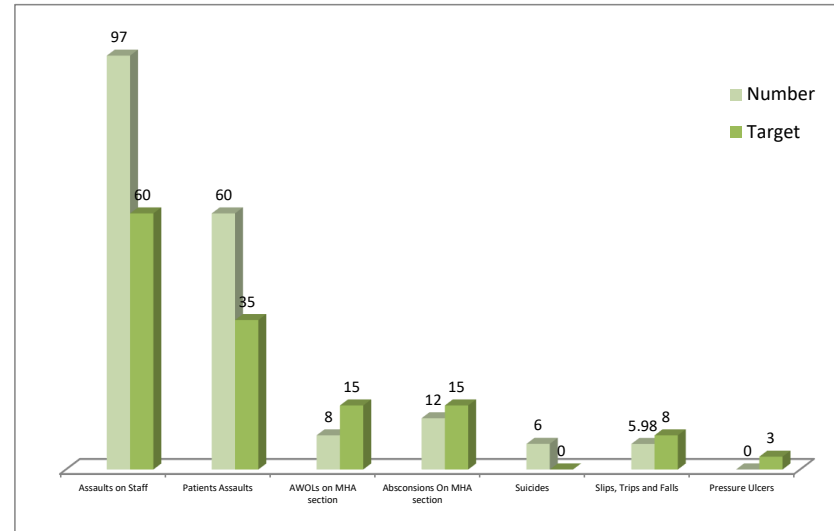
This has been suspended during Quarter 1.

**Safer Staffing**

Indicator	RAG Rating
Safe Staffing	Green

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

**User Safety**



The above chart is showing the June 2020 rolling quarter Actual Vs target. Please note that lower than the stated target means KPI has achieved its target. There has been a decrease in assaults on staff patient to patient assaults, AWOLs of those detained under the Mental Health Act and pressure ulcers due to lapse in care. There has been an increase in the number of apparent suicides and falls in comparison to the rolling quarter to March 2020. Falls and Pressure Ulcers are breakthrough objectives for the Trust's Quality Improvement programme.



Performance Report to Council of Governors – People April to June 2020

Staff Turnover

<u>Target</u>	<u>Actual</u>
15.20%	14.3%

Agency Position

<u>Target</u>	<u>Actual</u>
< 6%	1.7%
No target during Q1 2020/21	

Sickness

<u>Target</u>	<u>Actual</u>
< 3.5%	4.46%

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

Appraisals

<u>Target</u>	<u>Completed %</u>
> 95%	67.70%

Days Taken For Recruitment

Target	55
Days Taken	69

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

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

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

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

Risk Description	Mitigations
<p><b>Risk 1</b> Failure to recruit, retain and develop the right people in the right roles at the right time and at the right cost could impact on our ability to meet our commitment to providing safe, compassionate, high quality care and a good patient experience for our service users</p>	<ul style="list-style-type: none"> <li>• The Trust continues to through with the Integrated Care Systems to maximise the links we have with Health Education England and local universities to support the different pathways into nursing</li> <li>• The Trust participated in the COVID-19 Bring Back Staff Scheme through the Frimley Health and Care Integrated Care System and secured our highest ever number of student nurses</li> <li>• The Trust is working with the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System to develop the concept of an Integrated Care System Nursing School</li> <li>• An Apprentices Steering Group has been established to develop the Trust's new Apprenticeship Strategy</li> <li>• A new approach to workforce planning has been developed linking workforce, service demands and business forecasting</li> </ul>
<p><b>Risk 2</b> Failure to achieve national efficiency benchmarks could impact on the Trust's future sustainability and lead to increased regulatory scrutiny</p>	<ul style="list-style-type: none"> <li>• The Trust is developing the August to March 2021 forecast financial plan.</li> <li>• The Trust has introduced patient level costing. The working model of cost apportionments is now available, and the user summary reporting is currently being reviewed.</li> </ul>
<p><b>Risk 3</b> The COVID-19 pandemic has required BHFT to significantly remodel the way services, clinical and corporate, are delivered. The ability of the Sustainability and Transformation and Integrated Care System Plans to deliver transformational change may be impacted by the need to focus on the COVID-19 response.</p>	<ul style="list-style-type: none"> <li>• Buckinghamshire, Oxfordshire and Berkshire West and Frimley Health and Care Integrated Care Systems are both developing COVID-19 Recovery Strategies with the aim of capturing and embedding new way of working</li> <li>• The Trust is continuing to develop its links with Primary Care Networks and is having further discussions with Primary Care Networks on multi-disciplinary working</li> <li>• NHS England/Improvement has issued its COVID-19 Phase III guidance – the Trust is contributing to the Frimley and BOB systems' plans.</li> </ul>
<p><b>Risk 4</b> There is a risk that other providers may acquire the Trust's adult and children's community services which would impact organisational sustainability and reduce the Trust's scope to develop new models of out of hospital care.</p>	<ul style="list-style-type: none"> <li>• Agreed by Frimley Health that the Trust would lead the Chronic Pain pathway implementation.</li> <li>• The Trust has robust business and development and horizon scanning processes in place.</li> <li>• The Trust has regular meetings with the Commissioners and plays an active role in the East and West Integrated Care Systems.</li> <li>• Frimley Health and Care ICS has established Place Based Locality Boards with Placed based Local Directors in place</li> </ul>
<p><b>Risk 5</b> Failure to develop collaborative working relationships with key strategic partners could result in the Trust losing influence in key decisions leading to less effective services for local people.</p>	<ul style="list-style-type: none"> <li>• The Stakeholder Satisfaction Survey was repeated in the autumn. The Survey provided assurance that the Trust was well regarded as a partner by its stakeholders.</li> <li>• Locality and Regional Directors for East Berkshire have built a strong relationship with the East Commissioners and are members of the Mental Health Programme Board</li> <li>• The Regional Director West is now the responsible officer for Mental Health for the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System</li> <li>• The Trust is contributing to the mental health transformation programme of work in addition to the NHS Long Term Plan Mental Health priorities</li> <li>• The Trust is an active partner in the NHS COVID-19 Recovery and Phase III planning stages</li> </ul>

<p><b>Risk 6</b></p> <p>There is a risk of a rise in demand for community and mental health services and a lack of available capacity due to –</p> <ul style="list-style-type: none"> <li>• failure of other health, social care and third sector providers to deliver their services leading to increase in referrals and higher acuity patients</li> <li>• demographic changes leading to increased patient numbers and greater need</li> <li>• financial constraints of commissioners limiting options for investment to meet growth</li> <li>• system developments and changes to patient pathways increase expectations and demands on Trust services</li> <li>• increase in vacancies due to high turnover and lack of available workforce reducing capacity in Trust services. This is a particular risk for Mental Health Inpatient, Community Nursing, Child and Adolescent Mental Health Services and Common Point of Entry currently.</li> </ul>	<ul style="list-style-type: none"> <li>• The Trust has good engagement with the developing Primary Care Networks.</li> <li>• Recruitment to challenged services remains good and the vacancy position is improving</li> <li>• Work on the Workforce Strategic Initiative using Quality Improvement methodology has started</li> <li>• COVID-19 Recovery planning has started including a review of wait lists and expected demand.</li> <li>• New ways of working will increase capacity</li> <li>• The Trust has continued to engage in weekly system meetings in both East and West Berkshire. The Trust is linking with partners on service recovery planning. The Trust is inputting to prioritisation of investments with both Integrated Care Systems</li> <li>• Quarter 2 has been an increase in demand for mental health beds. In July this resulted in an increase in the number of out of area placements. The number of out of area placements has decreased.</li> </ul>
<p><b>Risk 7</b></p> <p>Trust network and infrastructure at risk of malware attack which could compromise systems leading to unavailability of clinical systems, loss of data, ransom demands for data and mass disruption.</p>	<ul style="list-style-type: none"> <li>• The Trust has attained national CyberEssentials+ certification in February 2020</li> <li>• The Trust invited the Information Commissioners Office to conduct an external audit in April 2020. The Information Commissioners Office identified seven recommendations for improvement and these actions will be implemented over the next 12 months.</li> </ul>
<p><b>Risk 8</b></p> <p>There is a risk that the Trust may be unable to maintain the standards of safe and high-quality care for patients we aspire to as an organisation because of the challenges of responding to the active phase of COVID-19 and the challenges of responding to the 2nd wave of COVID 19 winter pressures.</p> <p>There is a risk that there may be insufficient staff to provide safe care due to staff to staff transmission / impact of test and trace on need for staff to self-isolate</p>	<ul style="list-style-type: none"> <li>• Weekly updates to staff through the Staff COVID-19 Recovery Briefings</li> <li>• Staff Flu Campaign has started</li> <li>• COVID-19 Recovery Communications Plan is in development with external communications aligning with system expectations</li> <li>• BHFT website is regularly updated with the latest service provision information and is also shared with Healthwatch</li> <li>• A demand modelling tool has been built and it currently being populated with community services activity data</li> <li>• Establishment of a weekly Second Wave/Winter Planning Group</li> </ul>

Performance Report to Council of Governors – Oversight Requirements April to June 2020

<u>KPI</u>	<u>Target</u>	<u>Actual</u>	<u>Definition</u>
7 day follow up	95%	95.77%	This is the percentage of Mental Health Patients discharged from our wards who were within 7 days.
DM01 Diagnostics Audiology - 6 weeks	99%	100.00%	This is the % of patients waiting 6 weeks or less for Audiology diagnostic tests.
A&E 4 Hour Waits	95%	98.34%	This is the percentage of patients waiting in the Trust's Minor Injury Unit to treat/discharge or transfer within 4 hours.
RTT Community: incomplete pathways	92%	99.30%	This is the percentage of patients waiting within 18 weeks for their first outpatient appointment in the Trust's Diabetes and Children's Community Paediatric teams.
Data Quality Maturity Index	95%	98.63%	This measures the Trust's completeness of Mental Health Services Data Set data in relation to the 29 fields including: - Ethnic Category, GMC Practice Code, NHS Number, Organisation Code, NHS Number, Organisation Code, Gender, and Postcode. This is the latest score.

Early Intervention in Psychosis New Cases - 2 week wait	56%	95.45%	This is the percentage of patients who present with first episode psychosis, who are assessed and accepted onto a caseload and receive a NICE Concordant package of care.
Out of Area Placements occupied bed days - East CCGs	266	123	The number of occupied bed days for acute, older adult or PICU patients, from East CCGs who were sent out of area as there was no bed available within the Trust.
Out of Area Placements occupied bed days - West	276	92	The number of occupied bed days for acute, older adult or PICU patients, from West CCGs who were sent out of area as there was no bed available within the Trust.
Improving Access to Psychological Therapies - waiting times for:-	75%	95%	This measures the percentage of IAPT patients who were assessed within 6 weeks, started treatment within 18 weeks, and the percentage of those who have recovered.
Assessment	95%	100%	
Treatment and Recovery	50%	54.00%	
Clostridium Difficile due to Lapse In Care - Year to Date	6	0	This measures the number of cases of Clostridium Difficile which were caused by a lapse in care in our inpatient services.

Cardio Metabolic CQUIN assessment and treatment for people with psychosis in the following settings:-

Inpatient settings	90%	42%
Early Intervention in Psychosis Services	90%	88%
Community Mental Health Patients on CPA	65%	21%
<hr/>		
MRSA	0	0
<hr/>		
Gram Negative Bacteraemia	0	3
<hr/>		
MSSA	0	0
<hr/>		

This CQUIN looks to improve health outcomes for those patients with psychosis by sampling a number of cases and calculating the percentage of clients who have received an assessment, and where risks are identified, intervention covering the following:

- . smoking status
  - . lifestyle (including exercise, diet, alcohol and drug use)
  - . body mass index
  - . blood pressure
  - . glucose regulation (HbA1c or fasting glucose or random glucose, as appropriate)
  - . blood lipids.
- This must be clearly recorded in the patients' records.

This is the number of cases of the infection methicillin-resistant Staphylococcus aureus identified on our wards as occurring due to lapse in care.

This is the number of cases of infection Gram Negative Bacteraemia cases including, E coli, Pseudomonas and Klebsiella identified on our wards as occurring due to lapse in care. 1 each occurred on Oakwood, Windsor and Henry Tudor wards.

This is the number of cases of the infection Methicillin-sensitive Staphylococcus aureus identified on our wards as occurring due to lapse in care.







### **Covid-19 Recovery Plan – Hight Report**

We continue to remain in the active phase of the COVID 19 response although the impact is now reduced and services that were paused or partially closed have been going through a formal prioritisation process. Community Health Services are now fully operational with a 'blended' model of appointments for many services. The mental health services are currently being considered by the Service Recovery Prioritisation Group.

## Project Highlight Report

Month: Aug 2020

**Programme Title** COVID 19 Recovery Programme

### Summary Description

The scope of programme covers the whole of Berkshire and the Trust's commissioned service delivery across Children's and Families, Community Health, Mental Health, Inpatients and Corporate services.

The programme aims are:

- Restore full capacity, quality and resilience of our physical and mental health services to meet ongoing and emerging post COVID-19 community needs. A key aim is to stabilise our workforce with a particular focus on retention, providing support to staff and team resilience and wellbeing following the social and psychological shock of responding to COVID-19.
- Enable physical and mental health services to meet the health needs of individuals, staff, and the community including the new models of care tested during the COVID-19 period
- Promote self-sufficiency and continuity of the health and wellbeing of affected individuals; particularly the needs of children, seniors, people living with disabilities, whose members may have additional functional needs, people from diverse origins, people with limited English proficiency, and underserved populations
- Reconnect displaced populations with essential physical and mental health services
- Work co-productively with commissioners and partners to embed new ways of working as a part of the standard operating model

**Deployment Status:**  
M/I

Mission Critical

**Project Life Cycle Status:**

In Progress

**Planned Completion Date:**

September 2021

I = Mission Critical I = Important

Initiation/ In Progress/ Moving to Business as Usual/ Closed

**Author** Karen Watkins / Neil Murton

**Overall Project Status\*:**

\*Show status as Red / Amber / Green.

### Summary Commentary re status & progress:

#### Overall Progress

We continue to remain in the active phase of the COVID 19 response although the impact is now reduced and services that were paused or partially closed are now going through a formal prioritisation process. Community Health Services are now fully operational with a 'blended' model of appointments for many services. The mental health services are currently being considered by the Service Recovery Prioritisation Group.

Staff that were redeployed to support front line services have been returning to their substantive roles. A review of the redeployment

process has commenced, and lessons learnt will inform any further redeployment that may be required for Surge/Winter planning.

A task and finish group chaired by Jayne Reynolds has been established to oversee delivery of a Surge/Winter plan and is taking a QI approach to development of the plan. Recovery is aligned to the Surge/Winter planning and may be impacted by any surge or Winter activity.

Phase 3 guidance for recovery was released in August and BHFT has submitted all necessary templates and narratives to the ICSs for the required system submissions.

An action plan for Phase 3 with clear named leads and milestones is included in the Recovery workbook and the milestone planner and risk log continue to be updated.

As at the date of this report 71 services have been approved to full recovery including adopting new ways of working and a further five are scheduled for next week's Prioritisation Group meeting. If approved as planned this should mark the end of the Prioritisation Group task and finish function. The small number of remaining services to be approved will be completed via Chairs action on the basis of QIAs approved by Director of Nursing and Medical Director and EFM templates approved by the Director of Estates and Facilities.

### **Impact on staff**

Most staff have now been returned to their substantive roles. HR is currently leading an engagement process with MSK staff to establish a bank of staff prepared to continue to work on the community wards supporting rapid discharge.

### **Digital Technology**

There has been a significant increase in the use of remote working across all services. This has included telephone triage to direct patients to the right service/professional, follow up appointments and diagnostics completed via One Consultation or Teams, assessments completed via One Consultation and Teams. The restoration process includes services considering any new or additional digital requirements.

### **Equality Impact Assessments**

We have agreed a set of EIAs to be completed.

## Planned Benefits –

Ref.	Benefit	Timescale / date to be realised	Responsibility	Achieved Yes/No	Comment
	Services restored	Ongoing	Divisional Directors	In progress	Rolling programme considering service prioritisation including approval of the proposed operating model, PPE requirements and any changes to the estate.
	New ways of working embedded	March 2021	SRO/Divisional Directors/Director People	In progress	New ways of working include a number of positive opportunities including remote appointments increasing access opportunities and decreasing patient transport and waiting times. Negative impacts include the reduced capacity of our services due to COVID cleaning guidance and social distancing in our clinics/services.
	Digital technology incorporated into Business as Usual	March 2021	Deputy Chief Executive and Chief Financial Officer	In progress	Significant uptake in digital technologies across services has been significant with staff engaging with technology in a way many thought was not possible pre COVID.
	Transparent modelling of activity/capacity required to clear waiting list backlogs	21 <sup>st</sup> September 2020	Divisional Directors	In progress	BHFT internal modelling tool established. Assistant Director of Performance & Information working with Divisional Directors. Conversations with commissioners to follow.
	Restored services provide equality of access	October 2021	Divisional Directors	In progress	Equality Impact Assessments to be completed on key areas including digitally enabled services, patient experience, and patient outcomes.

## Top Risks & Issues

### Key Observations / Risks / Issues to be raised

Title / Description	Current Status (RAG)	Mitigating actions	By when	Comment
<b>Our people availability</b> - There is a risk that we will not have enough staff available to support critical services	Green	Established "Team Berkshire" and a Staff Bureau that oversaw the redeployment of staff across BHFT services. Workstream supported by Strategy and PMO Teams.	April 2020	Redeployment completed for phase 1 and staff now returning in a phased manner to their substantive roles.
<b>Our People Wellbeing</b> - There is serious risk to the wellbeing of our staff due to staff shortages, self-isolation, re-deployment, traumatic incidents etc)	Yellow	Staff wellbeing psychological support and wellbeing packages in place. Workstream supported by the PMO. Continue to monitor our MH and anxiety sickness levels to anticipate any growing issues or needs. Risk that may demand for psychological support may increase during Recovery. Exec has agreed a business case to continue to provide wellbeing support for the Recovery phase (up to March 2021).	March 2021	BHFT staff wellbeing offer in place. NHS People Plan also emphasises importance of Staff Wellbeing offers.
<b>Our People</b> - There is a risk that we do not have the right numbers of staff trained with the required skills (including orientation into a new working environment) in the case of a Surge/pressured Winter	Green	Maximise the numbers of staff released for refresher training. Ensure local induction in place for necessary orientation, including fire procedures and evacuation. Ensure clinical skills training addressed as required.	April 2021	Refresher training was accelerated through BHFT. Trained staff well placed to provide support in Surge/Winter planning if required.
<b>Workforce Availability</b> - Inadequate staffing due to the absence of a robust process and adequate resources for forecasting of workforce requirements	Red	Being addressed in part through workforce work stream along with the Trust's involvement with the system workforce modelling.	September 2020	Forecasting workforce requirements included in the BHFT demand modelling too. Also a requirement for the system refresh plans.
<b>COVID-19</b> – Risk of second wave de-railing the recovery process – leading to delay in the recovery programme	Yellow	Learning from first wave to ensure readiness for second wave. PPE stocks and process in place to mitigate first wave issues. Recovery plans to include second wave planning.	September 2020	Second wave planning commenced.

	Completed / On Track		On Track / Known risks being managed		Off Track
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## Current Milestones Report

Milestone	Due date	Current Status (RAG)	Actions / Comments
Recovery Programme Structure in place	June 2020	Green	Due to the changing requirements of recovery the structure has had to evolve with prioritisation currently the key priority. The need for a programme board has been identified to address the longer-term issues relating to the recovery process. This has been established.
Stakeholder Engagement and Communications Plan in place.	June 2020	Red	Need for a separate Recovery Comms Group identified and being set up.
QIA and EFM Complete for all services	June 2020 [Revised to Sep 20]	Yellow	Services have requested longer timeframe for completion of services where recovery is not imminent. Most CHS have completed and approved QIA and EFM templates. Prioritisation Group now considering Mental Health services.
Plan for Corporate Services new ways of working developed	July 2020 [Revised to Aug 20]	Yellow	Plan developed. To be considered by Remote Working Steering Group
Recovery Planning Demand Modelling Tool Developed	June 2020 [Revised to Sept20]	Yellow	Modelling Tool in development.
Use of the demand modelling tool to assess future capacity of services	Sep 2020	Green	Capacity of BI Team is limited – initial list of services to be modelled to be produced by the Recovery Team.
Prioritisation and approval of community health services for recovery complete with start dates or phasing identified.	Aug 2020	Green	Prioritisation group now meeting weekly with approvals being made at every meeting. Near 100% of CHS restored.
Prioritisation and approval of health services for recovery complete with start dates or phasing identified.	Aug 2020	Green	Mental Health services scheduled for the next set of Prioritisation meetings.
Phase 3 milestones incorporated into recovery planning	Sep 2020	Green	JR will lead this work. A planning group is in place. Actions will be incorporated into the recovery workbook and relevant workstream,
Recovery milestones and activity included in the two system refreshed plans.	21 <sup>st</sup> Sep 21	Green	KM coordinating this work, combination of recovery and phase 3 milestones and activity.

Milestone	Due date	Current Status (RAG)	Actions / Comments
Template for patient letters	July 20		Comms to provide template – services to use as appropriate and save in Teams folders.

	Completed / On Track		On Track / Known risks being managed		Off Track
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### Key Activity during Next Period

Activity/Product to be delivered	Action/notes	By when
Continuation of recovery prioritisation process	Service Recovery Prioritisation Groups	Ongoing
First meeting of Programme Board	Arranged for 18 <sup>th</sup> August 2020.	20/08/2020
Incorporation of phase 3 actions into recovery actions log	KW to combine all actions into a single log	31/08/20
Stock take of services still to be prioritised	Review log against the service current operating plan	05/09/20

### Completed Milestones

Milestone	Due date	Current Status (RAG)	Actions / Comments
Service lessons Learned and feedback collated	June 2020		Lessons learned summary collated. Services lessons learned included in QIAs – currently being used to inform case studies for the Recovery newsletter

**Council of Governors Dates 2021**

Meeting	January	February	March	April	May	June	July	August	September	October	November	December
Formal Council Meeting			24			16			22			1
Trust Board / Council Meeting		03 (NED)			05 (Board)		28 (NED)				03 (Board)	