



**Berkshire Healthcare**  
NHS Foundation Trust

# Quality Account 2021/22



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



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



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

"Our vision is to be recognised as the leading community and mental health service provider by our staff, patients and partners"

# What is a Quality Account?

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

## About the Trust

We are a community and mental health trust, providing a wide range of services to people of all ages living in Berkshire. To do this we employ approximately 4,500 staff who operate from our many sites as well as out in people's homes and in various community settings.

We deliver joined up physical and mental health services, helping people to remain independent at home for as long as possible and providing the care and support that best meets the needs of our patients, in the most suitable location. From early years to end of life, we offer a wide range of services to keep you and your family well. We also run several specialist clinics and services aimed at young people, adults, and older people to support and treat mental health, physical health, and sexual health conditions.

We have a major focus on the contribution we can make to the local population by working in collaboration with our commissioners and partner providers to identify new ways of working to benefit patients. We work in partnership with Berkshire's two acute hospital trusts, Royal Berkshire Hospital NHS Foundation Trust and Frimley Health NHS Foundation Trust. We also work closely with Berkshire's six local authorities and a diverse range of community and charitable organisations.

The Care Quality Commission (CQC) oversee patient quality and safety and we are rated overall as 'Outstanding' by them. This award supports our wider aim to be a leading provider of mental and physical health service

As a Foundation Trust we are accountable to the community we support. NHS Improvement regulate our financial stability and have given us a financial sustainability risk rating of 4, which is the best rating we could have (they rate from 1 to 4, with 1 being at most risk and 4 being the least risk).

We are also a digital pioneer, having been named by NHS England as a 'Global Digital Exemplar'. This allows us to transform patient care through use of technology.

# Contents

	Page No.
<b>Quality Account Summary and Highlights 2021/22</b> .....	<b>4</b>
<b>Part 1. Statement on Quality by the Chief Executive of Berkshire Healthcare NHS Foundation Trust</b> .....	<b>6</b>
<b>Part 2. Priorities for Improvement and Statements of Assurance from the Board</b> .....	<b>7</b>
<b>2.1. Achievement of Priorities for Improvement for 2021/22</b> .....	<b>7</b>
2.1.1. Patient Experience and Involvement .....	7
2.1.2. Harm-Free Care .....	15
2.1.3. Clinical Effectiveness .....	26
2.1.4. Supporting our Staff .....	29
2.1.5. Other Service Improvement Highlights in 2021/22 .....	41
2.1.6. Improvements in Community Physical Health Services for Adults .....	41
2.1.7. Improvements in GP Out-of-hours Services and Urgent Care Services .....	44
2.1.8. Improvements in Services for Children, Young People and Families (CYPF), including Child and Adolescent Mental Health Services (CAMHS) .....	45
2.1.9. Improvements in Services for Adults with Learning Disabilities (LD) .....	48
2.1.10. Improvements in Mental Health Services for Adults, Including Talking Therapies (TT) and Older Peoples Mental Health Team (OPMH) .....	49
2.1.11. Improvements in Medicines Management .....	54
<b>2.2. Setting Priorities for Improvement for 2022/2023</b> .....	<b>55</b>
2.2.1. Harm-Free Care Priorities.....	55
2.2.2. Clinical Effectiveness Priorities.....	55
2.2.3. Patient Experience Priorities .....	55
2.2.4. Supporting our People Priorities .....	55
2.2.5. Monitoring of Priorities for Improvement .....	55
<b>2.3. Statements of Assurance from the Board</b> .....	<b>56</b>
2.3.1. Clinical Audit.....	56
2.3.2. Research and Development (R&D) .....	58
2.3.3. CQUIN Framework .....	59
2.3.4. Care Quality Commission (CQC).....	59
2.3.5. Data Quality and Information Governance.....	61
2.3.6. Learning from Deaths.....	62
<b>2.4. Reporting against core indicators- JH to update</b> .....	<b>63</b>
<b>Part 3. Review of Quality Performance in 2021/22</b> .....	<b>66</b>
<b>Statement of Directors' responsibilities in respect of the Quality Report</b> .....	<b>70</b>
<b>Appendix A- Annual Plan on a Page</b> .....	<b>71</b>
Annual Plan on a Page- 2021-22.....	71
Annual Plan on a Page- 2022-23.....	72
<b>Appendix B- National Clinical Audits- Actions to Improve Quality</b> .....	<b>73</b>
<b>Appendix C- Local Clinical Audits- Actions to Improve Quality</b> .....	<b>76</b>
<b>Appendix D- CQUIN 2021/22</b> .....	<b>86</b>
<b>Appendix E- CQUIN 2022/23</b> .....	<b>86</b>
<b>Appendix F- Statements from Stakeholders</b> .....	<b>87</b>
<b>Appendix G- Independent auditor's report to the Council of Governors of Berkshire Healthcare NHS Foundation Trust on the quality report</b> .....	<b>96</b>
<b>Appendix H- Map of Berkshire Localities</b> .....	<b>97</b>
<b>Glossary of acronyms used in this report</b> .....	<b>98</b>

# Quality Account Summary and Highlights 2021/22

Figure 1- Trust Summary for the 2021/22

Indicator (Click on links to access the related main sections of the report)	2021/22 Target	Results		Comment	
		20/21	21/22		
<b>Patient Experience</b>					
<a href="#">Patient Friends and Family Test- response rate</a>	≥15%	Data collection suspended nationally due to COVID-19	3.5%****	Target not met	
<a href="#">Patient Friends and Family Test (FFT) - % of patients stating they rate the service as good or very good</a>	Community services (Mental health and physical health combined)		≥95%	89%****	Target not met
	Mental health inpatients		≥95%	85%****	Target not met
	Community hospital inpatients		≥95%	92%****	Target not met
	Minor Injuries Unit		≥95%	No Data #	No Data #
<a href="#">Carer Friends and Family Test (FFT) - % of carers rating the service as good or very good</a>	No target set		96%****	Target Met	
<a href="#">Managing patient flow- Bed occupancy rate on adult inpatient wards</a>	Adult mental health acute inpatient wards	≤85%	91.9%*	93.3%**	Target not met
	East adult community inpatient wards	≤85%	46.4%*	75.5%**	Target Met
	West adult community inpatient wards	≤85%	83.5%*	86.9%**	Target not met, but was met in 10 of 12 mths
<a href="#">Managing patient flow- Average length of stay on adult inpatient wards</a>	Adult mental health acute inpatient wards	≤30 days	46 days*	59 days**	Target not met
	East adult community inpatient wards	≤24 days	10 days*	16 days**	Target met
	West adult community inpatient wards	≤24 days	21 days*	22 days**	Target met
<a href="#">Patient flow- adult mental health delayed transfers of care</a>	≤7.5%		3.5%*	8.9%**	Target not met, but was met in 11 of 12 mths
<b>Patient Safety</b>					
<a href="#">Number of falls on Older People's Inpatient Wards (Community Inpatient Wards and OPMH Wards)</a>	<20 per month		N/A	33**	Target not met
<a href="#">Pressure ulcers (PUs) due to lapse in care by Trust staff</a>	Number of category 2 PUs due to lapse in care by Trust staff	≤19 per year	22***	18****	Target Met
	Number of category 3, 4 unstageable or deep tissue injury PUs due to lapse in care by Trust staff	≤18 per year	10***	2****	Target Met
<a href="#">Self-harm incidents by mental health inpatients</a>	≤42 per month		177*	95**	Target not met
<a href="#">Patients with Severe Mental Illness (SMI) referred to Community Mental Health Teams (CMHT) will have all parameters of the annual physical health check completed within one year of referral to the CMHT</a>	60%		N/A	79%**	Target Met
<a href="#">Patients with Severe Mental Illness (SMI) referred to Community Mental Health Teams (CMHT) will have smoking status recorded within one year of referral to the CMHT</a>	60%		N/A	81%**	Target Met
<b>Clinical Effectiveness</b>					
<a href="#">Compliance with recommendations relating to VTE in NICE Clinical Guideline on COVID-19</a>	≥80%		N/A	100%	Target Met
<b>Supporting our Staff</b>					
<a href="#">Staff engagement score (National NHS Staff Survey)</a>	≥8 out of 10		7.5***	7.4****	Target not met
<a href="#">Staff sickness level</a>	<3.5%		3.05%*	4.21**	Target not met

\* Figure for Mar 2021 \*\* Figure for Mar 2022 \*\*\* Annual Figure 20/21 \*\*\*\* Annual Figure- 21/22

# The Minor Injuries Unit (MIU) have been involved in setting up a new national Patient Reported Experience Measure in their area and have not been collecting FFT data whilst this is being set up.

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

### Patient Experience Priorities

- A new patient experience measurement tool called 'I Want Great Care' (iWGC) was launched to advance the way we measure and improve patient experience.
- Our community health inpatient wards have successfully managed the flow of patients through the service and have kept bed occupancy rates and average lengths of stay for patients to below target thresholds. Adult mental health wards have kept delayed transfers of care to below target thresholds in 11 of the 12 months during the year.

### Patient Safety Priorities

- We have met our target of ensuring that at least 60% of patients with severe mental illness that are referred to our Community Mental Health Teams have had all parameters of their annual physical health check completed within one year or referral- 2021/22 result 79%.
- We have met our target of having fewer than 19 category 2 and fewer than 18 category 3 or 4 pressure ulcers (PUs) due to a lapse in care by trust staff during the year- 2021/22 result: 18 cat. 2 PUs, 2 cat. 3, 4 or unstageable PU at the end of Q3.

### Clinical Effectiveness Priorities

- We have participated in all applicable national clinical audits, taking actions that lead to improvements.
- We continue to operate a robust system for reviewing NICE guidance to ensure that care is delivered in line with national best practice standards.
- We continue reviewing, reporting, and learning from deaths in line with national guidance.

### Supporting our Staff Priorities

- We have published a new People Strategy that has the aim of making the Trust outstanding for everyone
- We continue to embed the principles of a just and learning culture and are already seeing a reduction in the number of full investigations under our disciplinary and early resolution policies.

### Care Quality Commission (CQC) Rating

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

### 2022/23 Trust Priorities

**Patient Experience Priorities.** We will improve outcomes by: Reducing the number of patients waiting for services. Identifying and addressing inequality of access to service. Collecting patient and carer feedback to deliver improvement in services.

**Patient Safety Priorities.** We will provide safe services by: Protecting patients and staff from COVID-19. Identifying and prioritising patients at risk of harm resulting from waiting times and always ensuring face-to-face care where clinically indicated. Reducing falls, pressure ulcers, inpatient self-harm, and suicides. Recognising and responding to physical health deterioration on our inpatient wards. Improving the physical health of patients with serious mental illness. Strengthening our safety culture.

**Clinical Effectiveness Priorities.** We will demonstrate our delivery of evidence-based services by: Reporting on the implementation of NICE guidance related to Trust priorities. Continuing to review, report, and learn from deaths in line with new national guidance.

**Supporting our People Priorities.** We will make the Trust a great place to work by: Ensuring our teams have access to effective health and wellbeing support. Promoting a culture of respect, compassion, and kindness. Not tolerating bullying, harassment, or abuse of any kind. Supporting staff to work flexibly and connect with their teams. Acting on feedback from staff to improve satisfaction and identify inequalities. Providing opportunities for staff to show initiative and make improvements. Supporting staff to achieve their career aspirations.

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

Berkshire Healthcare continues to deliver effective, safe, and efficient care for our patients. We continue to do this in a way that minimises the risk posed by COVID-19 and can offer this care in a variety of settings. We have also risen to the challenge of delivering the Flu and COVID-19 vaccination programmes this year.

Our priority is that patients have a positive experience of the care we provide. The impact of the pandemic has led to longer patient waits for some of our services and we are committed to managing these service waits. We are also making the best use of technology in the provision of patient care so that our patients can choose to have their assessments in a variety of ways including face-to-face, online, via telephone or through a combination of these methods. We have also introduced a new patient feedback system to make it easier to gather and respond to feedback.

Patient safety continues to be of paramount importance to us and our Trust Board monitors all areas of patient safety through scrutiny of a variety of metrics. Research has shown that people with serious mental illness (SMI) are at a greater risk of poor physical health and have a higher premature mortality than the general population. To address this, we want to ensure that these patients receive a full physical health check within one year of referral to our Community Mental Health Teams. Achievement against this objective is promising so far, and we will continue building on this progress.

Our clinical effectiveness systems ensure that we are providing the right care to the right patient at the right

time and in the right place. Our NICE and clinical audit programme allow us to measure our care against current best practice leading to improvement. We continue supporting research studies in a variety of areas to help inform future healthcare.

Our programme of learning from deaths allows us to systematically review the care we have provided to patients who have died and share the learning where it is determined that the patient's care should have been better. This work continues to be scrutinised by our Board and reported publicly.

We have also launched our new People Strategy which has the overall aim of making our Trust a great place to work for everyone. We continue to be rated as Outstanding by the Care Quality Commission, and all our services are individually rated as either outstanding or good. This rating has been maintained thanks to the hard work and effort of all our staff and stakeholders.

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



Julian Emms CEO

10<sup>th</sup> May 2022

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

### 2.1. Achievement of Priorities for Improvement for 2021/22

**i** This section details the Trust's achievements against its quality account priorities for 2021/22. These priorities were identified, agreed, and published as part of the Trust's 2020/21 quality account.

These quality account priorities support the goals detailed in the Trust's 2021/22 True North Annual Plan (see Appendix A). The Trust's Quality Strategy also supports this through the following six elements:

- Patient experience and involvement – for patients to have a positive experience of our services and receive respectful, responsive personal care
- Harm-Free Care – to avoid harm from care that is intended to help
- Clinical Effectiveness – providing services based on best practice
- Organisation culture – patients to be satisfied and staff to be motivated
- Efficiency – to provide care at the right time, way, and place
- Equity – to provide equal care regardless of personal characteristics, gender, ethnicity, location, and socio-economic status.

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

#### 2.1.1. Patient Experience and Involvement

**i** One of the Trust's priorities is ensuring that patients have a positive experience of our services and receive respectful, responsive personal care. This sub-section details our performance against our patient experience priorities for 2021/22.

##### **Our 2021/22 Patient Experience Priorities:**

Improving outcomes

1. We will reduce the number of patients waiting for our services
2. We will use patient and carer feedback to drive improvements in our services
3. We will manage patient flow effectively and ensure that patients stay within our services no longer than is clinically appropriate
4. We will engage and communicate with patients and the public to make sure that they understand how to access the right help at the right time

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

## Reducing the number of patients waiting for our services and minimising risk of harm to patients resulting from waiting times

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

The outbreak of COVID-19 necessitated a rapid response from NHS organisations to reduce the risk that the pandemic posed to us all. This response included only undertaking face-to-face care where it was necessary to do so and using appropriate personal protective equipment (PPE).

Some clinical teams were able to maintain their service provision by using different methods of care delivery, i.e. through virtual appointments. However, the impact of the pandemic has resulted in the lengthening of waiting times for some of our services, and it is therefore important that these are reduced. It is also important that mitigating actions are implemented to maintain the safety of patients where they are having lengthy waits.

### Using patient and carer feedback to drive improvements

One of the Trust's priorities is to use patient and carer feedback to drive improvements in our services. We use several methods to achieve this, including the Friends and Family Test, learning from complaints and the national community mental health survey. The sections below detail how we have performed during the year in this area.

#### I want Great Care

A new Patient Experience Measurement Tool called 'I Want Great Care' (iWGC) was launched in December 2021 and is being introduced across the whole organisation. The aim of the tool is to measure patient experience in a standardised way across all teams and services within the organisation, and for this data to be available to teams and services in real time, supporting

#### Overview of Trust performance against current mandated access targets for patients during 2021/22

Trust performance against nationally mandated access targets is as follows.

	Target wait time	Met by trust?
Community Paediatrics	< 18 weeks	Yes
Diabetes Outpatient Service	< 18 weeks	Yes
Audiology diagnostics	< 6 weeks	Yes
A&E (MIU)	< 4 hours	Yes
IAPT- Assessment	< 6 weeks	Yes
IAPT Treatment	< 18 weeks	Yes

Details of further initiatives carried out by services to manage their waiting times can be found in the 'Other Service Improvements' section of this document.

We acknowledge families in Berkshire have to wait a long time for assessment for Autism and ADHD for children and young persons referred to our Child and Adolescent Mental Health Service. The service is actively working to resolve this through significant new investment; demand, capacity, and transformation modelling; and an ongoing recruitment campaign. More detail on these steps is given in the Service Improvements section later in this report.

understanding of patient experience and improvement activity. The experience data collated can be viewed not only at organisational and service level but also by differing demographics meaning that we can see if there is inequality of experience by protected characteristics.

The tool uses a 5-star scoring system as an overview, as well as free text to capture the patients overall experience alongside their experience around facilities, staff, information, feeling listened to, ease, involvement, and safety. Free text invites the patient to comment on both their experience and suggested improvements. The tool also includes the friends and Family test questions to enable continued reporting of this.

## Patient Friends and Family Test (FFT)

**i** The Friends and Family Test (FFT) is used by most NHS funded services in England. It supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The FFT asks people if they would recommend the services they have used, and can be completed by text messaging after discharge, by card or on the internal Trust patient survey.

Data submission and publication for the Friends and Family Test was paused during the response to COVID-19 and therefore results are not available for the 2020/21 financial year.

In 2021, the question asked in the Friends and Family test was changed to “Overall, how was your experience of our service.” Respondents are asked to rate the service on a scale from “Very Good” to “Very Poor.”

### Response Rate

Figure 2 below demonstrates the response rate for 2021/22 and shows that a rate of 3.5% was achieved overall for 2021/22.

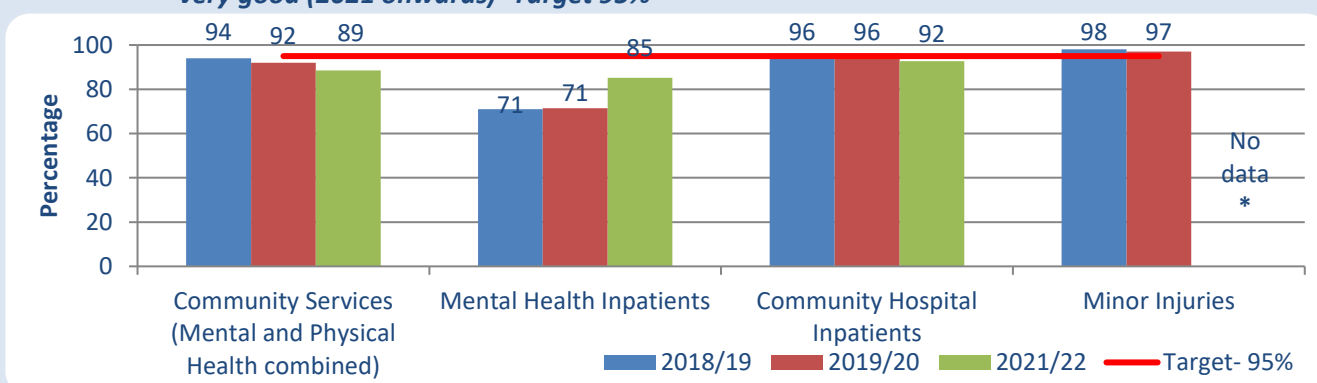
### Satisfaction Rate

Figures 3 and 4 below demonstrate the Trust’s achievement in relation to this target by showing the percentage of respondents stating that they were extremely likely or likely to recommend services (prior to 2021) or rate the service as good or very good (2021 onwards). The figures show that the target 95% rate has not been met during the year.

**Figure 2- Response Rate for Patient FFT**

2021/22 Quarter	Q1	Q2	Q3	Q4	2020/21 Full Year
% Response Rate	5.7%	6.0%	4.5%	0.5%	3.5%

**Figure 3- Patient Friends and Family Test (FFT): Percentage of patients extremely likely or likely to recommend the service to a friend or family member (prior to 2021) or rate the service as good or very good (2021 onwards)- Target 95%**



\* The Minor Injuries Unit (MIU) have been involved in setting up a new national Patient Reported Experience Measure in their area and have not been collecting FFT data whilst this is being set up.

**Figure 4- Patient Friends and Family Test- total number of responses**

Survey and Service	2019/20			2021/22		
	Total no. of respondents	Respondents likely or extremely likely to recommend service		Total no. of respondents	Respondents likely or extremely likely to recommend service	
		No.	%		No.	%
Community Services- Mental Health & Physical Health Combined	44515	40828	92	18625	16553	89
Mental Health Inpatients	920	654	71	110	94	85
Community Hospital Inpatients	621	594	96	591	545	92
Minor Injuries Unit	715	694	97	0	0	No data

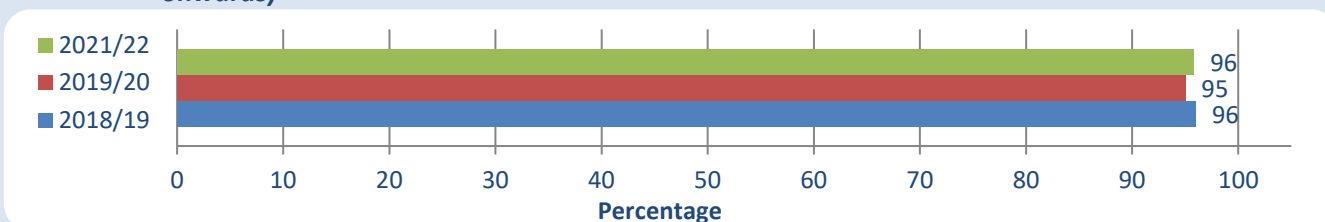
Source for figures: Trust Patient Experience Reports. No data for 20/21 as FFT paused during the response to COVID-19

## Carer Friends and Family Test (FFT)

**i** The Friends and Family Test for carers asks if carers would recommend Trust services. Whilst this is not mandated nationally, the Trust recognises the crucial role that carers have and the value of their feedback.

Figures 5 and 6 below demonstrate the Trust's achievement in relation to the Carer Friends and Family Test.

**Figure 5- Carer Friends and Family Test: Percentage of carers extremely likely or likely to recommend the service to a friend or family member (pre-2021) or rating the service as good or very good (2021 onwards)**



**Figure 6- Carer Friends and Family Test- total number of responses**

Survey and Service	2019/20		2021/22			
	Total no. of respondents	Respondents likely or extremely likely to recommend service	Total no. of respondents	Respondents likely or extremely likely to recommend service		
		No.		%	No.	%
All carers	1473	1404	95	192	184	96

Source for figures: Trust Patient Experience Reports. No data for 20/21 as FFT paused during the response to COVID-19.

## Learning from Complaints and Compliments

The Trust has continued to respond to and learn from complaints and compliments. Figures 7 and 8 below show the monthly number of complaints and compliments received by the Trust.

During Quarter four 2021-22 there were 56 complaints received (including re-opened complaints), the same number as in Q4 of 2021-22. 231 complaints were received during the whole of 2021/22.

29 (52%) of the 56 complaints received in Q4 2021/22 related to adult mental health service provision. Of these complaints:

- 9 related to Community Mental Health Teams (CMHT)
- 7 related to mental health inpatient wards
- 4 related to Crisis Resolution and Home Treatment Teams (CRHTT)

The remaining mental health complaints were spread across other services.

14 (25%) of the 56 complaints related to adult community health services. Of these complaints:

- 5 related to community hospital inpatients

- 2 related to the Westcall GP Out of Hours Service
- 2 related to rapid response

The remaining community health complaints were spread across other services.

13 (23%) of the 56 complaints related to Children's, Young Peoples and Families Services (CYPF). Of these complaints:

- 10 related to Child and Adolescent Mental Health Services (CAMHS)
- 3 related to children's physical health services

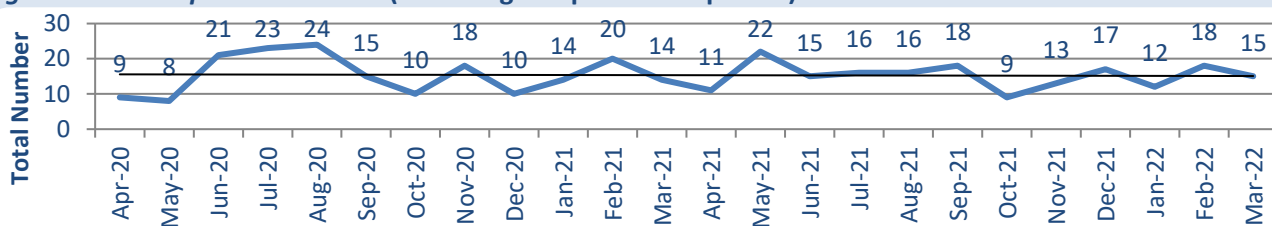
Each service takes complaints seriously, with staff directly involved being asked to reflect on the issues raised and consider how they will change practice. Examples of improvements have included ensuring both parents are documented in a child's clinical record; ensuring that staff attend new syringe driver training; revising a welcome pack; and ensuring that staff receive training on frailty scores. In addition, as part of the safety culture work, the Head of Service User Engagement and Experience is leading a project looking to understand the experience, challenges, and

pressures of being an Investigating officer for complaints.

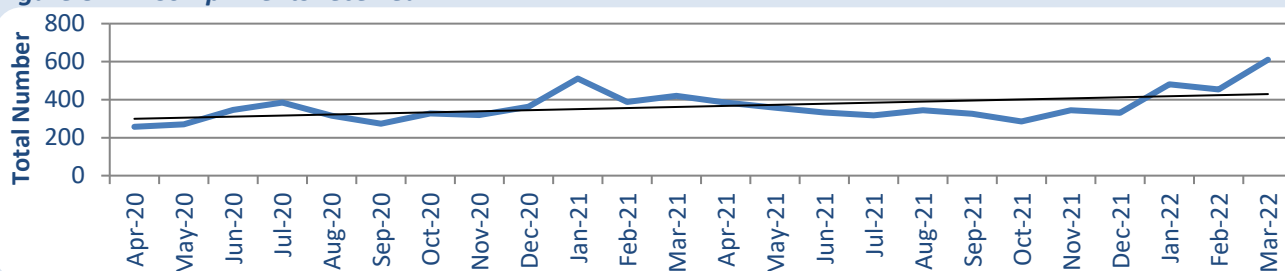
99% of complaints were acknowledged within three working days during 2021/22, with 100% resolved

within the timescale agreed with the complainant. Please also note that the number of complaints, together with response and resolution times is included within section 3 of this report as they are indicators of quality.

**Figure 7- Complaints received (excluding re-opened complaints)**



**Figure 8- Compliments received**



Sources: Trust Complaints and Compliments Reports- this is based on compliments being submitted voluntarily by service

## National NHS Community Mental Health Survey

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

**The survey sample.** People aged 18 and over were eligible for the survey if they were receiving care or treatment for a mental health condition and were seen face to face at the trust, via video conference or telephone between 1 September 2020 and 30 November 2020. Responses were received from 327 (27%) respondents, compared to a national response rate of 26%. The Trust response rate was the same as in the previous year.

**About the survey and how it is scored.** The survey contained several questions organised across 12 sections. Responses to each question and section were converted into scores from 0 to 10 (10 representing the best response). Each score was then benchmarked

against 53 other English providers of NHS mental health services, resulting in the Trust being given a rating for each question and section on a five-point scale ranging from “much better” to “much worse” than expected.

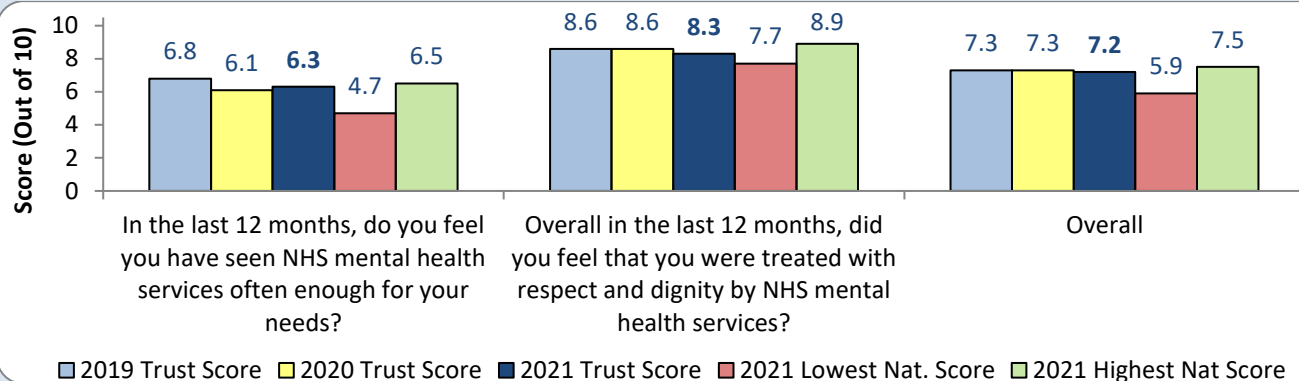
**Summary of Trust results.** In the 2021 survey, the Trust was rated “about the same” as the 53 other Trusts for 11 of the 12 sections, with no section scores being worse than or much worse than expected. The Trust scored “Better than Expected” for the “Feedback” section, although scores for this section were generally low for all Trusts.

### Respondents’ overall view of care and experience

Figure 9 gives an overview of Trust scores for overall experience. The 2021 Trust scores (shown by the dark blue bar in the middle of each question) are compared with the highest and lowest scores achieved by all Trusts (the red and green bars to the right of the dark blue bar), and with the Trust scores in 2019 and 2020 (the light blue and yellow bars to the left).

These survey results have been shared with clinical leads to share with their teams and to identify any further actions that would have a positive impact.

**Figure 9- National Community Mental Health Survey Results - Overall view of care and services**



## Managing Patient Flow in Adult Inpatient Services

**It is important to manage patient flow through our inpatient wards effectively to ensure that patients stay on our wards no longer than clinically appropriate with minimal delays.**

Work undertaken to improve flow in adult inpatient services include the following:

In West Community Health Services:

- A system-wide Urgent and Emergency Care Board has been set up to improve the flow of patients and to speed up transfers to our wards.
- As part of the Hospital Discharge Service (HDS) requirements for COVID-19, a team has been placed in the acute hospital to facilitate the timely discharge of patients to the range of options in the community. These options include discharging a patient home with an intermediate care package in place, discharging to a community bed, or discharging to a care home placement. The Discharge Service Team operate with a live list of patients ready to leave the acute setting and facilitate twice daily calls with all services involved to ensure plans are in place to transfer patients on the day they become fit for discharge. A collaborative review of the processes put in place during the initial COVID-19 period is now underway with systems partners to ensure opportunities for continuous service improvements are identified, but recognising that the National funding for this scheme has now ceased
- Admission and Discharge Coordinators on trust inpatient units manage the flow of patients into and out of our beds with support from the medical and nursing team. Our wards operate daily board

rounds to ensure that we do not miss an opportunity to plan for and progress a discharge. As part of an enhanced service to manage COVID-19 we have been able to offer 7-day coordinators on our in-patient units to support the HDS team in transferring patients to the wards. The community wards are now working to mirror the discharge pathway approach implemented in the acute hospital. Additional dedicated transport arrangements were put in place for the winter period to support the timely discharge of patients from community wards to their onward destination, but this has now ceased.

- Clear escalation points to senior leads are in place to support with any potential delays.
- System-wide scorecard measures have been developed to assess the effectiveness of our rapid community discharge arrangements.
- The development of a live list of patients waiting to leave the acute and community hospitals is currently being developed.
- Community hospital utilisation is being reviewed with a view to amending the admission criteria to maximise the effective flow.
- Social distancing beds have been reduced across the community wards with just 3 beds retained to support admissions from home.

In East Community Health Services:

- In-reach teams offer a 7 day a week service to support discharge from our acute partners. This team works the discharge teams and frailty teams. Patients are also signposted to the right services both within and outside the trust.
- Twice-daily Consultant-led board rounds are undertaken using a Multidisciplinary Team (MDT) approach with representation from pharmacy,

therapists, nursing, management, and social workers. Virtual access to these is available

- Clear escalation points to senior leads are in place to support with any potential delays, including an on-call manager at the weekends.
- Length of stay and delays remains below 11 days for both wards during the pandemic
- Medical input and Advance Nurse Practitioners are available from 8am- 8pm 7 days per week with senior reviews of each admission- all clerked and assessed by the ward team. Expected discharge dates are agreed and medical treatment plans are in place and discussed at all board rounds. There is now less reliance on Out of Hours GP services and reduced referrals back to Wexham Park Hospital due to deterioration.
- Consultants review every patient daily including at weekends.
- Therapy cover is in place 7 days per week with rehab goals and discharge planning starting immediately on admission. Home assessments can be completed and home visits/checks on discharge if required.
- Community referral pathways to our inpatient units are now in place to help acute admission avoidance.
- A GP hotline is now available for GPs and South-Central Ambulance Service partners to have direct access to community Geriatricians.

Achievement against this priority is measured with reference to three indicators:

- Adult inpatient bed occupancy. Target- no more than 85% bed occupancy
- Average patient length of stay on adult inpatient wards. Targets: No more than 30 days on Adult Mental Health inpatient wards. No more than 24 days on adult community health inpatient wards. Please also note that West Berkshire Community Hospital has eight neuro-rehabilitation beds with a target length of stay of 42 days, and so this will impact on this figure.
- Delayed transfers of care for mental health inpatient wards- this occurs when a patient is ready for discharge and is still occupying a bed. Target- no more than 7.5%.

Figures 10 to 12 below detail achievement against these targets.

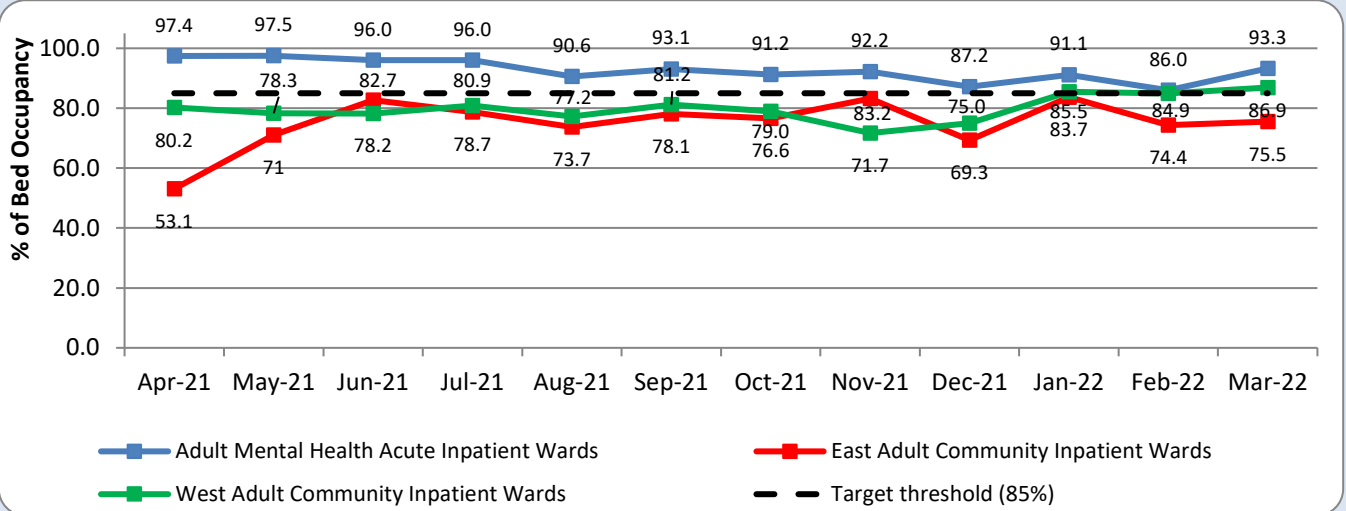
Adult Mental Health Inpatient wards continue to meet the delayed transfers of care targets (except in March 2022) during the year but have not met the bed occupancy or length of stay targets. Additional beds have been commissioned in the independent sector to

support timely admission to an appropriate inpatient bed and ensure we are able to deliver on the continuity of care principles. Acuity on the mental health in-patients' wards has been high, impacting on length of stay and occupancy. Most Trusts across the country are now pre- commissioning beds in the independent sector and as a result, both locally and nationally, access to beds can be challenging. An increase in the incidents of COVID on the ward have also impacted on bed availability. Bed state, admission and discharges are managed by the bed management team at Prospect Park Hospital. Daily meetings are held with ward managers to look at priorities and where the blocks are. There is a fortnightly meeting held for those patients who have stayed over 60 days to review their care and any actions that need to be taken. A project plan has also been developed across mental health services in Berkshire to improve flow throughout the system. This project has several different workstreams for example, delayed discharges of people with Psychosis, Psychiatric Intensive Care Unit (PICU) referral and stepdown, Emotional Unstable Personality Disorder (EUPD) inpatient offer, anticipatory care plans and proactive discharge planning meetings. Post admission liaison meetings continue to be held to identify those patients that may be at risk of longer stays and to address this at the start of the admission. These work streams continue and a regular bed optimisation meeting for oversight of the progress.

Community Inpatient services in the east of the county met all their monthly bed occupancy and length of stay targets during the year. West community inpatient services breached their bed occupancy targets in January 2022 and March 2022 and breached their average length of stay target in six of the twelve months during the year. The Length of stay in Berkshire West is likely to be impacted by both the increasing complexity of patients being referred to the wards and a reduction in the availability of therapy staff available to work at weekends. 7-day working was introduced using existing in-patient and musculoskeletal (MSK) therapists during the pandemic period, but this can only be continued with permanent additional staff to service a weekend roster. Confirmation of funding is awaited prior to substantive recruitment.

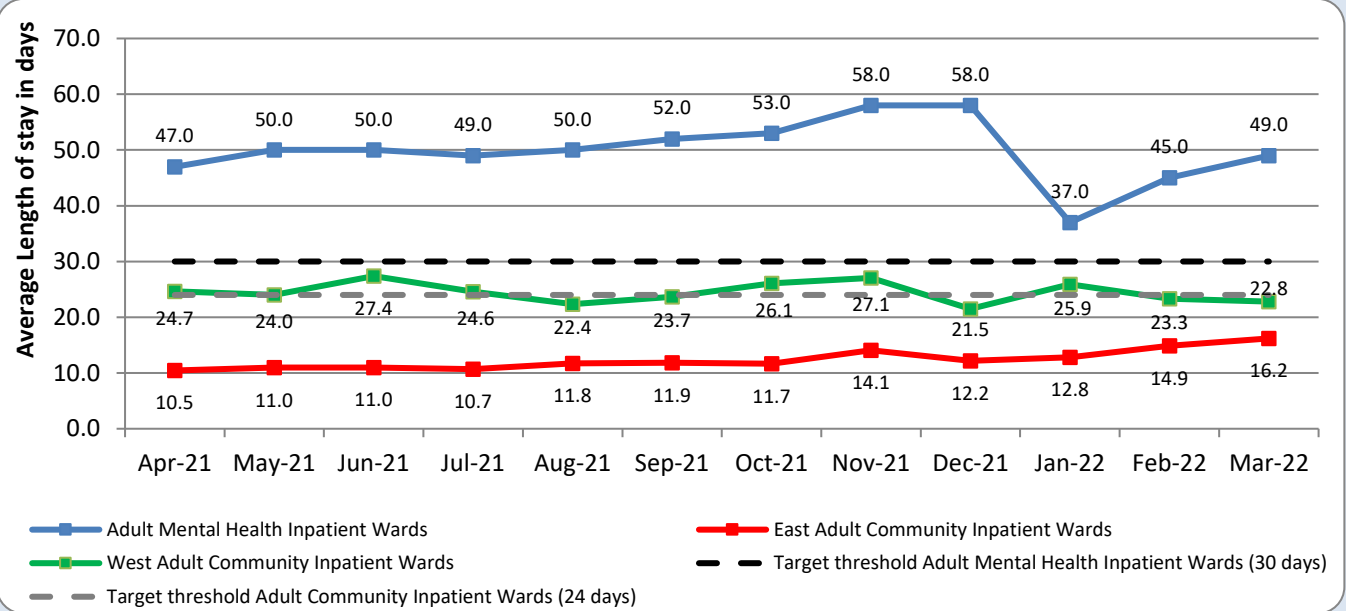
East Community Inpatient services also monitor the number of discharged patients with a length of stay over 28 days. During 2021/22 26 patients were discharged following a length of stay greater than 28 days.

**Figure 10- Percentage bed occupancy on adult inpatient wards (Target Threshold- No more than 85%)**



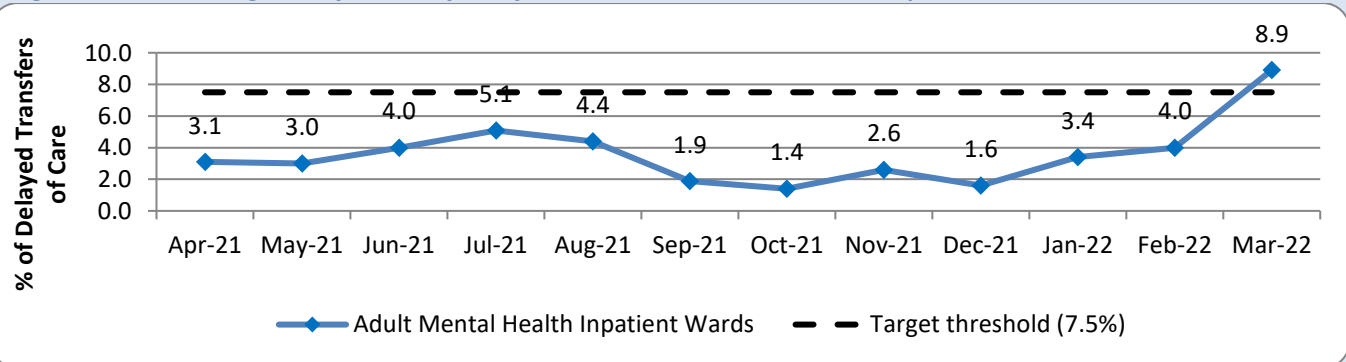
\* Non-acute mental health inpatient wards include Older Adult Mental Health Wards

**Figure 11- Average Length of Stay on Adult Inpatient Wards**



\*Please note that West Berkshire Community Hospital has eight beds for Neuro-rehabilitation patients with a target length of stay of 42 days which will have an impact on the West Adult community Inpatient ward figure above

**Figure 12- Percentage delayed transfers of care on Adult Mental Health Inpatient Wards**



Sources for Data- Trust performance reports on Tableau

## Engaging and communicating with patients and the public to make sure that they understand how to access the right help at the right time

It is important that our patients can access the right help from our services at the right time. Services such as our Patient Advice and Liaison Service (PALS) as well as our engagement with local Healthwatch organisations help to facilitate this

PALS has continued to provide a signposting, information, and support service throughout the pandemic response.

PALS has continued to facilitate the 'Message to a loved one' service, collating messages for patients, which are then delivered on the ward. This was available across all inpatient areas. The PALS Manager continues in the roles of Freedom to Speak Up champion and Armed Forces Service Network champion.

There were 518 queries recorded during Quarter 4 of 2021/22. 444 were responded to within 5 working days and 5 were taken up as a formal complaint. In addition, there were 284 non-Berkshire Healthcare queries.

There continues to be open and regular channels of communication between the Patient Experience Team and the Healthwatch organisations across Berkshire, on individual cases and for sharing communication with our communities. We asked Healthwatch Wokingham, Healthwatch Reading and Healthwatch West Berkshire to conduct service user research about its Ageing Well services; 2hr Urgent Community Response and 2 Day Community Rehabilitation. The aim was to get an overview of care whilst accessing the Ageing Well services and how our patients felt about their experience. A report on this has been produced.

### 2.1.2. Harm-Free Care

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

#### Our 2021/22 Harm-Free Care Priorities:

Providing safe services

1. We will protect our patients and our people from getting COVID-19 by using appropriate infection control measures
2. We will minimise risk of harm to patients resulting from waiting times.  
*Please note that this area is covered within the section on reducing waiting times in the Patient Experience section above*
3. We will continue to reduce falls, pressure ulcers, self-harm in in-patient services and suicide across all our services
4. We will recognise and respond promptly to physical health deterioration on our in-patient wards
5. We will improve the physical health of people with severe mental illness
6. We will strengthen our safety culture to empower staff and patients to raise safety concerns

The Trust's aim throughout the year has been to foster an environment where staff members can be confident to raise concerns about patient safety. In support of this, a 'Freedom to Speak Up' policy has been implemented, and this is described further in Section 2.1.4- Supporting our staff. The Trust is also signed up to the 'Sign up to Safety' pledges and through this has committed to put safety first, continually learn, be honest and transparent, collaborate in learning, and support staff to help them understand and improve on when things go wrong. Learning occurs across the organisation with respect to errors, incidents, near misses and complaints. The Trust has continued to engage with and contribute to cross organisational initiatives such as the regional patient safety collaborative.

## Protecting our patients and our people from COVID-19

**i** It is vitally important that our patients and staff are protected from COVID-19. The trust has stringent infection control practices in place, and these have been enhanced to manage the coronavirus risk

Examples of additional resources and guidelines that have been put in place to protect patients and staff from COVID-19 include the following:

- A Standard Operating Procedure is in place for placement of COVID-19 Inpatients. This includes advice on management of isolation, cohorting and stepdown of isolation. Guidance on screening, in line with national guidance, is in place. National guidelines and updates are reviewed and implemented.
- Guidance for community and outpatient settings.
- Resources for staff are available on the trust COVID intranet page and are disseminated to clinical teams and via newsletters. Resources are regularly reviewed and updated. Links to information include:
  - Self-isolation (Test and Trace)
  - Staff testing including lateral flow testing requirements
  - Staying safe at work
  - Staff risk assessments in place for all staff
  - Staff wellbeing programme and support
  - PPE videos for donning and doffing
  - Social distancing in the workplace
  - Staff vaccination
- Review and overview of stock levels and supply of Personal Protective Equipment (PPE) is undertaken by the Deputy Director of Nursing and by the Estates and Facilities Management team.
- Infection Prevention and Control (IPC) Team training videos and resources have been produced for induction and mandatory training. Development of an IPC resource pack has been disseminated to staff and is available on the Trust intranet.
- All-staff briefings. This is a live broadcast which is also published on Teams and includes a live question and answer aspect to support practical application of guidance.
- Service visits are carried out by the IPC team, Director of Nursing, clinical directors, and divisional managers to support implementation of guidance

- Visiting guidelines have been updated
- Supporting guidelines are available for managers
- Guidance on the use of face masks is available for all staff in non-clinical areas as well as face coverings for visitors / outpatients
- Messaging around social distancing is reinforced in Teams live events, newsletters, and other communication channels.
- Alternative space is provided to non-clinical staff who need to be in work to support social distancing
- Risk assessment tools for outpatients and non-clinical areas have been produced to assess returning to 1-metre social distancing

The Trust is monitoring these measures in several ways:

**Trust Wide assessment.** At an organisational level, the Trust has completed and updated a Trust-wide Infection Prevention and Control Board Assurance Framework (BAF). This framework has been produced nationally by NHS England to support all healthcare providers to effectively self-assess their compliance with Public Health England (PHE) and other COVID-19-related infection prevention and control guidance and to identify risks leading to improvement in this area. It is a live document and is reviewed by the trust Board and several forums within the Trust. Risk assessments support review and application of Hierarchy of Controls. A COVID-19 clinical reference group continues to meet bi-weekly.

**Service-level assessment.** To help individual services meet the required guidelines, the Trust have developed service specific risk assessments and Infection Prevention and Control COVID-19 compliance tools. These tools are completed monthly on every ward and service, with the frequency of completion increased during outbreaks and in areas of high incidence. The tools cover the areas of:

- Hand Hygiene
- Environmental Decontamination
- Decontamination of patient equipment
- Personal Protective Equipment (PPE)
- Care of patients with confirmed or suspected COVID-19

Action plans are completed and implemented because of these assessments which are reviewed by service leads and clinical directors. Learning is shared from incidents and services use handovers and team

meetings to update on changes. An action plan is in place for implementation of 'Every Action Counts' supportive resources.

**Individual Staff PPE Competence Tools** are completed for every member of staff that is required to wear PPE. The results of these are held at service level and ensure that all staff can wear PPE correctly to reduce the risk of infection. Staff are undertaking individual sign-off within services.

**Hand Hygiene audits** are completed by all inpatient services monthly and all community services on a quarterly basis. This audit is designed to ascertain

whether, over a designated period, healthcare workers have adequately decontaminated their hands. The audit is undertaken opportunistically without the staff members knowing that the observation is being undertaken. Specific observations are made; before patient contact, before aseptic task/ clean task, after body fluid exposure risk, after patient contact, after contact with the patient's surroundings and ensuring staff are bare below the elbow. Where scores are below 80% staff are required to ensure action is taken within their areas to improve compliance prior to the next report. Figure 13 below details the findings from this audit during the year.

**Figure 13- Hand Hygiene Audit Results**

Area	April	May	June	July	August	September	October	November	December	January	February	March
Jubilee	100%	100%	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%
Henry Tudor	100%	100%	100%	100%	100%	100%	96%	94%	98%	78%		98%
Pheonix House	94%	100%	98%	96%	100%		100%	92%	100%	80%	83%	93%
Woodlands Childrens Respite	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Ascot	100%	100%	90%	90%	100%	92%	98%	100%	96%	100%	91%	96%
Windsor	100%	99%	100%	98%		100%	100%	100%	100%	100%	100%	100%
Donnington	100%	100%	100%	90%	91%	100%	100%	100%	100%	100%	100%	100%
Highclere	100%	100%	100%	100%		100%	100%	100%	100%	100%	100%	100%
Oakwood	100%	100%	100%	84%	91%	97%	100%	81%	100%	100%	100%	100%
Campion	100%	100%	100%	100%	100%	100%		100%	100%	100%		100%
ECT	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Bluebell	100%	96%	94%	90%	100%	95%	100%	100%		100%	100%	100%
Daisy		100%	100%	100%		100%	100%	100%	100%	100%	100%	
Orchid	100%	100%	100%	100%	100%	100%	95%	100%	100%	100%	100%	
Rose	100%		100%			83%	75%	86%	90%	100%	90%	91%
Rowan	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Sorrel	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Snowdrop	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Place of safety				100%		100%	100%	100%	100%	100%	100%	100%

Source- Infection Prevention and Control Monthly Reports

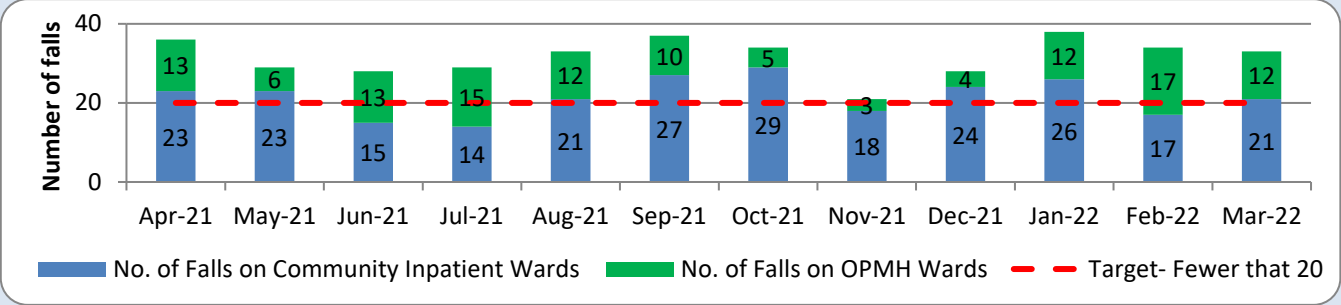
## Reducing Falls on Older People's Inpatient Wards

**i** The Trust considers prevention of falls a high priority. The Royal College of Physicians reports that falls are the most reported type of patient safety incident in healthcare. Although most people falling in hospital experience no or low physical harm (such as minor cuts and bruises), others suffer severe consequences, such as hip fracture, head injury or, on rarer occasions, a fall will be fatal (falls are the commonest cause of death from injury in the over 65s). The personal consequences of a fall for the individual can be significant and even 'minor' falls can be very debilitating.

The Trust has set a priority to reduce falls on its community inpatient wards and older people's mental health inpatient wards to no more than 20 falls per month. Figure 14 below details achievement against this target and shows that it has not been met this year. Consideration is also now also being given to the level of harm experienced because of each fall to inform future improvement work.

To support the ongoing focus on reducing the number of inpatient falls, the wards experiencing the highest numbers are being supported with coaching by the Quality Improvement team to utilise all the QI tools available. Wider work has involved writing new guidelines on supportive observations and a timelier review of falls by implementing the format recommended by the Royal College of Physicians (RCP).

**Figure 14- Monthly Number of falls on Older People's Inpatient Wards**



Source for figure: Trust QPEG Falls Reports. Please note that patients may fall more than once, and this figure represents the total number of falls and not the total number of individual patients that have fallen.

## Preventing Pressure Ulcers

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

The Trust has set two targets to prevent pressure ulcers in 2021/22:

1. To have no more than 19 grade 2 pressure ulcers due to a lapse in care by Trust staff
2. To have no more than 18 grade 3 or 4, unstageable or deep tissue injury pressure ulcers due to a lapse in care by Trust staff

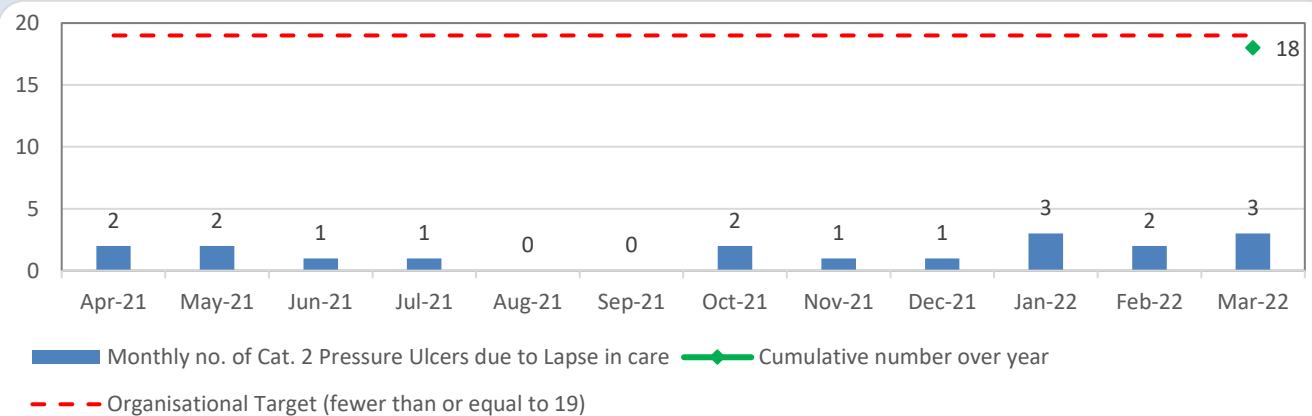
In pursuance of this target, the Trust has continued to ensure that all clinical staff have had relevant training in pressure ulcer prevention and management. All developed pressure ulcers of category 3 and 4 that are potentially due to a lapse in care are discussed at a

learning event following a desktop review. This is to investigate whether there is anything that could have been done differently to help prevent the skin damage, or to identify where improvements in the care we provide can be made. All category 2 pressure damage are reviewed by the handler and finalised by the patient safety team. Thematic reviews are held on a quarterly basis to enable learning opportunities.

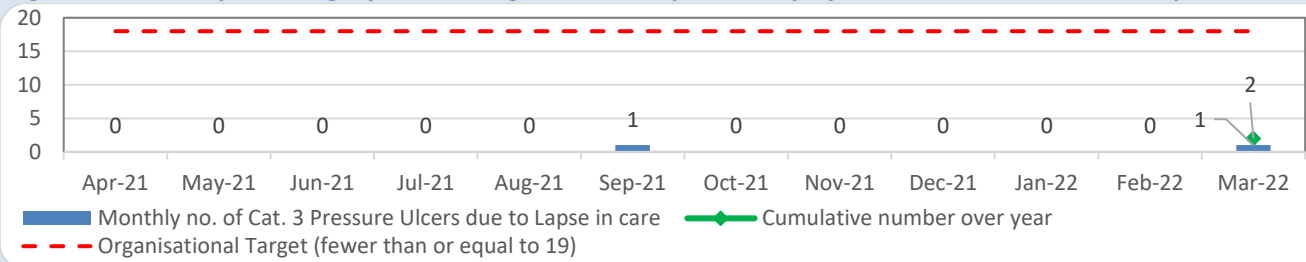
Figures 15 and 16 below detail progress against these targets and show that there have been 18 category 2 and 2 category 3, 4 unstageable or deep tissue injury pressure ulcers due to a lapse in care by trust staff declared during the year.

It should also be noted that during 2020/21, following review, the number of category 3 or 4 pressure ulcers with a lapse in care has increased to 10 across all localities, both inpatients and the community. This is an increase on the number that were originally reported in the 2020/21 Quality Account (3 cases) but still below the threshold of 18 for the year.

**Figure 15- Developed Category 2 Pressure Ulcers due to a Lapse in Care**



**Figure 16- Developed Category 3, 4 unstageable or deep tissue injury Pressure Ulcers due to a Lapse in Care**



Source for both figures: Trust Quarterly Pressure Ulcer Report

## Reducing Self-Harm Incidents on Trust Mental Health Inpatient Wards

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

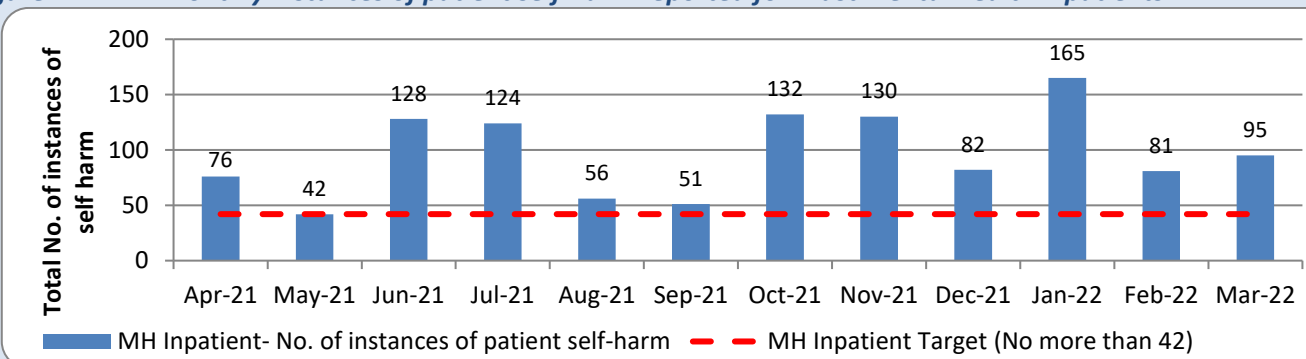
Two of the adult mental health wards are using Quality Improvement methodology to reduce self-harm incidents on their wards. One of these wards has been testing the use of activity co-ordinators during the early evening, which is when the data showed a higher incidence, as well as having more self-directed activities available at these times. The other ward is focusing on the level of harm and are reducing the number of ligatures which contribute towards this. The numbers of self-harm incidents can fluctuate significantly based on the acuity and needs of the patient group at any one time.

Figure 17 below shows monthly performance during 2021/22 and shows that the target of having no more than 42 self-harm incidents per month has only been met in May 2021 this year.

It is recognised that looking at the numbers of self-harm alone is not a helpful measure as many of our patients use self-harm as a way of coping with difficult feelings and to keep themselves safe. It is also well recognised that the more restrictive we are in stopping self-harm, the higher the level of harm can become as more extreme methods are used when usual means are not available. We have noted a correlation in the data in relation to self-harm and restraint, with two wards showing as highest contributors to these areas. Whilst continuing to review the self-harm data, as a division we are discussing wards focusing on reducing the use of restraint to also impact the incidents of self-harm. We are involved in workshops with other Trusts looking at how to measure and address this area.

Whilst the data has remained high for self-harm there have been quite significant fluctuations in these from 50 to over 130 at other times. The wards that have this as a driver metric review self-harm incidents in their daily huddle by completing a safety cross of any self-harm incidents in the past 24hrs. This data is reflected in the Datix reports which are reviewed monthly at patient safety and quality meetings. Often these extreme fluctuations are related to 1 or 2 patients. For example, 77 of the 130 self-harm incidents in November 2021 involved 4 patients.

**Figure 17- Monthly instances of patient self-harm reported for Trust mental health inpatients**



Source- Trust Tableau Dashboard

## Suicide Prevention

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

In Quarter 4 2021/22 the suicide prevention strategy group has updated the Trust suicide prevention plan in response to the National Confidential Enquiry into Suicide and Homicide (NCISH) Annual report 2022: UK patient and general population data 2009-2019, and real-time surveillance data. Themes from the report and how we have responded include:

**Clinical Risk.** Risk factors for suicide— such as previous self-harm, alcohol or drug misuse, multiple mental health diagnoses, living alone – are common among patients who die by suicide. 1 in 10 patients were known to have died on or near an anniversary or significant date. We have updated training and risk assessment prompts to remind staff to enquire about significant dates and anniversaries which may then form part of the safety planning interventions.

**Acute Care.** From 2009-2019, over a quarter (29%) of patients died by suicide in acute care settings, including in-patients, post-discharge care and crisis resolution/home treatment. Of the estimated 67 suicides by mental health in-patients in 2019, half were on agreed leave. The highest number of post-discharge deaths occurred 3 days after discharge from psychiatric in-patient care. We have already implemented 48-hour follow up on discharge and work is underway to enhance vigilance and the safety of leave arrangements before discharge and leave. The “10 ways to improve safety” toolkit will be promoted again.

**People under 18.** During 2009-2019 there were 213 suicides by patients aged under 18, an average of 19 deaths per year. This represents 19% of general population suicides in this age group, a lower proportion than in older groups (27%). Recent numbers appear to be higher, reflecting the increase in general population suicides by people aged under 18. We are working with CYP colleagues to update our strategy plan to reflect the recommendations in the report about service access

**Economic Adversity** - There were 281 deaths per year in patients who had experienced recent economic

adversity, i.e. financial problems, workplace problems or homelessness. These patients were more likely to be middle-aged men, unemployed, divorced or separated, and were more likely to have recent illness onset, especially depression, and alcohol and drug misuse than other patients. We have updated training to ensure clinical staff are aware of the features of those at suicide risk in the context of economic adversity and highlighted organisations that support people facing debt or other financial problems. We have arranged bespoke sessions for staff from Samaritans to raise awareness of supports for debt management when safety planning.

**Patients with physical illness.** NCISH findings show an increase in the number of patients with a comorbid physical illness since 2014, accounting for 25% of all patient suicides in 2009-2019 overall. The risk profile of these patients was not the same as for patients generally – they are older, common risk factors such as self-harm or alcohol/drug misuse are less often present, and a higher proportion are women. We have updated our training so that clinical services are aware of the risk from opioids prescribed for pain and the need to enquire about access to opioids available at home, particularly among older patients.

**Patients with a history of domestic violence.** Most patients with a history of domestic violence were female. They were more often younger, single, or divorced, living alone and unemployed than other women. Self-harm, previous alcohol or drug misuse and personality disorder diagnosis were more common in this group, potentially reflecting previous trauma or abuse. We have devised bespoke workshops for services to raise awareness of the risk associated with domestic violence, especially in female patients, but also in men. The workshops focus on assessing suicide risk in relation to the experience or threat of domestic violence.

**Suicide prevention during COVID-19.** Findings from NCISH real-time data collection of suspected suicide deaths in England during the pandemic show experiences such as anxiety, isolation, or disruption to care may have contributed to some suspected suicide deaths by mental health patients. We had already provided bespoke workshops and updated our training so that staff are aware of the need to maintain support for patients under the care of mental health services,

particularly for patients who are anxious or isolated, or have experienced disruption to care. We will continue to strengthen our key messages and our support to staff so they can focus on key areas for suicide prevention.

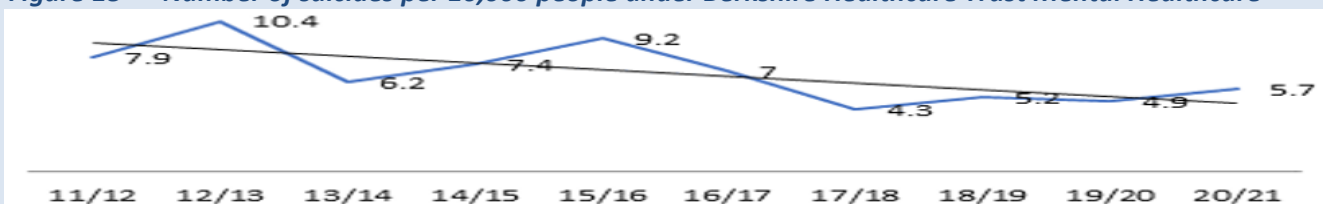
We are in the process of setting up a space for staff to talk about their experiences of suicide with colleagues.

Our system work to improve the care and safety planning for those who misuse alcohol/ substances

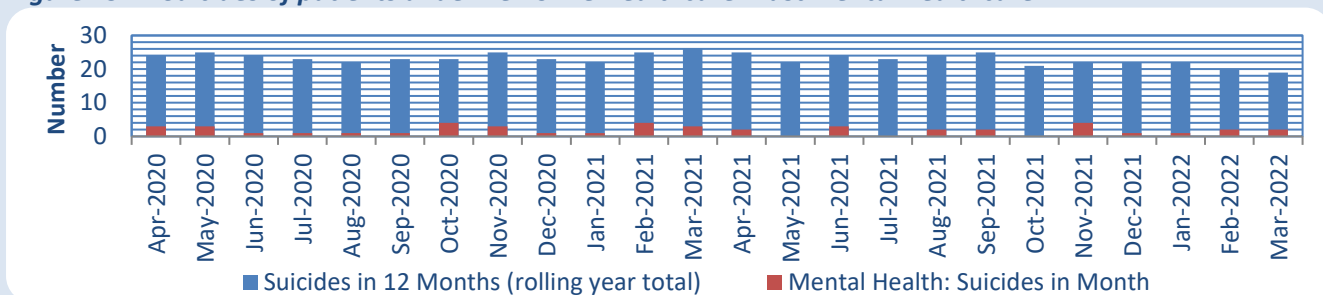
continues and this is being led by the Professional Lead for Clinical Quality and Governance.

We are also working on increasing the use of our tableau monitoring dashboards so that we can easily see if key learning is being embedded and is making a difference to patient experience, complaints, benchmarking data, and the offer of specific interventions.

**Figure 18- Number of suicides per 10,000 people under Berkshire Healthcare Trust Mental Healthcare**



**Figure 19- Suicides of patients under Berkshire Healthcare Trust mental healthcare**



Source- Trust Tableau Dashboard

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

**i** Wards are required to recognise and respond promptly to physical health deterioration by following the National Early Warning Score (NEWS) Trust policy. All inpatient deaths, and deaths within seven days of transfer from our wards to an acute hospital are reviewed in line with the Trust Learning from Deaths policy to ensure that there are no deaths because of failure to spot a deteriorating patient and act in a timely manner.

Figure 20 below shows the number of unexpected inpatient deaths and deaths within 7 days of transfer from one of our inpatient wards to an acute hospital. The figure shows that there was one lapse in care confirmed during quarter 1 of 2021/22 for a death that occurred in 2020/21. Learning points identified from a review of this death include recognising Melaena (the passing of black stools) and its associated signs and symptoms.

**Figure 20- Unexpected inpatient deaths and deaths within 7 days of transfer to an acute hospital**

	Quarter	Q1	Q2	Q3	Q4	Annual Total
Total unexpected inpatient deaths and deaths within 7 days of transfer to an acute hospital reported during quarter		8	5	8	8	29
Total lapses in care agreed (will relate to deaths in previous quarters)		1	0	0	0	1

Source- Trust Learning from Deaths Report

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

**i** National statistics show that people with serious mental illness (SMI) are at a greater risk of poor physical health and have a higher premature mortality than the general population, often dying 20 years sooner from conditions like cardiovascular disease or cancers. To address this health inequality, we have committed to increase the number of patients with SMI having a full annual physical health check within a year of referral to our community mental health services.

A Physical Health Team has been embedded in community mental health services with the remit of improving the physical health of people with SMI. All these patients are now offered a physical health check once they have been accepted onto the community mental health team (CMHT) caseload. This team are also developing a toolkit for use by all mental health practitioners to help them support patients to improve their physical health and access health checks. This will be accompanied by a bite-sized training programme.

The physical health check for patients with SMI consists of checking and recording seven parameters: Body Mass Index (BMI). Systolic blood pressure. Diastolic blood pressure. Lipids. HbA1C or glucose. Alcohol status. Smoking status

To measure performance against this objective, an initial driver target for the trust was set that by September 2021, 30% of all patients with SMI that are referred to CMHT, will have all parameters of the annual physical health check completed in less than 365 days of referral to the CMHT. This target was achieved in July 2021, and so was reset to 50% by

September 2021 and 60% by March 2022. Figure 21 below details performance against this target.

The Physical Health Team working with the CMHTs have continued to make improvements in offering and completing physical health checks throughout the year. The target of 60% compliance with the above target was achieved in September 2021. Progress to date has been good and the current state is 80% for patients who have been on the caseloads less than one year.

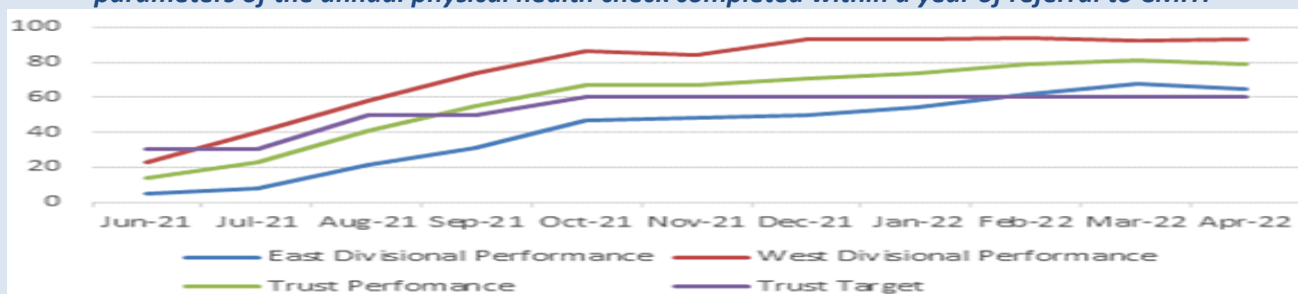
This still means 20% of these patients had not had a health check which can result in poor health outcomes impacting the “Patient Experience” and “Harm Free Care” elements of the True North objectives. The vision therefore remains to ensure physical health checks are completed for all new patients with SMI to bring their life expectancy in line with the general population. The aim is that 100% of eligible patients will be offered a physical health check. To continually improve and reach this goal, the targets for 2022/23 have been revised as follows:

- Minimum 95% compliance with all 7 parameters of the health check by March 2023 across all localities
- Stretch target of 90% of above cohort by September 2022

Further to this, data is now being monitored for physical health checks completed for patients with SMI on CMHT caseloads for more than one year. These checks are undertaken in primary care however, secondary care has a responsibility to ensure our patients are aware of these checks and are encouraged and supported to attend. Data will be monitored for the next 3 months, and then new driver metrics and countermeasures will be set for:

- Facilitating access to a physical health check in primary care – recorded as completed by GP
- Smoking status and intervention recorded

**Figure 21- Percentage of patients with Severe Mental Illness (SMI) that are referred to CMHT and have had all parameters of the annual physical health check completed within a year of referral to CMHT**



## Strengthening our safety culture to empower staff and patients to raise safety concerns without fear, and to facilitate learning from incidents

### Strengthening our Safety Culture

The Safety Culture Steering Group continues to oversee developments to further enhance the trust safety culture.

The group have reviewed the NHS England/Improvement 'Supporting our staff- A toolkit to promote cultures of civility and respect' and are confident that the workstreams in place are aligned to that of the toolkit. There are however several resources available that the trust is exploring utilising including 'Professionalism pyramid', Resources to support 'Essential Manager' and 'Excellent manager' programmes and some Organisational Development resources. The group are exploring how these can be fed into training and other areas of work as part of the people promise.

A revised 'Zero Tolerance for Abuse' statement has been developed for inclusion as standard in all appointment letters. The wording is currently being finalised but seeks to send a clear message that abuse to our staff will not be tolerated while making clear how we will always aim to work in a positive and respectful way with our patients.

The trust Safety Culture heatmap continues to be refined with recent patient safety metrics being added to be viewed alongside patient experience and HR metrics to enable the trust to identify areas that may need additional support.

More than 49 staff have now completed the Professional Nurse Advocate (PNA) Programme. The PNA model is underpinned by Restorative Clinical Supervision (RCS) which has strong evidence base with research highlighting that supporting staff with emotional resilience, connecting the lived experience of the nurses with quality improvement and education and feedback into the local clinical governance agenda has positive impacts on recruitment and retention. This mode of supervision is expected to be mandated by NHS England later this year.

The Safety Culture Charter continues to be promoted with services using this as a focal point for more focused work on developing safety culture within teams. For example, the team on Campion Unit have set up a Safety Culture Group in which the Safety Culture Charter was reviewed as a starting point for the team to determine their priorities for improvement.

### Never Events

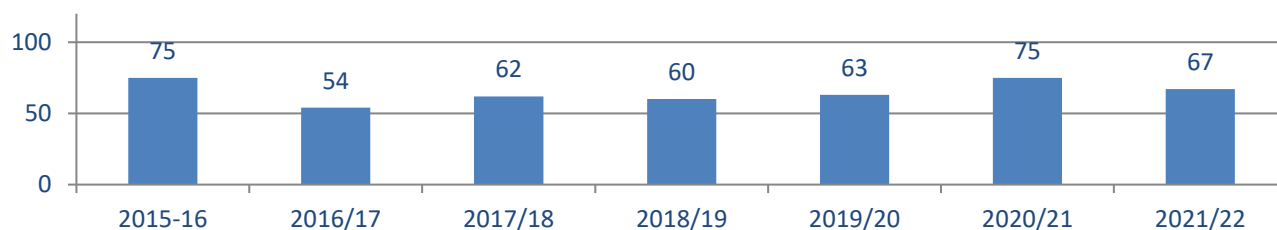
**Never events are a sub-set of Serious Incidents and are defined as 'serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers.'**

The Trust has reported 0 never events in 2021/22

### Serious Incidents (SIs)

Figure 22 below shows the annual number of serious incidents reported by the Trust in comparison with the previous financial years.

**Figure 22- Number of SIs reported by the Trust- Year on Year Comparison (excluding pressure ulcers)**



Source: Trust Serious Incident Report

During Quarter 4 2021/22 there were a total of 20 serious incidents originally reported; this is 5 more than were originally reported in the previous quarter and 9 fewer than originally reported in Q4 last year. At the time of writing this report, 1 of these 20 incidents has been downgraded, and one has been closed as it is reported under Berkshire West CCG. Therefore, for the purposes of this report, 18 serious incidents have been included as serious incidents for Quarter 4 2021/22.

13 (72%) of the 18 serious incidents were reported by Mental Health Services:

- 3 by Community Mental Health West
- 5 by Community Mental Health East
- 5 by Mental Health Inpatients

5 (28%) of the 18 serious incidents were reported by Community Physical Health Services, all from the west division.

The categories of serious incidents reported in Q4 2021/22 are as follows:

- **Suspected suicide cases.** 5 cases reported, the same as in Q3, and 3 fewer than in Q4 last year.
- **Unexpected deaths.** 3 cases reported, 2 fewer than in Q3 and in Q4 last year.
- **COVID-19 related.** All deaths of patients with COVID-19 cited on part 1 of the death certificate and that meet the NHS England definition of a probable or definite hospital acquired infection have been investigated as serious incidents by Berkshire Healthcare. There have been 2 incidents this quarter that meets this threshold.
- **Falls:** 4 cases reported as serious incidents in Q4, 2 more than in Q3.
- **Information Governance (IG) Breach:** 1 breach reported that met the threshold for a serious incident
- **Other:** 1 incident

There were 31 inquests concluded in Q4 2021/22, 18 of which had been declared by the Trust as serious incidents. This is an increase in inquest activity from the previous quarter. 3 additional inquests were adjourned with all 3 being SIs. No Preventing Future Deaths reports were issued.

Ethnicity and serious incident reporting: According to the ethnicity recorded on RiO for serious incidents reported in Q4, 10 patients were White British, 4

patients were White-English/Welsh/Scottish/Northern Irish/British, 3 patients were unknown ethnicity, and 1 patient was Asian/Asian British Pakistani.

In response to thematic analysis, learning and requirements for improvement that have been identified from serious incident investigations, there continues to be significant patient safety activity across the Trust during this quarter.

Across mental health services, the suicide prevention strategy has been updated in response to the National Confidential Enquiry into Suicide and Homicide (NCISH) report which also has clear links to learning from our own serious incidents. A domestic abuse workshop has been developed which is initially to be delivered to Crisis Resolution and Home Treatment Teams (CRHTT)/ Psychological Medicine Service (PMS) (East and West) and the Intensive Management of Personality -disorder and Clinical Therapies Team (IMPACTT) based on learning from a serious incident that involved these services. The workshop includes a series of four short film clips to highlight a crisis assessment of somebody who is a perpetrator of domestic violence and in mental health distress. Work has also begun on a drug and alcohol improvement project following recognition of themes in relation to consideration of, and support to, patients with a dual diagnosis. Talking Therapies have updated their Standard Operating Procedures to guide staff response when there is disclosure of overdose and our mental health services are using the learning from our serious incident reviews around people who do not meet thresholds for secondary care being supported to access (via bridging) primary care through new transformation roles.

For physical health services in the community there continues to be a focus on raising awareness of when the risk of sepsis should be considered and what steps should be taken to assess and document these decisions. Work on developing guidance to support staff decisions concerned with observation/supervision of patients at risk of falls has now been drafted and is being shared with key stakeholders prior to approval. Embedding processes around missed visits also remains a priority and learning around managing head injuries for patients on an anticoagulant has been widely shared.

## Quality Concerns

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

**Acute adult mental health inpatient bed occupancy continues to be consistently above 90% at Prospect Park Hospital.** This means that patients might not receive a good experience all the time. Delayed discharges have stabilised, and the new bed management system is working well. There are programmes of work in place to support reduction in occupancy and out-of-area placements, but the pressure remains on local beds.

**Shortage of permanent nursing and therapy staff.** Mental and physical health inpatient services as well as

several our community-based adult and young people’s services for mental and physical health are now affected by shortages of permanent nursing and therapy staff and increased demand. This has a potential impact on the quality of patient care and experience and increases our costs. Our new workforce strategy will focus on how to retain and grow staff to meet our demand. A new workforce forecasting model has been developed to support understanding of gaps so that appropriate, cost-effective interventions can be agreed.

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

## Duty of Candour (DOC)

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

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

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

Figure 23 below details the total number of incidents requiring formal duty of candour during the year. The Trust considers that the Duty of Candour was met in all cases.

**Figure 23- Incidents requiring formal Duty of Candour (DOC)**

Month (2021/22)	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
<b>Incidents with formal DOC</b>	24	52	35	35	21	29	19	39	39	34	31	38

### 2.1.3. Clinical Effectiveness

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

#### **Our 2021/22 Clinical Effectiveness Priorities are as follows:**

1. We will demonstrate our delivery of evidence-based services by reporting on the implementation of NICE guidance related to Trust priorities identified in this Quality Account
2. We will continue to review, report, and learn from deaths in line with national guidance. Please note that this priority is detailed in section 2.3 of this report as it is also a required statement of assurance from the Board

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

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

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

The Trust has reviewed its compliance with two high-priority NICE Guidelines.

**Managing COVID-19- Recommendations relating to Venous thromboembolism (VTE) prophylaxis (Guideline NG191).** An assessment of compliance against this guideline has been completed with input from Community Inpatient Wards (East and West Berkshire), Mental Health Inpatient Wards and Pharmacy. The assessment included a review of 11 NICE recommendations that were deemed to be applicable to the Trust in this area. These covered the areas of; management in hospital; management of people with COVID-19 and additional risk factors and information and support.

The assessment found that the Trust was meeting all 11 (100%) of the recommendations. Community inpatient services have systems in place to prevent, assess and manage VTE and, as recommendations relating to COVID are updated, these would be

implemented as required. Mental Health Inpatients also follow the recommendations where they are relevant, noting that patients would be transferred to an acute trust if they required any major physical health intervention in these circumstances. In addition, pharmacy have produced a guideline for managing VTE which includes information on COVID-19.

**Supporting Adult Carers (NG150).** This Guideline is relevant to all services that manage patients with adult carers. The Guideline contains a total of 92 recommendations that are relevant to many of our trust services. These recommendations cover the areas of; information and support for carers; identifying carers; assessing carers needs; helping carers stay in, enter, or return to work, education and training; social and community support for carers; training in providing care and support; psychological and emotional support for carers; support during changes to the caring role; and support for carers during the end of life and after the person dies.

The Trust has approved a Carers Strategy that contains six standards and a self-assessment process to audit compliance. This Carers Strategy is being driven forward by the Carers Lead for the Trust. The standards within the strategy have also been mapped to the NICE Guideline. Work is progressing well in this area, but the Trust are not yet able to mark the guideline as compliant as there are several recommendations to be met across several services. Work undertaken to date

includes a baseline evaluation to ascertain the status of carer activities; developing standard templates and information; reviewing recording of carers on RiO and launching a working carers network for staff.

Further work that is progressing in this area includes launching the roll-out of the self-assessment audit

process; identifying gaps and developing workstreams to support services to achieve the standards; progressing working carer initiatives and sharing learning and best practice from bespoke carer projects such as Mind the Gap (carers supporting veterans).

## NHS Doctors in Training- Rota Gaps and Plans for Improvement

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

The Trust’s original ‘Guardians of Safe Working’ (GOSW) have now stepped down after five years in the role and have been replaced by a single GOSW, also a consultant psychiatrist. The new GOSW continues the duty to advocate for safe working hours for junior

doctors and to hold the Board to account for ensuring this. As part of this duty, the Guardian GOSW reports quarterly to the Board on activity relating to Junior Doctor working hours and rota gaps.

Figure 24 below details the Psychiatry rota gaps for NHS Doctors in training in the Trust during 2021/22. Gaps because of the pandemic have now reduced to such a low level that they are now recorded as part of normal sickness. The reduction in trainee numbers continues and has continued to create gaps in the Out of Hours rota. Our system of cover continues to work as normal, and gaps are generally covered quickly.

**Figure 24- Rota Gaps for NHS Doctors in Training – Psychiatry – 1<sup>st</sup> April 2021- 31<sup>st</sup> March 2022**

Rota Gaps	Number of shifts requested	Number of shifts worked	Number of shifts worked by:			Number of hours requested	Number of hours worked	Number of hours worked by:		
			Bank	Trainee	Agency			Bank	Trainee	Agency
	385	377	184	193	0	4077.5	4015.5	1909	2107.5	0

Source- Trust Medical Staffing Team

## The Learning Disability Improvement Standards

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

The outcomes have been developed by people with learning disabilities and/or autism and their families. By taking this approach to quality improvement patient and carer experience is embedded as the primary objective; and the importance of how the NHS listens, learns, and responds to improve care is highlighted.

The four improvement standards concern:

- Respecting and protecting rights
- Inclusion and engagement
- Workforce

- Learning disability services standard (aimed solely at specialist mental health trusts providing care to people with learning disabilities, autism, or both)

Berkshire Healthcare make an annual submission of our performance against these standards, which also include surveys of staff and people using our services.

The results from the 2021 Learning Disability Improvement Standards are currently being collated by NHS Benchmarking. Once all the data (submitted in Nov-Dec 2021) has been checked and verified the Trust will be able to review and compare the outcomes from the latest review against the standards (including results from the survey of people using our services and staff)

In relation to the areas of focus from the 2020 review of standards, the following is being undertaken:

**Increasing awareness of health inequalities experienced by people with learning disabilities and autistic people across the Trust; and improving our ability to segment outcome data and patient experience feedback to help target future areas for prioritisation and actions (respecting and protecting rights)**

The Health Inequalities Board, chaired by our Deputy Chief Executive, includes learning disability as one of the core areas of focus. As a result this has helped to ensure that the Connected Care team continue to work on the creation of dashboards that will help GPs to identify people in their practice as the first step. There is also further work planned to help flag important information for other NHS and social care providers to help to achieve this improvement goal

**Increasing awareness and use of reasonable adjustments (inclusion and engagement)**

We will be promoting the e-learning provided by Health Education England, now available via the Trust's Nexus E-learning platform. Some staff have participated in the piloting of the new national learning disability and autism awareness training (Oliver McGowan Mandatory Training in Learning Disability and Autism), and we await the completion of the trial, when the Department for Health and Social Care will use the learning and evaluation to inform a wider rollout of the training.

**Supporting a cohort of staff to undertake the Advanced Practice Credential in Learning Disability and Autism (ACP LD/A) with support from Health Education England to further develop specialist skills (workforce)**

Three team members have been accepted onto the Advanced Practice Credential in Learning Disability and Autism (ACP LD/A) and have continued with their learning programme. They are completing their Service Improvement Project prior to completion of this module at the end of the academic year. The projects include, supporting the development of a pathway for people who have increased anxiety around vaccine immunisations; exploring the benefits of using the Assessment of Motor Processing Skills (AMPS) tool as part of the dementia pathway; and increasing the awareness and safe use of mobile apps, and creating codesigned information to share with others.

**Work with Commissioners to support the development of local Dynamic Support Registers which seek to identify those people at risk of admission to inpatient services and provide intervention in the community to avoid all but essential admission (learning disability services standard)**

The Commissioners in East Berkshire have undertaken a soft launch of the Dynamic Support Register (and associated tools), while Berkshire West have prioritised the implementation for children and young people. The Learning Disability Service continues to meet with Commissioners on a fortnightly basis to report back on admissions and discharges as part of the NHSE "Care Room" process and participate in other development opportunities with Commissioners at Place and Integrated Care System (ICS) meetings. This has seen a sustained reduction in the use of inpatient beds (with admissions only taking place where they are seen to be essential).

## 2.1.4. Supporting our Staff

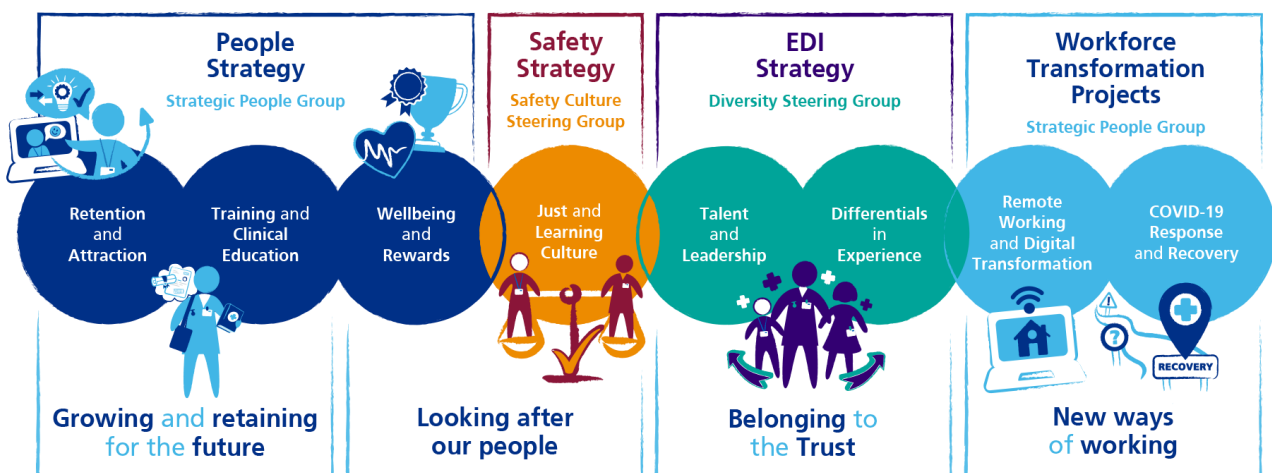
**i** The Trust is committed to acting in line with our values, with a strong focus on delivering services which provide good outcomes for patients and their families. We will listen and respond to our staff and provide opportunities for training and development.

**Our 2021/22 Supporting our Staff Priorities are as follows:**

1. We will improve the mental and physical health and wellbeing of our people, reducing musculoskeletal disorders and other sickness absences
2. We will have a zero tolerance to bullying and harassment, and racism, taking action wherever we see or hear poor experience for our people
3. We will support the growth and development of our people through high quality appraisal, supervision, and training
4. We will actively support our people to work flexibly, including remote working where appropriate, as part of our new offer
5. We will act on feedback from the staff survey in order to further improve satisfaction and address any identified inequalities
6. We will provide opportunities for our people to show initiative and make improvements for their colleagues and patients through great team working, Quality Improvement and Bright Ideas

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

The priorities detailed above have been translated into our People Strategy 2021-24. This strategy has the aim of making the Trust Outstanding for Everyone. The key priorities of this strategy are detailed in the graphic below.



People Strategy Key Priorities

## Retaining our People

### Growing and Retaining for the Future

**i** The Trust is committed to ensure that we improve recruitment, retention, and satisfaction of our staff. We want to have high levels of engagement across all our services and increase the numbers of staff who feel they have an influence on how we work and make decisions.

Recruitment will always be a vital element for the NHS, and we will continue to focus on recruiting the best people to our roles. However, our greatest challenge is reducing our high turnover of staff. While some turnover is healthy in an organisation, our turnover is still too high, averaging around 15%, in line with neighbouring trusts and has increased in line with turnover post Covid across the NHS and private sector. This remains a challenge and our primary area of focus in the People Directorate

We need to focus on making Berkshire Healthcare a place where people want to stay and work. Attracting, training, and retaining a diverse workforce has many benefits. It means we will be able to keep skilled staff, reduce wasted time and money by not having to continually recruit and train new people, and reduce pressure on existing people whose workload often must increase to fill the gaps.

Our People Strategy is designed to address the issues of attraction and retention of workforce. However, we are operating in a context of increasing competition for staff across the NHS and specific workforce shortages in key clinical areas within the Thames Valley. We have a three-year strategy in both Integrated Care Systems (ICS) to support our workforce issues with targeted interventions to help us attract, develop, and retain staff. Nevertheless, in the short term, these can, at best, only mitigate our risks as the underlying gap in the workforce supply cannot be solved quickly.

Student numbers are declining in physical health nursing and whilst we have seen an increase in registrations for mental health nursing degrees,

nationally, the student numbers still do not match the number of leavers from these roles. This will create gaps in our own workforce and within the wider marketplace which providers will need to fill. Inevitably this will mean more turnover as staff seek promotion opportunities elsewhere. As NHS vacancies have been increasing recently due to funding for transformation and to clear backlogs, trusts within the region have already seen turnover increase. Analysis shows that the local NHS workforce is being recycled between neighbouring providers (between 12-15% of our workforce) with our leavers largely joining the Royal Berkshire and Frimley NHS Foundation Trusts and our new joiners coming from the same sources.

There are four pipelines we can use to address workforce gaps, all of which the trust is exploring: international recruitment; continuing ad hoc recruitment; increasing student placement numbers and growing our own staff through apprenticeships.

We are currently recruiting for a dedicated international recruitment team to support a great welcome to Berkshire Healthcare. The trust, however, needs to consider an investment in apprenticeships and the resources required. In addition to this, we continue to look at ways to free up clinical time to care via business process transformation and continue to work on our engagement activities.

We have undertaken an exercise to collate and analyse data from our leavers. The three main reasons for leaving are relocating work closer to home, work/life balance and career progression. We are currently working with services to identify countermeasures to address the main reasons for leaving including putting together plans to support flexible working requests.

We had an average of 1.5% agency staff during the year, and the percentage of temporary staff (both bank and agency staff) was 12%

In total we welcomed 967 new joiners to BHFT during the year and had 804 leavers. Figure 25 shows the number of vacancy advertisements posted per month.

**Figure 25- Vacancy advertisements posted per month**

Month	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	121	143	181	193	185	212	204	201	149	199	197	238
2021/22	187	223	274	303	287	331	328	343	265	342	228	342

## Supporting the growth and development of our people through high quality appraisal, supervision and training

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

The Trust ensures that all its staff have the appropriate skills, training, and support for their roles through its recruitment and training programmes and have launched a new online learning platform to support this.

### Clinical Education

We are undertaking a complete review of our clinical education programme, with a view of developing a service transformation plan to make sure there is sufficient training and clinical education provision to meet the needs of our workforce now and in the future, and to make sure these programmes are equally and easily accessible to all staff.

Phase one of the clinical education project was completed in December 2021. This focused on clinical skills training as well as Mental Health training and included feedback from Children's, Young Peoples and Families Services (CYPF)/ Child and Adolescent Mental Health Services (CAMHS), Community Adult Mental Health, Older Adult Mental Health, Older adult services, and adult inpatients services. In summary, psychosocial Interventions, supporting people with neurodiversity, suicide prevention, alcohol/substance misuse, domestic violence and non-medical prescribing were the key areas that emerged from the Mental Health gap analysis. Medicines Management, Echocardiogram (ECG) and cannulation are areas of focus as part of the Physical Health training needs gap analysis.

Phase 2 of the Clinical Education Training needs gap analysis will involve reviewing existing provision of in-house and external training to ensure that we are able to meet the identified training needs for staff across the organisation. As part of phase 2 several clinical skills training courses have been reviewed and revised with an emphasis of releasing time from the face-to-face learning by using a blended learning approach.

The review plan for Mental Health training will be a key objective of the newly appointed Clinical Education Senior Project lead.

### Nexus e-learning platform

The migration from Slate to the Nexus e-learning platform is on track and will be completed in March 2022. The Nexus e-learning audiences project to extend the training compliance dashboard to clinical education courses is progressing well and is also on track to launch in April 2022

### Healthcare Support work onboarding (HCSWOB) – Pilot at Prospect Park Hospital (PPH)

Cohort 3 of the HCSWOB programme started in November 2021 and the feedback from the pilot has been positive in terms of staff experience. Phase 2 of this project will evaluate the retention rates of the support worker staff as part of the pilot. The plan is to roll out the HCSWOB programme to the wider Trust and launch in June 2022.

### Placement Expansion

Phase 2 of the placement expansion project is progressing well and despite increased demands on the workforce, placement expansion in Mental Health and Physical Health services has continued. Placement expansion in CYPF and CAMHS services remains challenging and maintaining current capacity is the focus of the Learning Environment Leads. The Placement and Student support offer remains focused on support for services, wards and teams and increased support is targeted as needed. There is also a student education programme 1 day per week. The objective of this programme is to release time back to services and to support student competency sign off

### New Training Space

The training team are working with the Estates team to establish further suitable accommodation for our training needs when we move out of Fitzwilliam House. Following a workshop in November, high level requirements have been defined and a project team has been set up. The Estates team are now using this to source suitable accommodation that will meet our training needs.

### International Nurses Recruitment

Our fourth international nurse joined the trust at the end of the year, and we plan to recruit another twenty in the coming year. Nine are currently going through

recruitment checks to join us at the end of June 2022. Our second cohort will join in October 2022. International nursing applicants must have a recognised English Language qualification, e.g. the International English Language Testing System (IELTS), when applying for our roles. We do support some internationally qualified nurses who are already in the country and working for our trust as Health Care Support Workers to take their English Language qualifications. We have staff members dedicated to the recruitment and pastoral care of our new international nurses ensuring that they are fully supported as they join the trust and settle into their new lives here in the UK.

### Appraisal Process

Streamlined appraisal documents will be introduced for 2022. This is an interim measure, whilst a thorough review of the appraisal process takes place this year with a view to finding a digital solution for 2023.

### Training

The Trust always strives to comply with statutory and mandatory training requests and is promoting a positive training culture. An e-learning system has been embedded to make it much easier to locate the relevant training required for each member of staff. As a global digital exemplar, the Trust has rapidly moved to delivering training virtually, which has meant that it has continued to be delivered throughout the COVID-19 pandemic. We have adopted a blended approach to deliver our training requirements.

---

## Looking After our People

### Improving the mental and physical health and wellbeing of our people, reducing musculoskeletal disorders and sickness absence

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

#### Improving the mental and physical health and wellbeing of our people

The past two years have been incredibly challenging for everyone. Rewarding and recognising people for their contributions is important as it helps people feel valued and improves morale and wellbeing. As a way of saying thank you, a £25 voucher was sent to all staff in December 2021 to recognise their hard work over the year. There was a lot of positive feedback with many staff reaching out to the Executives or on social media to express their gratitude.

The trust has been trialling the use of the Peppy app to support our staff whose experience of the menopause may be impacting on their life, both in and out of the workplace. The initiative was launched on world menopause day with 117 users registered on the app with an additional 29 interested. Peppy provides instant messaging support from expert practitioners, one to one video appointments and access to vetted resources and events. The costs have been funded for a year, with the review planned for March 2022.

The Integrated Care System (ICS) Wellbeing Matters service, which is hosted by Berkshire Healthcare, continues to support staff across the ICS. As well as training and engagement, the Wellbeing Matters team offer wellbeing hubs for teams, staff support post incident (BHFT only) and in the moment support via the Wellbeing Line with rapid assessments for Improving Access to Psychological Therapies (IAPT) services where appropriate. In December 2021 alone, 103 staff contacted the hub for individual support with 14 receiving clinical assessment and there were another 28 contacts for team/group support (across all ICS partners in Berkshire).

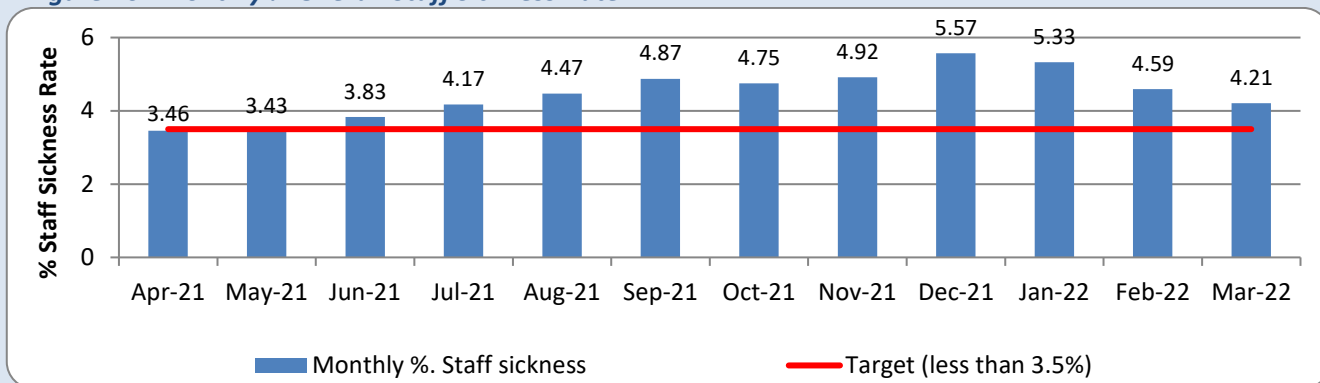
The Enhanced Occupational Health and Wellbeing Project in the Berkshire Oxfordshire and Buckinghamshire (BOB) ICS has moved into phase two. Training spaces for Mental Health First Aid (MHFA) are being offered to staff (additional to the trust MHFA training which will recommence in early 2022), as well as 'REACTMH' which is designed to support individuals to have an effective Wellbeing Conversation. The BOB ICS Wellbeing Champion network (launching in January 2022), launched by our NED Wellbeing Champion, will be an additional level of support and networking for our trust Wellbeing Champions, whose network is also launching in January. Health kiosks and an ICS health and wellbeing website are currently being explored.

### Reducing staff sickness

Figure 26 below details the monthly percentage of staff sickness absence and shows that the target rate was not achieved during 2021/22. During the year there were 1202 different occurrences/episodes of covid sickness affecting 1070 employees. During COVID the NHS saw a dip overall in turnover levels and has seen

an increase since pandemic restrictions have been eased. There seem to be two main reasons for increased turnover. Firstly, the external recruitment market has picked up and secondly there are more roles being advertised in the NHS as funding for new roles to clear backlogs of work has created new roles.

**Figure 26- Monthly % Overall Staff Sickness Rate**



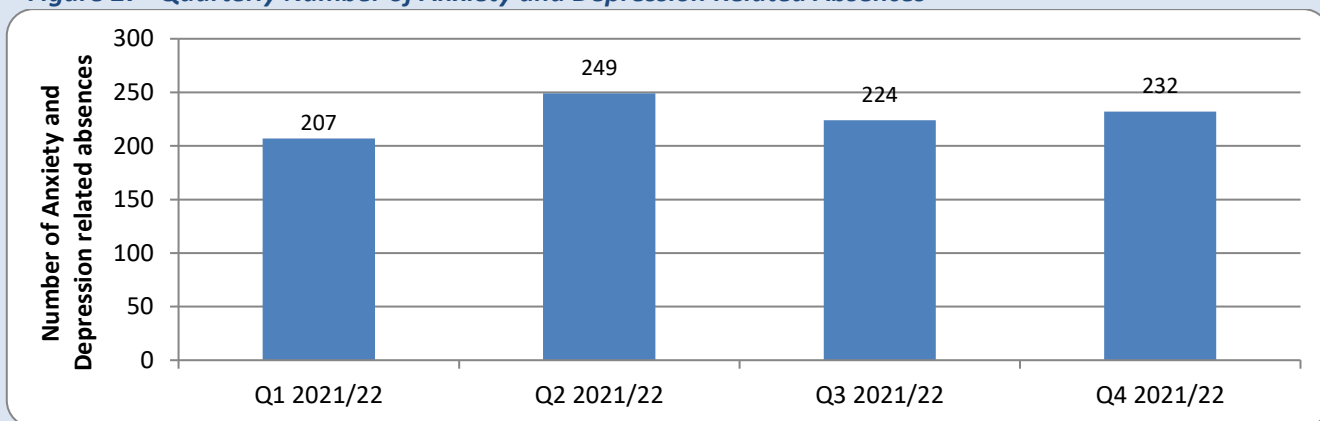
Source- Trust Tableau Dashboard

### Reducing stress, anxiety, and depression

The Health and Safety Executive (HSE) define work-related stress as "The adverse reaction people have to excessive pressures or other types of demand placed on them at work". Stress itself is not an illness, but if it becomes excessive and prolonged then mental or physical illness may develop.

Figure 27 below details the quarterly number of anxiety and depression related absences. As anticipated by the Wellbeing Lead and the Psychological Therapies Lead, the number of anxiety and depression related absences have been greater after the COVID-19 second wave as staff took stock and reflected on their experiences during that time.

**Figure 27- Quarterly Number of Anxiety and Depression Related Absences**



Source- Trust HR Department

### Reducing musculoskeletal (MSK) disorders

Musculoskeletal disorders can affect muscles, joints, and tendons. It is important that our staff do not sustain work related musculoskeletal disorders, and we aim to reduce the occurrence of these injuries during the year. We have put in place the following actions to try and prevent these injuries from occurring:

We have established a fast-track referral process to a physiotherapy service that sits alongside the Occupational Health (OH) team. Managers can make a referral for someone in their team if they think this will support them, or often our staff self-refer to this service. The service is available for all staff and often it is used by those who remain at work but with a MSK problem. Additionally, if someone is off sick with a MSK

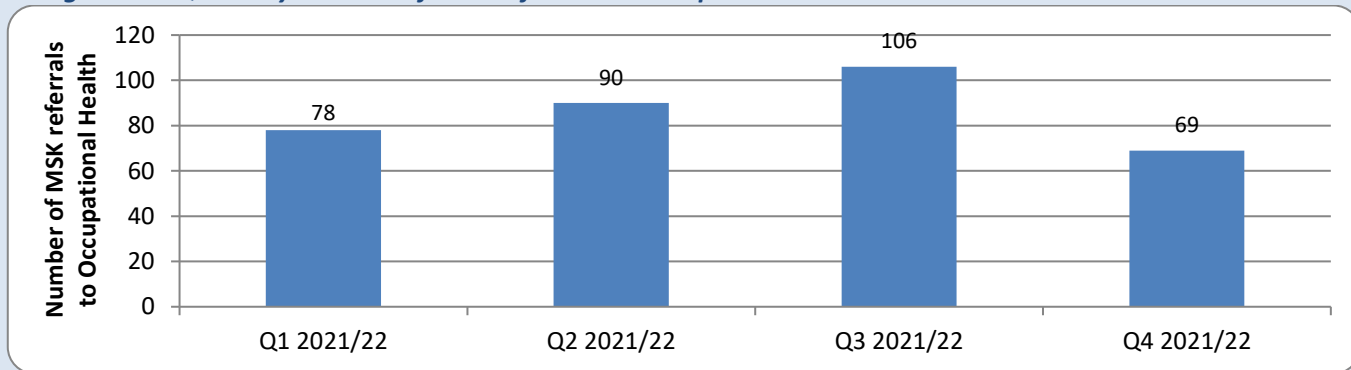
reason given as the reason for their absence, a referral to the physio service is often made alongside this or prior to an OH referral.

In addition, where people are homeworking, managers continue to check that they have the necessary equipment to enable this, always remembering the importance of MSK health. Where required, an ergonomics assessment is undertaken and, if needed, additional or different equipment is provided. We have also been monitoring the impact of home working on

MSK issues and have not seen any significant reported differences.

Figure 28 below details the monthly number of musculoskeletal referrals made to occupational health for our Trust staff. MSK referrals have been more prominent from ward areas, rather than from those working from home, as staff are managing patients with greater physical health needs and are required to do more lifting.

**Figure 28- Quarterly Number of MSK referrals to Occupational Health**



Source- Trust HR Department

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

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

Both the Trust People Strategy and Equality Diversity and Inclusion Strategy have been informed and designed based on learning from; the staff survey; Workforce Race Equality Standard (WRES) data; Workforce Disability Equality Standard (WDES) data; and engagement workshops with our staff and networks.

We were the best performing community and mental health trust in the country for our staff engagement scores in the 2020 national survey, having been second in 2019. National teams are working with us to learn how we have achieved this level of staff satisfaction.

The Trust participated in the 2021 NHS National Staff Survey between October and November 2021. For the 2021 survey onwards the questions in the NHS Staff Survey are aligned to the People Promise. This sets out, in the words of NHS staff, the things that would most improve their working experience.

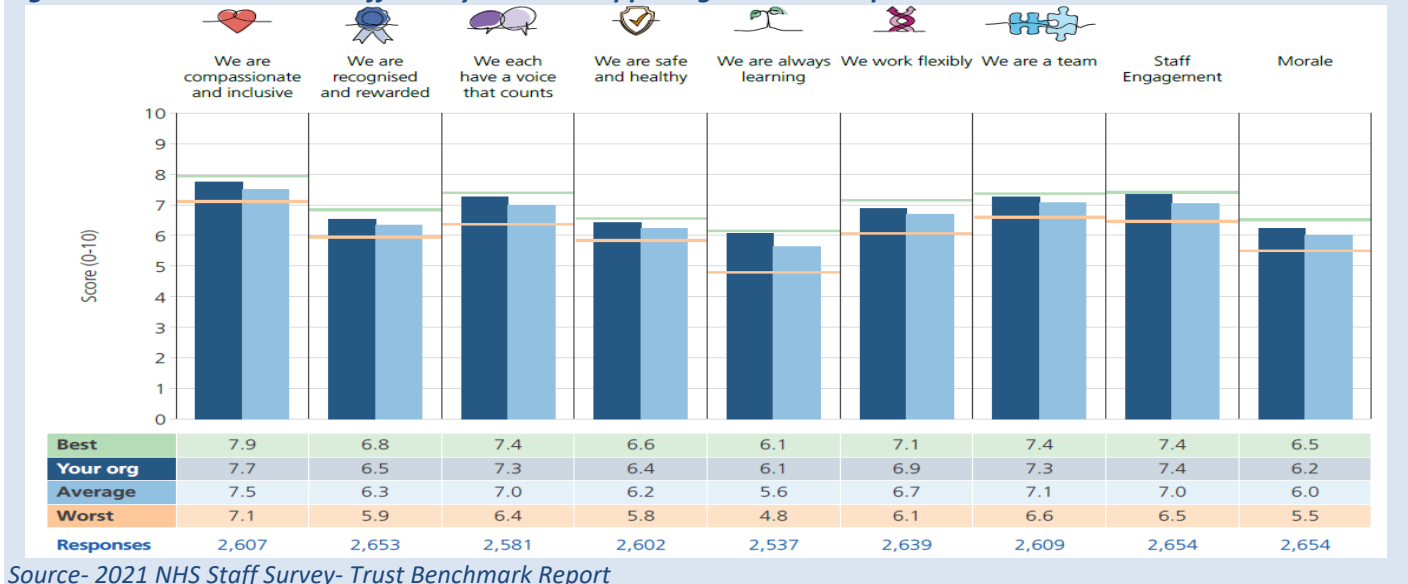
### The Survey Sample.

The survey was conducted online, resulting in it being open to over 4000 of the Trust’s employees. 2682 staff responded to the 2021 survey and our response rate was 60% this year, the same as in 2020. This is a greater rate than the average response rate for similar Trusts to ours (52%)

### Summary of Trust Results.

This year, when mapped against the themes within the People Promise, our scores are above the average for similar Trusts in all themes and the best in our group of trusts for two of these themes. 73.5% of trust respondents recommended the Trust as a place to work, and 77.0% stated they would be happy with the standard of care provided by the trust. The figure below details the Trust results mapped against the themes in the People Promise.

**Figure 29- 2021 Trust NHS Staff Survey Results mapped against the People Promise**



Source- 2021 NHS Staff Survey- Trust Benchmark Report

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

The WRES is a requirement for all NHS Trusts and part of the NHS standard contract. WRES results are an important driver of our equality and inclusion activity in relation to our Black, Asian, and Minority Ethnic (BAME) staff. It is a mirror that allows NHS Trusts to visualise workplace inequalities between BAME and White staff through nine key indicators and then devise

countermeasures for ameliorating the gaps. Four of the nine WRES indicators focus on workforce composition and people management, four are based on data from the National NHS Staff Survey questions, and one indicator focuses on BAME representation at Board level.

The table below details the 2021 National Staff Survey scores that relate to the WRES

**Figure 30- Staff survey results relating to the Workforce Race Equality Standard**

Indicator and Description	Ethnicity	Trust Scores (%)				2021 Average (median) for combined MH/LD and community Trusts (51 Trusts)
		2018 (%)	2019 (%)	2020 (%)	2021 (%)	
Percentage of staff experiencing harassment bullying or abuse from patients, relatives, or the public in the last 12 months	White	22.5	22.2	19.6	19.9	26.2
	BAME	31.2	30.3	30.6	29.4	31.8
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White	20.1	19.5	17.8	14.1	18.1
	BAME	26.2	24.5	23.4	22.9	22.9
Percentage of staff believing the Trust provides equal opportunities for career progression or promotion	White	62.9	68.2	70.4	67.5	61.0
	BAME	41.4	49.6	49.7	45.7	46.8
In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	6.8	5.9	4.7	5.3	6.0
	BAME	16.9	12.6	11.6	14.4	14.4

Source- 2021 National Staff Survey

The Workforce Disability Equality Standard (WDES) became a requirement as of 1st April 2019 to enable NHS organisations to capture and compare the experiences of disabled staff with those of non-disabled staff. The WDES is part of the NHS standard contract and facilitates a better understanding of the experiences of disabled staff, thus supporting positive change and the creation of a more inclusive working

environment for disabled people. It has a similar ethos to the WRES and is underpinned by 10 metrics that cover the workforce profile, recruitment and capability processes, experiences of disabled staff, board make up, and the opportunity that disabled staff have to voice and air their concerns and to be heard. The Table below details the 2021 National Staff Survey results that relate to the WDES.

**Figure 31- Staff survey results relating to the Workforce Disability Equality Standard**

Indicator and Description	Whether staff have a Long-term condition (LTC) or illness	Trust Scores (%)			2021 Average (median) for combined MH/LD and community Trusts (51 Trusts)
		2019 (%)	2020 (%)	2021 (%)	
Percentage of staff experiencing harassment bullying or abuse from patients, relatives, or the public in the last 12 months	No LTC/ Illness	23.1	20.3	20.0	24.7
	LTC/ Illness	30.2	30.0	30.0	32.2
Percentage of staff experiencing harassment, bullying or abuse from manager in the last 12 months	No LTC/ Illness	8.5	7.1	5.4	7.1
	LTC/ Illness	15.6	14.7	12.0	13.4
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	No LTC/ Illness	14.4	13.3	11.1	12.3
	LTC/ Illness	23.2	21.2	19.3	20.2
Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	No LTC/ Illness	60.4	59.5	63.4	61.0
	LTC/ Illness	57.3	53.8	55.5	59.4
Percentage of staff believing the Trust provides equal opportunities for career progression or promotion	No LTC/ Illness	64.1	66.7	64.3	60.2
	LTC/ Illness	60.3	58.5	52.9	54.4
Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	No LTC/ Illness	16.9	14.6	16.3	14.7
	LTC/ Illness	22.7	24.3	19.8	20.8
Percentage of staff satisfied with the extent to which their organisation values their work	No LTC/ Illness	61.1	66.5	61.1	51.5
	LTC/ Illness	53.8	55.2	51.5	43.6
Percentage of Disabled staff saying their employer has made adequate adjustment(s) to enable them to carry out their work	LTC/ Illness	74.6	77.0	81.3	78.8
Staff Engagement Score	No LTC/ Illness	7.5	7.6	7.5	7.2
	LTC/ Illness	7.0	7.2	7.1	6.7

Source- 2021 National Staff Survey

The Trust has made progress on the WRES and WDES and wants to be an outstanding place to work for everyone.

From a WRES perspective, we continue to work on the three-year plan to:

- Reduce the percentage of BAME staff experiencing harassment, bullying or abuse from patients.
- Reduce the percentage of BAME staff experiencing harassment, bullying or abuse from colleagues and managers
- Eliminate the gap in experience between our BAME and white staff.

- Achieve consistency in the data for the above WRES indicators for at least three years.

From a WDES perspective, we continue to work on the three-year plan to:

- Reduce the number of disabled staff who experience harassment bullying or abuse from patients
- Reduce the number of disabled staff harassed, bullied, or abused by colleagues
- Eliminate the differential between disabled and non-disabled staff
- Reduce the number of disabled staff experiencing harassment, bullying or abuse from managers

## Just and learning culture

**i** The Trust is committed to strengthening our Safety Culture to empower staff and patients to raise safety concerns without fear and to facilitate learning from incidents.

As part of the Trust Safety Culture programme, we continue to empower staff and patients to raise safety concerns without fear and to facilitate learning from incidents. This will include reducing any unwarranted disciplinary action and disproportionate sanctions for all staff, whatever their characteristics.

The casework report for 2021/22 indicates that most of our disciplinary cases are ending after the initial fact find stage i.e., they do not proceed to a full disciplinary investigation. The introduction of dedicated investigating officers, funded by and piloted on behalf of Frimley Integrated Care System (ICS), has continued to be successful.

Since June 2021, the investigating officers (IOs) have supported a total of 23 closed cases and are currently assigned 8 live cases. Of the 23 cases which have closed, they have supported a combination of full investigations and fact finds, and have worked on 17 disciplinary issues, five early resolution cases and one whistleblowing case. Of the disciplinary cases that proceeded to full investigation, the average resolution time of the cases managed by the dedicated investigating officers was 52 days (compared to the overall Trust average noted above of 62 days). To the end of March 2022, they have spent a total of c650 hours, an average of approximately 21 hours working on each case. This involves interviewing people, producing and agreeing notes with witnesses and

writing the fact find summary and full management reports. This is time that our service managers would otherwise have needed to release from their day jobs to support this work. For comparison purposes, the expenditure on the dedicated IOs this year has been £26K. They are paid at the top of band 7 (NHSP), whereas several the internal service managers who undertake investigations are 8a, and on occasions 8b. In addition, service managers are supported by a HR Business Partner at their meetings and with report writing, meaning that this cost would have been roughly doubled if we had not introduced the dedicated team of IOs. Furthermore, feedback from commissioning managers continues to be positive about the timeliness and quality of the work of the dedicated investigating officers.

The data for 2021/22 continues to highlight a disproportionate number of BAME staff who experience involvement in the casework process, and we plan to explore this further with the support of and funding from Equality Diversity and Inclusion colleagues and Frimley ICS.

## Belonging to the Trust

### Zero Tolerance of Bullying and Harassment and racism, taking action wherever we see or hear poor experience for our people

① The Trust is committed to promoting and sustaining a working environment in which all members of staff feel valued and respected. Any kind of bullying, discrimination, harassment, racism or acts of indignity at work are deemed as unacceptable and will be fully investigated in accordance with the Trust's Performance Management and Disciplinary Policy.

The Trust has a zero-tolerance policy for aggression, bullying, exclusion and racism. Members of staff have the right to be treated with dignity and respect and any member of staff that raises a concern because they are subjected to behaviour or treatment that does not promote dignity and respect will be fully supported.

All staff are encouraged to report incidents of bullying and harassment through our incident management system DATIX. In addition staff can raise via our Freedom To Speak Up guardian, their line manager or human resources (HR). We also have a dedicated

Violence Reduction Lead who monitors reports of bullying and harassment via our incident reporting systems and proactively reaches out to offer staff support. When incidents are reported we conduct an initial fact-find and decide if the incident requires a full investigation. We have an independent team of investigators who will investigate incidents if required.

As well as encouraging people to speak up, we are also building our ability to 'listen up'. Further information on 'Freedom to Speak Up' is detailed later in this report. In the 2021 National NHS Staff Survey, 23.1% of our staff respondents stated that they had personally experienced harassment, bullying or abuse at work from patients / service users, their relatives, or other members of the public. This compares with 27.2% on average nationally. However, the level of bullying and harassment that our staff experience is still unacceptable, and we continue to focus on this area. We have also created a role dedicated to preventing violence towards our staff from patients.

#### Tackling Racism

The Trust recognises that the vast majority of race related crime/ racial abuse is not reported by staff and

a targeted race crime project is in progress at Prospect Park Hospital, where staff experience significant numbers of race-related incidents. They are following a Quality Improvement approach and the current priority countermeasures include:

- Standard work/flow chart detailing all the steps that will be taken to respond to incidents
- Use of Quality Improvement methodology to reverse de-sensitisation of staff - all wards have a tracker metric about racial abuse
- Running a campaign that gives visual information about how we are doing in relation to any forms of racial abuse, raising awareness and sense of openness, communications, posters, and celebrating each day of success.
- PPARET service (Prospect Park Advocacy for Racial Equality Team) – a safe space for people to be able to speak up, facilitate, mediate, reconcile, recommend, and communicate. The Equality Diversity and Inclusion (EDI) team is supporting staff at Prospect Park Hospital in the development of a role descriptor for and recruitment to these posts where staff will have protected time in their contracted roles.
- Staff racial crisis team/line – provides an immediate platform to offload
- Standard work/formal escalation process to give different options when informal/local resolution has not worked. This would include follow up conversations, feedback on outcomes, support from senior leadership
- Making our Datix incident reporting system form more user friendly for reporting these kinds of incidents, with coaching sessions with staff to build confidence in reporting
- Customised follow up message following the submission of the Datix incident form when reporting these types of incidents, with the option to indicate whether you are satisfied, with follow up actions to take if not satisfied

A dedicated staff safety lead is now in post to provide support to staff and look at ways to reduce physical and verbal violence against them. A post- incident support team is also in place to support staff and managers after an incident.

The 'Ready for Change' Programme looks at raising awareness of allyship and cultural intelligence to build understanding of different perspectives in the workplace. Roll out of this programme is going well with a full and light version available to participants.

The Equality Diversity and Inclusion (EDI) team and Freedom to Speak Up (FTSU) Guardian, as part of the Black, Asian, and Minority Ethnic (BAME) transformation programme, completed a survey of all BAME staff in the trust regarding their experience of micro-aggressions. They repeated the same survey with all staff in the learning disability service and used that data to run training sessions for staff on the impact of micro-aggressions on those they worked with.

In 2020/21, 128 hate-crime related incidents were reported in the Trust. 116 (91%) of these 128 incidents involved race, 13 (10%) involved religion, 7 (5%) involved disability and 3 (2%) involved sexual orientation. As detailed above, there is a dedicated piece of work taking place looking at countermeasures to reduce the incidence of race hate.

### **Violence and Aggression**

We have introduced a new Staff Experience, Support and Improvement Lead to provide additional assistance to staff who have experienced workplace violence and to help with projects relating to violence reduction. Staff who have been assaulted are contacted via email, offered reassurance and practical support, signposted to the appropriate specialist help, and made aware of the range of psychological assistance that the Trust provides for individuals and teams. Staff feedback and concerns are escalated.

To help further reduce assaults to staff, the Personal Safety Team have offered Promoting Safer and Therapeutic Services (PSTS)/Breakaway training to community teams outside of mental health. A new 3-day training package on the prevention and management of violence and aggression has also been developed for staff working on mental-health inpatient wards who are exempt from the full 6-day course.

The Freedom to Speak Up (FTSU) Guardian and Equality Diversity and Inclusion Workforce Manager have led on a programme of work to highlight the extent of racial abuse, Microaggressions and other incidents against staff who may have protected characteristics. Various Services have been surveyed to determine employee's experiences and who the perpetrators are. Survey results are then presented to the service to initiate a conversation between staff and managers and to consider measures to reduce such negative experiences.

## New Ways of Working

Supporting our people to work flexibly, including remote working where appropriate, as part of our new offer

**i** The COVID-19 pandemic has required staff to work in different ways to maintain safety whilst minimising the spread of the virus. A large proportion of staff have been working from home as a result, and it is important to the Trust that these staff are able to operate safely and effectively.

The purpose of this project is to reduce duplication and waste in our recruitment system and look at ways to make it inclusive and accessible to all candidates. High level mapping for recruitment processes has now taken place, and detailed process mapping is underway. Key

issues have been identified and improvements have started to be delivered, for example, the scheduling of interviews has now been automated and this will now be communicated with training provided. The completion of the appointment form is a process that currently causes delays when information is not fully provided, and this form is now being prioritised for digitalisation. We are also exploring how we can provide candidates with status updates on their applications. Lastly, all communications that are sent to candidates are currently being improved to make them more accessible to candidates, and we are looking to pilot sending out questions ahead of interviews to ensure we are fair and inclusive to neurodivergent candidates.

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

**i** The Trust has a Quality Improvement (QI) Programme that provides opportunities for staff to make improvements using QI methodology. Alongside this, the Trust encourages Bright Ideas to be submitted by Trust staff to improve services.

The Quality Improvement programme is making a big difference, with 80% of respondent staff in the 2021 national staff survey stating that they were able to make suggestions to improve the work of their team,

### Quality Improvement Projects.

Examples of Quality Improvement Projects undertaken by Trust staff include the following:

*Rapid Improvement Event (RIE) - 3-day face to face event for over 50 staff on racial abuse of staff at Prospect Park Hospital (PPH).* Further Information on this area is included in the 'Belonging to the Trust' section in the Supporting our Staff part of this report.

*Bluebell ward self-harm project.* Further Information on this area is included in the 'Self Harm' section in the Patient safety part of this report.

*Physical health checks for patients with a Severe Mental Illness (SMI) diagnosis- community mental*

*health teams.* Further Information on this area is included in the 'Physical Health Check' section in the Patient safety part of this report.

*Falls.* Further Information on this area is included in the 'Falls' section in the Patient safety part of this report.

*Neurodiversity strategy.* The Quality Improvement team are supporting the neurodiversity strategy. This addresses the health inequalities, both physical and mental, that exist in service users with diagnosed or suspected neurodivergence. The project is split into three key workstreams, access to services, workforce and training and awareness.

*Improving the Attention Deficit Hyperactivity Disorder (ADHD) pathway in the Children's, Young Peoples and Families division (CYPF).* With support from the Quality Improvement team, the CYPF division are improving the ADHD pathway to deliver assessment and treatment in a way that is timely and clinically effective, minimising waste and maximising efficiency. One part of this has involved reducing time to initiate medication following a diagnosis of ADHD.

*Emotionally Unstable Personality Disorder (EUPD) pathway.* In 2017 a green belt Quality Improvement practitioner, alongside many Trust staff and patients, developed a new end-to-end EUPD pathway for

community mental health teams and in-patient services. This work continues and has now been rolled out across all services. All elements of the pathway are now operational and there are some good initial indicators with a reduction in occupied beds days at Prospect Park Hospital for people with an EUPD diagnosis. The psychology team within the hospital are also using Quality Improvement methodology and metrics to monitor this.

### Bright Ideas

Bright Ideas supports the Trust's commitment to being a learning organisation and delivering innovative and high-quality patient care. The team works at all levels across the organisation to shape, lead, and implement an organisation-wide approach for innovation that is supported by the Executive Team and Trust Board. The team complements existing improvement activity and structures, such as those for Research and Development and Quality Improvement.

Current Bright Ideas innovations include:

- The Health Bus- This project is working to a proposed launch of early 2022. The bus is currently being fitted out.
- Vital Signs Monitoring for children and young people on ADHD pathway- This project will be reviewed and evaluated

- Menopause Support – the trial of the PEPPY app has started, with 112 members of staff having been issued a licence. Anecdotal feedback is positive so far
- Dementia aids- This project is in design stage and aims to create “bus stops” in community wards to distract dementia patients who may try to leave the wards.
- Digital tool for covid and appointments.
- Testing the efficacy of iPads for delivering Cognitive Behavioural Therapy (CBT) in Older Peoples Mental Health. Early results are promising but this needs to be scaled up to test further.

Building on the Bright Ideas platform, we have been developing the use of networks and networking to create connections internally and externally. The purpose of these is to create the ability to respond and support the Trust, with tricky issues that may require an innovative approach. A series of four webinars have been arranged with the first being in April 2022 and is themed around menopause. The following three are related to digital, sustainability and how to make changes in Berkshire Healthcare. We are also in the process of planning a hackathon hosted at Microsoft Thames Valley Park Offices and will work on how we manage soft plastics in Berkshire Healthcare. We are also designing a ‘Brighter Together’ event planned for October 2022.

## Freedom to Speak Up

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

The Trust’s policy and procedure in relation to this area is contained within ORG013- Freedom to Speak Up: Raising Concerns (Whistleblowing). This policy emphasises the importance of staff being able to speak up about any concern to ensure the safety and effectiveness of our services. Under the policy, Trust staff members are encouraged to raise concerns (confidentially, unless required to disclose by law) about risk, malpractice, or wrongdoing that they may

think is harming the services the Trust delivers. Such examples may include, amongst others, unsafe patient care, unsafe working conditions, inadequate training, or a culture of bullying.

### How does the Trust ensure that staff do not suffer detriment from speaking up?

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

### How can staff speak up?

Staff are encouraged to raise concerns in several ways:

1. By raising the concern with their line manager, lead clinician or tutor (for students). This may be raised orally or in writing and advice can be sought from a trade union if the employee is a member.

2. If the member of staff does not feel they can raise the issue with their line manager, or they feel the line manager has not addressed their concerns, then it can be raised with any of the following; their Locality Divisional, Clinical or Corporate Services Director, The Trust Freedom to Speak up Guardian, The Trust Executive Director with Responsibility for Whistleblowing (Currently the Director of Nursing and Therapies); through a dedicated confidential external telephone line or e-mail service, or through the local Counter Fraud Specialist.
3. If the above channels have been followed, and the member of staff still has concerns, then the Trust Chief Executive or nominated Non-Executive Director can be contacted via e-mail or by letter about the concern.
4. Alternatively, concerns can be raised formally with external bodies such as National Guardian's Office, relevant Registration bodies or Trade Unions, Health & Safety Executive, NHS Improvement, the Care Quality Commission and NHS England.

#### **How is feedback given to staff raising a concern?**

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

#### **The role of the Freedom to Speak Up Guardian**

The Trust Freedom to Speak Up Guardian helps to protect patient safety and the quality of care, improve the experience of workers, and promote learning and improvement. This is achieved by ensuring that: workers are supported in speaking up, barriers to speaking up are addressed, a positive culture of speaking up is fostered and issues raised are used as opportunities for learning and improvement. This role is now fully embedded in the Trust and awareness of this facility is very well publicised Trust-wide. Between 1<sup>st</sup> April 2021 and 31<sup>st</sup> March 2022, 56 cases were brought to the Trust's Freedom to Speak up Guardian.

### **2.1.5. Other Service Improvement Highlights in 2021/22**

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

### **2.1.6. Improvements in Community Physical Health Services for Adults**

**The Nutrition and Dietetics Service** have introduced a Ketogenic Dietitian role at the Royal Berkshire Hospital to help treat children with epilepsy. This role has helped achieve improvements in the seizure frequency of children following the ketogenic diet.

The 'Low Carb East' virtual pilot programme for patients with type 2 diabetes finished its second cohort in 2021. All invited patients completed the programme and they all achieved at least a 5% weight loss, with 25% of them achieving a >10% weight loss. The average HBA1c reduction for the group was 16.3mmol/mol, and one patient achieved complete diabetes remission.

**Berkshire Community Dental Service (CDS).** Many children are referred to the CDS due to a high level of dental decay. Traditionally all decayed baby teeth have been filled or extracted so the child is dentally fit on discharge. However, the national FICTION trial has found that there was little difference in the outcome after 3 years between treating all the decayed baby teeth and only treating those which are symptomatic. This does not apply to decay in permanent teeth which

is treated. Therefore, since April 2021, if the child is cooperative for simple treatment, the service has been treating symptomatic baby teeth only. All local dentists were informed of this change in treatment planning, and it was well accepted by the children and families as it reduced the number of appointments. Only those children who cannot accept any treatment in the surgery are referred for extractions under general anaesthetic and the waiting list is reducing as a result. On discharge the dentist is advised to re-refer if the child has symptoms and the service will be monitoring the number of re-referrals to assess the success of this approach.

**The Diabetes Service** has made considerable changes to its delivery over the past year. A new Diabetes Specialist Nurse referral triage clinic is now in place which allows for earlier intervention and improved consultant consultation. Changes have been made to the duration of all outpatient clinic appointment slots, and specialist technology clinics have also been introduced.

Type 1 and Type 2 Structured Group Education sessions are now being delivered virtually. In addition, the service has developed virtual sessions for people with Type 1 diabetes who are commencing Flash Glucose Monitoring, and Insulin Pump Structured Group Education sessions. They have received one winning and two runners-up awards at the national X-PERT award ceremony for their provision of Type 2 structured education, and a poster has been accepted by the Primary Care Diabetes Society highlighting excellent outcomes following adaptation of Type 1 structured education to virtual delivery.

An Integrated Diabetes Specialist Nursing Service has also started in East Berkshire to support Primary Care teams in managing their patients with Diabetes. Audit has demonstrated the effectiveness of this service in improving diabetes outcomes, as well as an improvement in Health Care Professional skills and confidence. Health Care Professional education has also been adapted and delivered virtually to Primary Care across the Frimley Integrated Care System.

Service improvement methodology is being used by the service to drive improvement in outcomes for people with Type 1 diabetes. From January 2022, the Service has also employed its own dedicated Diabetes Consultant.

**The Podiatry Service** has continued using data intelligence from the RiO patient record system to help with service recovery post-COVID and the extensive backlog. They can view the specific treatment caseloads for patients with enough detail to support decisions about how best to tackle the backlog.

The service has also secured diabetes transformational funding to improve the acute multidisciplinary foot team pathway at the Royal Berkshire Hospital.

**Hearing and Balance Services** have developed innovative ways to overcome the capacity challenges faced by their service. They have been able to adapt their limited capacity to address the referral demands on their service and this has resulting in the continued successful delivery of all their Key Performance Indicators. The team also upskilled their workforce to help meet demand, e.g. junior clinicians were trained to carry out assessments of older paediatrics. The team also maximised use of innovative technologies, such as remote fitting apps and software for hearing aids that allow clinicians to remotely reprogramme a patient's hearing aids. A concerted effort was made by the team to reduce the 9-12month backlog for Paediatric Hearing reviews to within 3-months, and this continues to be maintained. The adult backlog was quickly

removed within 2-months. As a result, the service continues to receive positive patient feedback and engagement. The service is also working with manufacturers to reduce or improve recycling of plastics and so reduce the carbon footprint. They have updated their diagnostic vestibular equipment to ensure safe and effective provision of balance services. In addition, they have maximised opportunities to celebrate and appreciate diversity and inclusion by hosting a team event for South Asian and Black history months.

**The Tissue Viability Service** are working collaboratively with mental health services to develop training and support on preventing and managing pressure ulcers. Work to address this has included upskilling mental health staff in this area, weekly support visits by the Tissue Viability Nurses (TVNs) to the mental health units to help review wounds, and support in reviewing patients whose wounds are challenging in nature.

**The East Berkshire Lower Limb Service** have been proactive in supporting patients to self-manage their wounds from home, to help them manage independently without complications. They have maintained consistently high healing rates for non-complex venous leg ulcers, with 89% of these ulcers healed within 12 weeks in January 2022.

**The East Berkshire Musculoskeletal (MSK) Physiotherapy Team** now carry out a blended mixture of face-to-face and virtual appointments, working with patients and staff to determine what the correct hybrid model should be. They have also launched self-help webinars to help members of the public manage their condition and continue to expand their First Contact Practitioner clinics in GP surgeries.

**The East Berkshire Sexual Health Service** has improved their premises at the Garden Clinic. This has included installation of air conditioning units to ensure compliance with the medicines management safety policy, and to provide a safe, comfortable working environment for both patients and staff. Funding was also received for additional refurbishment and decorating work to help improve infection control and modernise the feel of the service. Refurbishment work is due to be completed by end of March 2022.

**Cardiac and Respiratory Specialist Services (CARRS)** in the West of Berkshire have implemented a robust triage process for patients in the Heart Function Service. The cardiac rehabilitation team have produced exercise videos that can be used by patients at home.

The Respiratory team have reintroduced staff teaching sessions and have recruited a Home Oxygen Service Assessment and Review Administrator. They have also acquired a stock of Aerochambers to save both patients and clinicians time in having to request a prescription from the GP. The Pulmonary Rehabilitation team introduced a walking diary to support patients to walk as an exercise at home during COVID-19 restrictions. An exercise sheet for patients with an Abdominal Aortic Aneurysm (AAA) has been produced, and they have also recruited a Pulmonary Rehabilitation administrator to free up clinical time for clinicians.

**The AIRs Respiratory Service in East Berkshire** have implemented a new supportive discharge process for patients in Wexham Park hospital with COVID-19. This service includes a holistic assessment with support and onward referral as appropriate. Overall patients have benefitted from this process and potential adverse events were identified early.

**The East Berkshire Heart Function Service** are opening more clinic days in Slough, Windsor, and Maidenhead. They are working alongside the Heart Failure Society to produce a national framework of competencies for Heart Function Nurses. In March 2022, they plan to pilot the delivery of IV diuretics in the community and are also planning a pilot of telehealth in Slough and Bracknell in this month to reduce unplanned Heart Failure admissions.

**The Berkshire West Community-Based Neuro-Rehabilitation Team (CBNRT)** have developed a risk-based system that allowed their patients to return safely to face-to-face rehabilitation during the COVID-19 pandemic. This system includes a face-to-face decision-making tool which has been shared at the National Community Stroke call.

A project has also been undertaken to help the team improve their conversations with patients with severe communication impairments. Training was delivered which has successfully upskilled clinicians' knowledge of communication strategies and increased their confidence in communicating with and providing rehabilitation to these patients.

**Wokingham Intermediate Care Team** have undertaken a quality improvement project to reduce routine waiting times for community physiotherapy and falls assessments. A root cause analysis identified that Therapy Assistants in the team could help further support this aim, and that these Therapy Assistants had

also expressed an interest in further developing and utilising their skills. The team therefore changed the way they traditionally complete rehabilitation follow up visits and this has allowed them to utilise spare capacity more effectively as well as developing the skills of the Therapy Assistants. Alongside other projects, this change has led to a reduction in waiting lists from 18 to under 6 weeks.

**The Berkshire West Hospital Discharge Service** have implemented a new discharge facilitation service for patients leaving the Royal Berkshire Hospital. This allows patients to leave the acute hospital as soon as they became medically optimised for discharge. The service is based in the Royal Berkshire Hospital and operates 7 days a week.

**The Berkshire West Urgent Community Response team for care home residents (UCR-CH)** is a unique service that provides an alternative to hospital admission. They support 53 care homes (residential, nursing, general and dementia care) equating to approximately 2500 residents within Berkshire West. These residents are often the frailest in the local population, and many choose to avoid admission to hospital. The team have initiated a two-hour physical health crisis response service for Care Home residents that helps them avoid the need for admission to an acute hospital setting. The service has tripled the number of patients they have supported and have adapted throughout the COVID-19 pandemic in response to the evidence base, leading to higher success rates and reduced COVID-19 related deaths. The service provided essential clinical support, as well as reassuring families that the care their loved ones were being given was equal to that of hospital with the added luxury of being at home. The team supported residents and their families in those final hours and days, and supported families to say goodbye to their loved ones as safely as possible. The team has received a great deal of positive feedback from residents, families, care homes and local authorities for the excellent service that was delivered. At a national level, it was noted that the availability of this service had a positive impact on both hospital admissions and mortality.

**Community Nursing Teams in East Berkshire** have worked in an integrated way with other services to improve patient outcomes. This has included reviewing their caseloads with GP services and the wider Multidisciplinary Team, covering in-reach services when they are under-resourced and supporting

community wards by providing continence assessments for patients prior to discharge. Electronic authorisation has also been introduced to support best practice in prescribing, and a Diabetic Lead Nurse is in place to support patients on the District Nursing caseload.

**Community Nursing Teams in Berkshire West** have developed some patient self-management support resources to help them safely and accurately manage some of their own healthcare requirements. These resources cover the administration of insulin and non-insulin injections as well as catheter flushes and simple wound care. Support for patients was maintained by the team through regular telephone contact. In addition, the nursing caseload became more manageable, and teams were able to maintain a higher quality of care delivery to more complex patients.

**Reading Community Nursing Team** have implemented several improvements during the year. There are seven

Community Nursing teams across Reading and these teams worked together to share resources and workload to meet the increasing demand on their service. An allocation project was introduced to look at the current situation and develop a standard work to support with the daily allocation. This project resulted in improved workload, less wasted visits, closer working across the service and more time for completion of records.

The team have also implemented a project to better organise and enhance their triage process to ensure that all referrals are actioned in the same way by all. Roles have also been developed to meet the increasingly complex needs of patients. The practice population has been assessed to look at areas of high care need, and roles such as Wound Care Nurse Specialist, Diabetes Nurse Specialist, Clinical Development and Quality Lead and IV Nurse therapist have been introduced as a result. The team have also invested a lot of time and effort in a recruitment drive and have people actively wanting to join our team.

---

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

**The Urgent Care Team** provides GP out-of-hours services via their virtual triage centre, Primary Care Centres, and mobile GP services. They have undertaken a project to optimise their out-of-hours primary care capacity and provide agile support for the Berkshire West system at a time when daytime primary care practices had reduced access and 111 referrals are high. In addition, Point of Care (POC) testing would be delivered in patients' places of residence to avoid admission to acute settings. To achieve this, the team maximised their clinical staffing with Advanced Nurse Practitioners (ANP) and pharmacists to support the GP team. They also piloted new software developments in their Aداstra clinical patient management system. As a result, the WestCall GP out-of-hours service has increased the number of patients triaged and treated virtually by 13% on 2020 and by 31% on 2019: averaging over 550 extra patients per month since March 2020. This means that the team is triaging and treating 27% more patients per month since the pandemic started. The Aداstra software pilot has

meant GPs can safely identify and prioritise urgent cases, and the ANPs, paramedic and pharmacy staff can work through the lower acuity cases. In addition, the provision of point of care testing helps patients to remain in their place of residence and avoid entry to acute settings for diagnostics.

**WestCall GP Out of Hours Service** has embraced IT changes and now utilises electronic prescribing using smart cards. It allows clinicians who are prescribers to send electronic prescriptions directly to the chemist of patients' choosing. This reduces the risk of forgery, tampering, misplaced paper scripts and is more safe, secure, and robust than other older prescribing methods. It also increases the ability to audit prescribed drugs, eliminates unnecessary face-to-face interactions and removes unnecessary travel. The Service is also using "BIG WORD" to help triage patients whose first language is not English and require interpretation advice.

## 2.1.8. Improvements in Services for Children, Young People and Families (CYPF), including Child and Adolescent Mental Health Services (CAMHS)

**Work carried out across the CYPF Division.** The CYPF division continue their proactive response to COVID-19. 2021 started in lockdown with schools and children's centres being shut, and services quickly moved to telephone and then online delivery of appointments. They have built on the advances made with technology and digital solutions to deliver safe and effective care to their patients, and service recovery plans are also being implemented to increase the number of face-to-face appointments. The division also continue supporting the health and wellbeing of their staff, with wellbeing champions identified in teams, wellbeing conversations embedded in management and supervision discussions, and protected lunch times introduced.

Teams have been proactive in embedding Quality Management Improvement System (QMIS) principles. For example, the School Nursing team have used this methodology to reduce the number of patients that do not attend their service, and the Berkshire Eating Disorders Service (BEDS) administrative team have innovated and modernised many of their admin processes during 2021. The division also continues to develop robust working relationships with both Frimley and Berkshire Oxfordshire and Buckinghamshire Integrated Care Systems to develop services.

All CYPF services are involved in the provision of services to children with Special Educational Needs and Disability (SEND). National SEND inspections recommenced in 2021 and the CYPF division were involved in the Reading, Slough and Bracknell inspection, the Wokingham re-inspection and the ongoing reviews within the Royal Borough of Windsor and Maidenhead. The reinspection in Wokingham noted progress made against 5 of the 6 actions. The Reading inspection went well, with the report highlighting strengths in several key areas including joint working, enabling quick responses, and Education, Health and Care Plans (EHCPs) being consistent, clear, and well informed by professional advice. The Slough inspection resulted in a written statement of action but recognised strengths in the use of the Support Hope & Recovery Online Network (SHaRON) digital platform. The formal outcome of the Bracknell inspection is due later in 2022. A standardised central point of access for referrals for an

Educational Healthcare Assessment (EHCA) has also been embedded across the service and is working well.

**The Children in Care Team** have continued ensuring that Initial Health Assessments (IHAs) for children in care are undertaken within 28 days of the child entering care; that children under 5 have a Review Health Assessment (RHA) 6-monthly; and older children have an RHA annually. This multiagency process requires in-depth knowledge of the process itself and an ability to work with partners across six local authorities. The team has also seen an increase in the number of unaccompanied asylum-seeking children referred to them this year and have adapted the service to meet this need. Virtual assessments now also form part of the service offer for review health assessments. The team are also proud of the service offered to children placed in Berkshire by non-Berkshire local authorities (known as "hosted children"). They ensure that these hosted children receive the same service as children looked after by Berkshire's six Local Authorities.

**The Children and Young People's Integrated Therapy Service (CYPIT)** have embedded an impact-based clinical decision-making model across the service. This ensures that patients receive care that is led by their needs. They have also implemented a new referral prioritisation system that has helped the service to manage their demand. Partnership working has continued with colleagues and key partners in the local authorities to find solutions to address the escalating volume of requests for an Educational Health Assessment. The team in the east of the county have developed online training packages for people in schools to watch at a time of their choosing. In the east of the county a defined Occupational Therapy (OT) action plan is in place to address waiting times.

**The Health Visiting (HV) and School Nursing (SN) 0-19 years services** continue exceeding national targets in delivering the Healthy Child Programme. The Bracknell HV team have completed all outstanding child development reviews that were suspended during the COVID-19 pandemic and are now able to offer all 2.5yr reviews as face-to-face appointments. The teams have also achieved UNICEF Baby Friendly initiative re-accreditation. Following a competitive tendering process, Berkshire Healthcare have also been awarded the 0-19yr Public Health Nursing contract for the next

3 years with an option to extend for a further 2 years. Reading Public Health team have separately commissioned the school nursing service to deliver a bespoke service to address obesity in children. The Bracknell school nursing team have also secured additional investment to support the development and implementation of school nurse drop-ins, and this has received very positive feedback.

**The School Aged Immunisation Service** have delivered an expanded flu vaccine programme to all children from reception year to year 11, and quickly adapted their service to deliver the COVID-19 vaccination to pupils aged 12-15yrs. More than 84,000 flu vaccine doses and 23,000 COVID-19 vaccine doses were given between September and December 2021. A specialist nurse has also been allocated to each locality, linking directly Local Authorities to promote uptake of all immunisation programmes. They will also promote uptake in hard-to-reach groups such as traveling families, home educated children, and children in care. Funding for a Health Bus has been secured to support this.

**The Community Children's Nursing (CCN) team** have made improvements to ensure that a child's bloods are received in a timely manner prior to the child's attendance at an oncology clinic for Intravenous chemotherapy and review by a doctor. A nurse will now visit the child prior to this clinic appointment so that a decision as to how the child should be treated can be made prior to the clinic appointment. This allows the medication to be provided during the clinic appointment without the need for the family to wait and return to the hospital. The CCNs in the west of the county have introduced a rapid response service that provides support and advice to the police when there has been an unexpected child death. They have also introduced an "8-8" service, extending service hours to prevent children being admitted to hospital. The teams have also contributed to a joint workshop with the Alexander Devine Children's Hospice to increase knowledge and understanding of end-of-life care.

**The Special Schools Nursing (SSN) Team in Berkshire West** have made several improvements to their service. These include clarifying roles with heads of special schools, leading to the development of standard operating procedures; ensuring appropriate SSN cover across these schools; re-assessing clinical competencies and producing a training plan; and reviewing care plans, consent forms and information sharing.

**The Woodlands Children's Respite Service** have worked with Infection Control Team and NHS Professionals to ensure that the unit has remained open throughout the most recent COVID-19 wave.

**The Community Paediatrician Service** are bringing services back to pre-COVID levels within COVID compliance restrictions. Face-to-face clinic appointments are now in place with the option to keep online/telephone consultations where appropriate. They have recruited two consultant community paediatrics posts and continue to meet their required targets. The administration team have benefitted from the system envoy post which allows staff to send correspondence electronically and remotely to parents, carers, external hospitals, and other agencies. A joint business case between Berkshire Healthcare and Frimley Health has also been successfully presented to the CCG to support the appropriate medical examinations of children and young people following safeguarding concerns.

**The CYPF Dietetic Service** is a small and dedicated team that predominantly work with children who have complex health needs and require enteral feeding support. They have reduced the plastic use and costs associated with enteral feeding and have developed consistent and good quality enteral feeding resources across clinical teams. They are also streamlining training for staff in a variety of non- special school settings. A pathway has been developed to help manage constipation in children who are fed enterally. The team are also working with their Speech and Language Therapy and Occupational Therapy colleagues to develop a parental resource to support selective/fussy eaters. Finally, the service is involved with the Berkshire Oxfordshire and Buckinghamshire Integrated Care Service pathway work on Avoidant/restrictive food intake disorder (ARFID).

**The CYPF Neurodiversity- Autism Assessment Team and Attention Deficit Hyperactivity Disorder (ADHD) Team.** There are national challenges regarding waits for autism and ADHD assessment and the average weeks waiting is 53.85 weeks for an autism assessment and 69.88 weeks for an ADHD assessment. Steps are being taken to address this. Following comprehensive demand, capacity, workforce and transformation modelling completed by the service, significant new investment has been received from the Clinical Commissioning Groups to expand this service and an ongoing recruitment campaign is in place. The service has been successful in appointing 29 Whole Time

Equivalent people to date (around 61% of the target workforce). The investment is also being used to work in partnership with external providers to provide additional autism and ADHD assessments on our behalf (as well as ADHD medication when required). This is significantly increasing the number of appointments the service can offer.

New investment has also been used to establish new posts including Family Support Worker and Children's Wellbeing Practitioners (CWP). CWPs provide brief evidence-based interventions for children and young people with anxiety, low mood, and emotional regulation difficulties. As part of the Support Hope and Resources Online Network (SHaRON) online platform, our digital support platform has now been offered to parents/carers of children with ADHD who are waiting for assessment has also been launched (this was already in place for autism).

The service has also embedded its own digital offer allowing fully digital assessments to be offered alongside face-to-face appointments when needed. An East Berkshire Neurodiversity Network has also been established to connect everyone with an interest in this area, including professionals across health, education, and social care and those with lived experience. The service has also undertaken several Quality Improvement projects which have achieved significant reductions in DNAs, in the wait for medication initiation and the wait for diagnostic decision.

The service has also piloted a transition group with the Adult ADHD team that is designed to support young people who are transitioning from CYPF to adult ADHD services. An innovative research project, called the Growth at Home Project, has also been undertaken by the ADHD team. This trains parents/carers of children prescribed ADHD medication to undertake routine physical monitoring of their child's weight and blood pressure at home.

## **Child and Adolescent Mental Health Services (CAMHS)**

**Phoenix Unit** (previously Willow House) commenced its new service on 1st May 2021. The Unit provides an intensive day programme and home treatment service for young people aged 12-18 years of age with moderate to severe and complex mental health disorders whose needs cannot be adequately met within community and outpatient settings ("tier 4 CAMHS"). The service has been designed

collaboratively with young people and meets the needs of the local population of young people who would otherwise have been admitted to an adolescent inpatient unit. It welcomes up to 16 young people at any one time, with the average length of stay of around 12 weeks. During this time young people access a multidisciplinary assessment and formulation of their difficulties leading to an individualised care plan comprised of evidence-based interventions. The service works collaboratively with other professionals and has recently developed joint working with colleagues in the local acute hospitals. This work has helped facilitate a smoother and quicker discharge from the acute hospital, thus improving patients' and carers' experiences of care received.

**Getting Help/ Mental Health Support Teams (MHST)** have produced a series of 60 webinars on a variety of topics including supporting young people with eating disorders, ADHD, and managing anxiety. The webinars are targeted at education and other professionals and have been attended by over 1000 people. Four resilience and wellbeing workshops have also been delivered to education settings across East Berkshire. MHSTs have also co-produced an animated video for children and young people that describes their work and how to access their service.

**The Anxiety and Depression Pathway (A&D)** have carried out team training in the areas of overcoming sensory sensitivities, identifying autism in girls, using imagery in trauma work, autism, and suicide prevention, and managing endings. They also continued to develop their SHaRON online network for parent support and information dissemination. An initiative called 'Find Out Fridays' has also been implemented to provide information on topics such as self-harm, return to school anxiety, Obsessive Compulsive Disorder (OCD), and parent self-care. Parent workshops about OCD and overcoming return to school anxiety were also completed, with recordings accessible anytime via SHaRON. Therapy, review, and discharge checklists have also been developed to help therapy remain goal-focussed

**Mental Health and Children in Care.** In East Berkshire there has been continued work with the children in care specialist practitioner. Data and cases have been identified across the localities to inform the scope for development of a mental health Children in Care service. A draft service specification has been produced with the aim of increasing the service for this group of young people.

**The CAMHS Health and Justice Team** delivers health input to the six Berkshire Youth Offending Teams (YOTs). One of its long-term goals is to establish collaborative clinical formulation and trauma informed interventions within the six YOTs for young people who are identified as having complex needs. Each YOT has received training from the team and, where this is fully embedded, the team are finding that caseworkers are becoming more confident and competent at engaging and working directly with young people due to the support and supervision they are receiving from health staff. Multi-agency work is also more effective and streamlined because it is based on a shared formulation.

**The Common Point of Entry (CPE)** team have implemented several actions to improve efficiency and manage the increase in demand. A clinical skill mix review has been undertaken and the capacity of the admin team has been increased to allow clinicians to focus on clinical tasks. The team have also developed and implemented the “CAMHS Trusted Assessment” to support consistent clinical decision making and reduce waste. A new process and dedicated team have also been created to manage referrals for neurodiversity.

**The Berkshire Eating Disorder Service (BEDS)** is now one all age service providing seamless treatment across all ages. They offer tailored interventions based on individual need that are appropriate to developmental, rather than chronological, age. In May 2021, the service set up a 12 month “First Episode Rapid Early Intervention in Eating Disorders” (FREED) pilot pathway for 16–25-year-olds. This has resulted in

significantly earlier interventions for referrals in this group that meet the inclusion criteria. Additional investment in the service has also seen the creation of business support and new senior clinical roles to help manage the increasing demands on the service. The administrative team have innovated and modernised many of the admin processes. BEDS have also collaborated with ‘Beat’, an Eating Disorders Charity, to commission training for primary care and acute hospitals staff as well as parent support groups. In collaboration with Oxfordshire and Buckinghamshire, BEDS has also embarked on a 3-year project to develop a “Pathway for Eating Disorders and Autism developed from Clinical Experience” (PEACE) pathway. This is in recognition of the frequent overlap between these two diagnoses and the often-poorer outcomes for people with both. BEDS imagined and subsequently developed the first ever SHaRON (Support Hope and Recovery Online Network) 13 years ago. During this year they have upgraded begun expansion of this digital platform to give access to more resources to more people. BEDS has also continued to provide support in the promotion and marketing of SHaRON beyond the trust.

**A Clinical Consultation Group and Forum** has been developed to address any unmet need of patients with disordered eating and Avoidant/ Restrictive Food Intake Disorder (ARFID). This Group will help advise and make recommendations to aid clinical decision making for these patients. They will also review cases where the proposed care plan requires additional resource and clinical support from other trust services or requires funding to deliver a care package over and above that within usual service provision.

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

**Move to the new Campion Ward.** As a result of significant trust investment, Jasmine Ward (located opposite the library at Prospect Park Hospital) has been redeveloped, and in May 2021 became the new specialist inpatient learning disability service. This new ward has a modified layout and improved environment for patients and staff alike. It has nine bedrooms which can be allocated flexibly to accommodate different numbers of males and females to separate areas whilst maintaining privacy. Patients can also lock and unlock their bedroom using a fob or wristband. There are two baths with specialist seats, several toilets/ wet-rooms, and a patient laundry area to help people maintain their independence and daily living skills. An outdoor area that is immediately accessible from the ward, with a garden area nearby. A sensory room has been

included with an interactive projector system that allows patients to relax, listen to music and play games to promote movement and participation. A dedicated de-escalation area is also included- something the team did not have in their previous location. A much larger clinic room, a multidisciplinary team room with Teams technology and a new rest area is also in place.

**Improving health outcomes for people.** The Learning Disability Service has been participating in the Trust’s “Reducing Health Inequalities Steering Group” to help improve knowledge of and support for patients with Learning Disabilities. This work has included developing the Connected Care and RiO patient record systems to improve the identification and flagging of important information about people with learning

disabilities (to make reasonable adjustment more effective) Awareness training for staff has also been introduced via the trust's Nexus e-learning platform.

**Participation in national staff development programmes.** Three members of staff from the learning disability service, (a nurse, an occupational therapist, and a speech and language therapist) were independently selected by Health Education England to participate in an inaugural training programme linked to the Advanced Clinical Practice Credential, provided

by Edgehill University. The three students are seeking to advance their practice in caring for patients with learning disabilities and/or autism and will be identifying an area for service improvement as part of this. They are currently planning their improvement projects. A member of staff from the inpatient service has also joined the inaugural Professional Nurse Advocate programme. This programme seeks to develop their skills to facilitate restorative supervision for their colleagues and teams, in nursing and beyond.

---

## 2.1.10. Improvements in Mental Health Services for Adults, Including Talking Therapies (TT) and Older Peoples Mental Health Team (OPMH)

### Talking Therapies

**Online Appointment Bookings** allow clients to book an appointment into a clinician's diary. This saves administration time and improves the patient journey. The administrative team are also able to use this booking link to book other assessments and can fill multiple appointments more efficiently.

**A Direct to Digital Pathway** is now available through the service's existing digital offering, SilverCloud. It is important that patients gain access to treatment as quickly as possible to improve the likelihood of engagement, and they can now click on a link at the referral stage to gain immediate access to treatment and support via SilverCloud.

**The HealthMakers service** delivers peer support and self-management to patients using a volunteer model. The nature of the service and the type of support delivered has not been easily transferred to online delivery, but the staff and volunteers in the team have developed a programme of virtual pop-in cafes and regular online group self-management courses to be delivered in the East of Berkshire. The service is also working with SilverCloud to offer the content of the self-management groups as an online intervention supplemented with peer support.

**Talking Therapies Perinatal Pathways** have been developed for many years and offer priority assessment and treatment appointments to our perinatal clients (men and women). A named perinatal lead collaborates with perinatal champions across the service to develop and improve the service for clients. Clinical links have also been established with key perinatal services and collaborative working has supported the smooth transition of care across

services. A SilverCloud programme on perinatal wellbeing for new parents/ carers has also been implemented and is very well received. Operational procedures have also been updated to extend the perinatal priority period to the child's 2nd birthday.

**Clinically Led workforce and Activity Redesign (CLEAR).** This year Talking Therapies have been the Berkshire Healthcare host site for CLEAR. Funded by Health Education England, this programme is designed to help understand rising demands, and uses a unique methodology to recognise how the redesign of services and workforce can improve care. Two clinicians and one clinical sponsor have been trained to deliver this methodology in Improving Access in Psychological Therapies (IAPT). Two projects are also being undertaken, including one focusing on the Enhanced Trauma Pathway in IAPT.

**Psychological interventions for people living with Long COVID.** The Talking Therapies service has a key role in providing psychological interventions that focus on depression and anxiety to people living with Long COVID. They have worked quickly and effectively to develop care pathways and interventions in this area. They have also worked with Oxford and Buckinghamshire IAPT services to develop Guided Self-Help workbooks specifically for Long COVID and have suggested adaptations to high intensity interventions to support therapists. Teaching on Long COVID has also been provided to therapists and regular group supervision sessions are given. The Talking Therapies team in West Berkshire has strong working relationships with the Berkshire Long COVID Integrated Service (BLIS) at the Royal Berkshire Hospital NHS Foundation Trust and have developed pathways for individuals referred from BLIS to Talking Therapies.

Between February and November 2021, 139 individuals were referred, with a recovery rate of 56% (above IAPT national targets for recovery). In East Berkshire, the Talking Therapies team is working with Frimley Integrated Care Service, offering joint assessments and co-facilitated groups. Four group courses have been completed to December 2021, with a total of 42 individuals completing treatment. The service has also developed a group course, 'Living with Long COVID', focusing on distress, anxiety, and depression.

## Community-Based Mental Health Services for Adults

**The Gateway to mental health treatment** has continued the integration of access to primary and specialist mental healthcare services. Recent developments have streamlined access for clients to an initial mental health assessment. This new process has successfully reduced wait times and ensures that only clients with the greatest need for specialist treatment are assessed by the specialist Common Point of Entry Team. Others can quickly access primary care and wellbeing interventions. To ensure that escalating risk and complex needs continue to be identified and met, the Gateway also host a Teams-based Integrated Referrals Meeting. This is a frequently arranged and well-attended online referrals and pathway meeting. The meeting consistently helps to identify and facilitate the best treatment pathways for clients and avoids duplication and delays. It is an excellent example of multi-disciplinary team working for the benefit of client access and experience.

**Op COURAGE: Veterans Mental Health and Wellbeing Service.** In April 2020, the Veterans Transition, Intervention and Liaison Service and Complex Treatment Service were rebranded nationally to fall under the umbrella branding of Op COURAGE. The service works collegiately with the Fire Service in Berkshire, Buckinghamshire, and Oxfordshire to help support veterans and have also co-developed a monthly 'Walk-In' in Buckinghamshire for veterans and their families. Veteran peer support workers have been recruited into the service and their contribution to client engagement, recovery and service development has been invaluable. These peer support workers have spent many years in the military and have been pivotal in helping to shape the service to meet the needs of veterans. They work with clients to help with engagement and social support alongside the clinicians, as well as supporting the service by tailoring what they offer to be more veteran-aware.

The Complex Treatment Service has developed several new interventions to support the veterans' recovery. "True Strength" is a compassion-focused therapy informed group approach that addresses issues with anger. The service is also working collaboratively with the London Op COURAGE service to deliver this jointly to clients across both services, and they plan to work with other Op COURAGE services in the coming year to support the wider veteran community.

The service has also introduced the "Be Your Best Ally" group in collaboration with Combat Stress. This is a veteran-specific compassionate resilience group that is based on the work by Dr Deborah Lee for the Berkshire Traumatic Stress Service. The aim is for veterans to develop more compassion towards themselves, and participants have found the group extremely helpful as part of their journey to recovery. The strength of peer support and shared experiences has been fundamental to the success of the group.

A new Group called 'Moving Forward' has also been developed with the aim of helping veterans address transitional difficulties between military and civilian life. It draws upon the lived experience of the veterans working within the team, as well as that of clinicians. It helps veterans to define, comprehend and make sense of the difficulties they have been experiencing, and to use value-based therapeutic exercises that encourage renewed self-discovery with greater flexibility and proactivity in making the most of their civilian life.

**Berkshire Traumatic Stress Service** has set up a thriving service user group which is helping to shape the service. Service users' views give a unique insight based on lived experience of Post-Traumatic Stress Disorder (PTSD), Complex PTSD and of using the trauma service. Their involvement has helped the service to utilise the ideas, skills, experience, expertise, and opinions of the people who use the service. Some of the areas covered to date include reviewing and co-producing letters and other service materials and developing therapy and group materials.

**The Birth Trauma Service** has developed a new group to support clients to understand perinatal PTSD / birth trauma, help them to start using techniques to manage symptoms and prepare for memory processing, and to introduce compassion as an antidote to their symptoms and wellbeing to help reclaim their lives after trauma. Group members report that they are finding it helpful to meet other women going through similar situations. Early analysis of group outcome measures suggests some improvement in PTSD symptoms for this group.

**Thames Valley Liaison and Diversion Services** have implemented a Lived Experience and Peer Support element to their service. They have worked with NHS England and the Revolving Door organisation to recruit volunteers and peer support workers with lived experience of the criminal justice system and vulnerabilities. This will expand across the wider service into the Buckinghamshire, Oxford, and Hampshire areas next year. They are working with Aspire, a third sector provider, who have been commissioned to support the recruitment of staff with lived experience across Buckinghamshire and Oxford. A Service User Engagement Pathway has also been developed that enables service users, once discharged, to engage in service user feedback, forums, focus groups and co-production opportunities.

The service has also been funded by Thames Valley Police to run a small project screening the health needs of a small cohort of offenders before referral into mainstream services. Whilst this was a small project, it identified that individuals who are arrested for a violent offence have a complex array of unmet mental health needs, and there was a higher-than-average level of neurodiversity in the group. The project further identified that 72% of participants had scores suggesting clinically significant Post Traumatic Stress Disorder and Anxiety, whilst 36% indicated severe depression.

NHS England have chosen the service as a pilot site to fund and mobilise a Reconnect Service. This service works with individuals released from prison in the Thames Valley to assess and identify health vulnerabilities and social issues to support them with health and social care needs. This Service has been operational since August 2021 and is due to complete mobilisation into the remaining prisons in March 2022. The early success of the pilot has led to the trust being asked to establish a further pilot site in Hampshire starting from April 2022.

Recognising that female offenders have specific needs that are not currently well served within criminal justice, the service has also worked with partners across Criminal Justice to develop a female pathway within and out of the criminal justice system.

**Mental Health services for the Homeless** – a service improvement project is being undertaken in Windsor and Maidenhead to identify barriers and facilitators to integrating mental health provision for the homeless, and to make recommendations to improve mental health care for this group.

**The Berkshire Specialist Perinatal Service** continue to expand their care pathways to meet mental health needs of women during and post pregnancy. They have so far embedded pathways on tokophobia and birth Trauma to support women who fear childbirth and those experiencing PTSD due to traumatic birth experiences. The service aim to launch new care pathways for evidence-based psychological therapies focussed on early pregnancy loss and / or unsuccessful IVF/assisted conception for the East Berkshire community. They also offer assessment and sign-posting services for carers and partners to help alleviate the mental health suffering of people who care for mothers with mental health problems.

**The Psychological Medicine Service** provide services at Wexham Park Hospital and the Royal Berkshire Hospital. At Wexham Park, the service continues to have an excellent relationship with the hospital team and performance targets are being consistently met. The team continue offering teaching to their acute colleagues which has been well received. Work has started on accreditation by the Royal College to Psychiatrists, which will take place in the new year.

At the Royal Berkshire Hospital service, a practice development nurse has been appointed and is providing a regular space group and reflective practice for the team. They also provide teaching for their acute colleagues as well as delivering restorative supervision sessions.

**The Berkshire Early Intervention in Psychosis Service (EIP)** now offer a county wide multidisciplinary team meeting via Teams which has resulted in increased consistency of care, team cohesion and the sense of the wider team approach. The team offer clients their preferred method of consultation. They continue to see clients face-to-face, but also offer virtual appointments once clients have returned to work to promote the least disruption to their normal routine. The psychology team also offer additional online support in the form of acceptance and commitment therapy which has received positive feedback. The children and young people's component of the team have also completed an online parent's group.

**The Adult Autism Spectrum Disorder (ASD), Adult Attention Deficit Hyperactivity Disorder (ADHD) and Neuropsychology Team** are making improvements to their RiO patient record system. An ASD pathway is complete, is being tested and the team are hopeful the ADHD team will follow soon. This improvement will allow the team to have a much better understanding of

their waitlists. There has also been a focus on recruitment and skill mix this year, and the ASD team are piloting a new scheme whereby two Clinical Psychologists from Newbury Community Mental Health Team (CMHT) are on a 6-month placement with the ASD team to learn how to assess and diagnose. The ADHD team have also recruited non-medical prescribers to support the service. The Neuropsychology team have recruited a new assistant psychologist and 3 new administrators.

**The Family Safeguarding Model (FSM)** is an intervention that focuses on supporting the needs of children and adults in order that children can safely remain within their families. The mental health team have been responsive to the changing restrictions resulting from the pandemic and their clients have expressed a need for an intervention about managing the psychological impact of pandemic restrictions, relaxing and managing the anxieties of increased integration. The service has adapted their clinical offering to accommodate this and be responsive to the changing needs. FSM mental health consultation sessions have been embedded in the Duty and Assessment teams at Children's Social Care sites where FSM is operational. This has allowed for a smoother transition of cases that are escalated to the FSM. Monthly bitesize training sessions have also been embedded, and this part of the service has extended its offering to foster carers, as well as staff. During the year, the FSM team have demonstrated a sustained reduction in crisis contacts amongst their client group. Patient experience data has also shown a reduction in mental health symptoms and an increase in reported family functioning for their group. In January 2022, the service began offering reflective wellbeing sessions to 'therapeutic carers' (as per the Mockingbird model approach to supporting foster carers and preventing placement breakdown).

**The Intensive Management of Personality -disorder and Clinical Therapies Team (IMPACTT)** have implemented new initiatives in the Mental Health Pathway for people with Emotionally Unstable Personality Disorder.

The Psychologically Informed Consultation and Training (PICT) team is a collection of senior psychologists and psychotherapists with specialist knowledge of working with personality disorders. The journey to recovery for this group can be very difficult if they do not feel that staff know how to best help them, they are 'bounced' between different services, or they feel judged for their difficulties. The PICT work

has focused on developing and delivering training packages for professionals working across secondary care and primary care sectors, helping to dispel some of the stigma of this diagnosis, and working with staff to improve their confidence and skills in working with these difficulties. PICT staff are also offering supervision for the Structured Clinical Management programme which forms part of the Emotionally Unstable Personality Disorder (EUPD) pathway. In addition, two of the senior psychologists in the team are now trained in delivering the NHS approved Knowledge and Understanding Framework (KUF), a 3-day programme to address stigma and improve staff confidence in supporting this client group. The PICT team have also appointed an Advanced Lived Experience KUF Development lead who is bringing and using their experience of living with an EUPD diagnosis to co-facilitate training programmes and support the wider Trust strategy.

The Service User Network (SUN) is a new initiative that provides community-based, open access peer support groups across multiple geographic locations across Berkshire. It helps those with personality disorder difficulties who may find it difficult to engage with other therapy services or are waiting to access these. Participants have given positive feedback about their experiences accessing this service.

The Assertive Intervention Stabilisation Team (ASSIST) service, which was initially developed in Slough, has been adapted and extended across Berkshire to provide support to people diagnosed with EUPD who may be experiencing such increased levels of distress that they may be considered for inpatient admission. Inpatient admissions for people with these difficulties hold a risk of becoming lengthy and unhelpful and is often counterproductive to recovery. ASSIST has worked with the Crisis Resolution and Home Treatment Team (CRHTT) and Prospect Park Hospital to support the prevention of admission, or enable safe speedy discharge if admission was unavoidable, by offering a programme lasting up to 12 weeks for up to 14 patients at any one time. The focus of this intervention is to help recover stability by supporting people with their wider needs e.g. housing, financial difficulties etc, as well as therapeutic support and the development of coping skills to manage their risk behaviours.

Dialectical Behaviour Therapy (DBT) and Mentalization Based Treatment (MBT) teams have worked hard during the initial COVID-19 lockdown to enable their intensive therapy offer of weekly groups and individual sessions to move onto remote delivery. This has continued throughout the year, and although some of

the patients found this transition difficult, as did the staff, patient attendance has in fact improved. As a result, the IMPACTT team have recognised the benefit of an ongoing remote therapy offer alongside in-person working.

**The Crisis Resolution and Home Treatment Team (CRHTT) in Berkshire West.** Professional Nurse Advocate Training has been completed by the manager and nurse consultant, with other key team members due to complete this during the next year. The service also has six non-medical prescribers and five staff members on the Advance Clinical Practitioner Pathway. These clinicians can draw upon, and role-model the four pillars of advance practice that include research, leadership, education, and clinical interventions. Team members have contributed to the development of interactive learning events that address serious incidents and complaints. Transformational work has also been undertaken to allow for tighter integration of the service with NHS111. The service has also worked with “Together” and “Berkshire West Breathing Space” to provide a welcoming and safe space for anybody aged 18yrs and over who is experiencing mental distress or a mental health crisis, as an alternative to using A&E or other urgent care services.

**The Crisis Resolution and Home Treatment Team (CRHTT) in East Berkshire** has received accreditation from the Royal College of Psychiatrists and is now one of twenty-eight accredited teams in the country. Several service improvements have underpinned this achievement including an increase in the frequency and quality of clinical supervision; tighter integration of the service with NHS111; an increased focus on staff wellbeing and development of medication workshops which provide an opportunity for learning and team supervision from a clinical pharmacist.

**Berkshire West Locality Community Mental Health Services.** Reading locality are involved in a pilot study relating to the provision of the mental health transformation work. The Pilot has been recruited to and the project is due to start on 1st of April 2022. The Trust are also looking to roll out Mental Health Integrated Care Services (MHICS) in the west of the county. The purpose of MHICS is to offer a service to patients in primary care with significant mental health difficulties, who previously would have fallen in the gap between primary and secondary care. Flow into the MHICS service will mainly be from primary care, with a limited referral rate from secondary care. The Wokingham service will start roll-out towards the end

of this year, with Newbury starting in the following year. This project is following on from the MHICS East project which has been up and running for the past 2 years.

**Wokingham Community Mental Health Team (CMHT)** have recently been re- Accredited by the Royal College of Psychiatrists. This resulted in positive feedback relating to support for student placements, staff wellbeing, the referral process, the team’s Structured Clinical Management Programme, the Induction process and collaboration with patients.

**Bracknell Community Mental Health Team (CMHT)** have introduced a dedicated physical health pathway for patients referred to the CMHT with Severe Mental Illness (SMI). Quality Improvement methodology has also been reintroduced to the team, and this has resulted in several improvements including staff feeling better supported and more confident about managing abusive or threatening calls to the service.

**Slough Community Mental Health Team (CMHT)** have introduced protected learning for serious incident reviews. They have also appointed a Transitions Lead to support patients discharged from hospital, and to help alleviate any concerns around this.

### **Older Peoples Mental Health Services (OPMH)**

**Improving OPMH staff skills in understanding behaviours that challenge in dementia.** Over the past year, OPMH have set up a multidisciplinary, Trust-wide steering group to improve the support offered to people with Behaviours that Challenge (BtC) in dementia. As a result of these meetings, a half-day training package was developed to refresh staff skills about therapeutic interventions in dementia care (including formulation models and principles from Positive Behaviour Support) and this workshop has now been delivered to each of the six Community Older Adult Mental Health Services across the Trust. Each community team has BtC champions to attend monthly supervision groups, peer network meetings and CPD opportunities about psychosocial interventions in dementia care. There are now 31 BtC champions across the community services and they plan to deliver two specialist CPD workshops with these clinicians in 2022 (with this learning being cascaded within their local teams). Alongside these positive developments, they are piloting a bespoke specialist assessment form for people referred with BtC, making closer links with existing care home in-reach services, and preparing a

business case to develop mental health intensive support teams in both East and West Berkshire.

**Psychology Interventions in Nursing and Community Services (PINC)** have been established in East Berkshire for several years, and this service has now been rolled out to West Berkshire Community Services. Two members of staff have been employed to offer integrated care to housebound patients with long term conditions in Reading, Wokingham, and Newbury. The offer available is for up to 12 sessions of Cognitive Behavioural Therapy (CBT) aimed at helping patients to manage the psychological consequences (e.g. depression/anxiety) of living with long term conditions such as Heart Failure and Chronic Obstructive Pulmonary Disease (COPD). Results in east Berkshire have demonstrated a reduction in symptoms, improved quality of life and a reduced use of NHS resources.

**Reducing digital exclusion of older people.** The pandemic and the move to online and remote ways of working has the potential to exclude some populations, such as older people who do not have access to information technology (IT). To address this, a successful application to the Trust Bright Ideas programme has resulted in two sim enabled iPads being available to loan to older people to participate in online therapy in Windsor and Maidenhead (WAM).

Further work is being undertaken to scale this work up and make it available to more older people.

**A Post-Diagnosis for Dementia role** has been funded in the Windsor and Maidenhead (WAM) memory clinic. This may also act as a template for the development of similar posts in other localities across Berkshire.

**Wokingham OPMH Team** have made some changes to their memory services over the last year. They have streamlined the assessment process to reduce the number of assessment visits required by the patient from two to one. This has reduced the patient wait for feedback and diagnosis as the team gather any collateral information by telephone, and a scan is also offered at that point. A feedback appointment is then offered when the scan results are available, and this appointment includes cognitive testing and a diagnosis where appropriate. This new process has received positive feedback from both patients and carers. The team have also changed the way they provide information to patients and carers following their diagnosis, as giving too much information at the diagnostic appointment can be overwhelming and hard to retain. To address this, a post diagnostic support practitioner offers an appointment 4-6 weeks after diagnosis to offer support and advice. The team have received much positive feedback on this improvement and patients and carers seem to really appreciate the time to go over their questions.

---

### 2.1.11. Improvements in Medicines Management

**COVID-19 Vaccination Service.** The Trust rose to the challenge of supporting the national COVID-19 vaccination drive in December 2020 and set up a hospital vaccination Hub at Wokingham Hospital. The Pharmacy Team has supported this priority work throughout 2021/22 and actively contributed to process design, vaccines management, staff training and system governance. They have continued to help create safe and effective working solutions as the vaccination drive has gone beyond the Trust in 2022 and into the county's schools.

**Enhanced Discharge.** A national directive was issued to all Trusts early in the COVID-19 pandemic to facilitate the safe early discharge of patients from acute trusts into community hospitals and then into community settings (known as Enhanced Discharge). The pharmacy team worked with the trust's community hospitals to

develop extended working to cover weekend discharges. This relied upon Pharmacy staff working flexibly and beyond their regular contracted hours to deliver medication and advice as-and-when required, and this is now leading to further development of the pharmacy service under the umbrella of the Ageing Well project.

**Mental Health Integrated Community Services (MHICS).** The MHICS project has rolled out across the Frimley Integrated Care System (ICS) to break down barriers between service providers from all sectors and to support the delivery of holistic care to mental health patients in their own localities. Specialist mental health pharmacists from Berkshire Healthcare are providing advice to patients within their own GP-led Primary Care Networks (PCNs).

## 2.2. Setting Priorities for Improvement for 2022/2023

**i** This section details the Trust's priorities which reflect the Trust Annual Plan on a Page for 2022/23 (see Appendix A). Specific priorities have been set in the areas of patient experience, harm free care, clinical effectiveness, and supporting our people. They have been shared for comment with Trust governors, local Clinical Commissioning Groups (CCGs), Healthwatch Organisations and Health Overview and Scrutiny Committees. Responses to this consultation are included in Appendix H, together with the Trust response to each comment made by the stakeholders.

### 2.2.1. Harm-Free Care Priorities

#### Providing Safe Services

- We will protect our patients and staff from getting COVID-19 by using appropriate infection control measures
- We will identify and prioritise patients at risk of harm resulting from waiting times, and always ensure face-to-face care where clinically indicated.
- We will continue to reduce falls, pressure ulcers, self-harm in in-patient services and suicide across all our services.
- We will recognise and respond promptly to physical health deterioration on our in-patient wards.
- We will improve the physical health of people with serious mental illnesses.
- We will strengthen our safety culture to empower staff and patients to raise safety concerns without fear, and to facilitate learning from incidents.

### 2.2.2. Clinical Effectiveness Priorities

- We will demonstrate our delivery of evidence-based services by reporting on the implementation of NICE guidance related to Trust priorities.
- We will continue to review, report, and learn from deaths in line with new national guidance.

### 2.2.3. Patient Experience Priorities

#### Improving Outcomes

- We will reduce the number of patients waiting for our services.
- We will identify and address inequality of access to services and improve outcomes.
- We will collect more patient and carer feedback and use this to deliver improvements in our services.

### 2.2.4. Supporting our People Priorities

#### A great place to work

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

**With our health and care partners:** We will work in partnership with our health and social care partners to address health inequalities and to collaborate on the redesign of services to provide better and more efficient care.

### 2.2.5. Monitoring of Priorities for Improvement

All priorities detailed above will be monitored on a quarterly basis by the Trust Quality Assurance Committee as part of the Quality Report and the Trust Board will be informed of performance against agreed targets. The Trust will report on our progress against these priorities in our Quality Account for 2022/23.

## 2.3. Statements of Assurance from the Board

During 2021/22 Berkshire Healthcare NHS Foundation Trust provided and/or sub-contracted 49 relevant health services.

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

The income generated by the relevant health services reviewed in 2021/22 represents 100% of the total income generated from the provision of relevant

health services by Berkshire Healthcare NHS Foundation Trust for 2021/22.

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

### 2.3.1. Clinical Audit

**i** Clinical audit is undertaken to systematically review the care that the Trust provides to patients against best practice standards. Based upon audit findings, the Trust makes improvements to practice improving patient care. Such audits are undertaken at both national and local level.

#### National Clinical Audits and Confidential Enquiries

During 2021/22, 14 national clinical audits and 5 national confidential enquiries covered relevant healthcare services which Berkshire Healthcare NHS Foundation Trust provides.

During that period Berkshire Healthcare NHS Foundation Trust participated in 100% (n=14/14) of national clinical audits and 100% (n=5/5) of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

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

Trust was eligible to participate in during 2021/22 are shown in the first column of Figure 32 below. This column also details the national clinical audits and national confidential enquiries that Berkshire Healthcare NHS Foundation Trust participated in during 2021/22.

The national clinical audits and national confidential enquiries that Berkshire Healthcare NHS Foundation Trust participated in and for which data collection was completed during 2021/22 are also listed below in Figure 32 alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry (detailed in the second column of Figure 32).

**Figure 32- National Clinical Audits and Confidential Enquiries**

National Clinical Audits and Confidential Enquiries that the Trust was eligible to participate in and did participate in during 2021/22	Data collection status, number of cases submitted as a percentage of the number of cases required by the terms of each audit and other comments
<b>1. National Clinical Audits (N=14)</b>	
<b>National Clinical Audit and Patient Outcomes Programme (NCAPOP)</b>	
National Sentinel Stroke Audit	Data Collection: Apr 21 to Mar 22. 417 patients submitted, across 3 services, 80 six-month follow-ups (final figure not yet available). Report due: Annually December 2022
National Diabetes Footcare (Community Podiatry care)	Data Collection: Apr 21 to Mar 22. 279 patients submitted, across 1 service (final figure not yet available). Report due: May 2023
National clinical audit of Psychosis – Physical Health and employment	Data Collection: Apr 21 to May 21. 100 (100%) patients submitted across 6 services. Report due: December 2021
National Clinical Audit of Psychosis – Early Intervention in Psychosis (EIP) Re-Audit	Data collection Oct 21 to Nov 21. 92 patients submitted, across 1 service. Report due: July 2022

<b>National Clinical Audits and Confidential Enquiries that the Trust was eligible to participate in and did participate in during 2021/22</b>	<b>Data collection status, number of cases submitted as a percentage of the number of cases required by the terms of each audit and other comments</b>
National Asthma and COPD Audit Programme (NACAP): pulmonary rehabilitation	Data Collection: Apr 2021 to Mar 2022. 80 patients submitted, across 1 service (final figure not yet available). Report due: Annually 2022/23 (tbc)
National Audit of Inpatient Falls	Data Collection: Apr 21-Mar 22. 3 (100%) patients submitted, across 2 services (final figure not yet available). Report due: November 2022
National Diabetes Audit - Secondary care	Data Collection: Apr 21 to Mar 22. 1652 patients HbAc1, 227 Structured Education and 103 Insulin pump patients submitted, across 1 service (final figure not yet available). Report due: June 2023
National audit of care at end of life	Data collection Jul 21 to Oct 21. 17 (100%) patients submitted, across 1 service. Report due: July 2022
National audit of Dementia – Memory services	Data collection September 2021 to January 2022. 256 patients (100%) submitted, across 6 services. Report due: August 2022
<b>Non- NCAPOP Audits</b>	
National Audit of Cardiac Rehabilitation	Data Collection: Apr 21 to Mar 22. 322 patient assessment 1's & 184 assessment 2's submitted, across 1 service). Report due: Dec 2022
Prescribing Observatory for Mental Health (POMH) – 18b Prescribing Clozapine	Data Collection: Feb 21 – Apr 21. 130 (100%) patients submitted, across 10 services. Report due: August 2021
POMH – 14c Prescribing for substance misuse: alcohol detoxification	Data Collection: May 21 to June 21. 36 patients submitted, across 2 services. Report due: Nov 2021
POMH – 19b Prescribing for Depression in adult mental health services	Data Collection: Oct 21 to Nov 22. 142 (100%) patients submitted, across 6 services. Report due: Apr 22
POMH – 1h&3e: Prescribing high dose and combined Antipsychotics	Data Collection: Mar 22 to Apr 22. 77 patients submitted, across 1 service (final figure not yet available). Report due: August 2022
<b>2. National Confidential Enquiries (N=5)</b>	
A. NCEPOD - Medical and Surgical Clinical Outcome Review Programme- Physical Health in mental Health services	A. Data Collection: Jan 2021 to Jul 2021. 4 (100%) patients submitted, across 1 service. Report due: May 2022
B. NCEPOD – Child Health Clinical Outcome Review Programme- Transition from Child Health to adult services	B. Data Collection: July 2021 to April 2022. 3 patients submitted, across 1 service (final figure not yet available). Report due: 2022/23 (tbc)
C. NCISH - Mental Health Clinical Outcome Review Programme- Suicide and Homicide 2021/22	C. Data Collection: April 2021 to March 2022. 41 (100%) patients submitted, across 1 service. Report due: 2022/23 (tbc)
D. NCISH - Mental Health Clinical Outcome Review Programme- Real-time surveillance of suicide by patients under mental health care	D. Data Collection: April 2021 to March 2022. 82 patients (100%) submitted, across 1 service. Report due: 2022/23 (tbc)
Learning Disability Mortality Review Programme (LeDeR)	Data Collection: Apr 21 to Mar 22. 51 (100%) patients submitted, across 1 service. Report due: May 2023 (tbc)

The reports of 6 (100%) national clinical audit were reviewed by the Trust in 2021-22. This included national audits for which data was collected in earlier years with the resultant report being published in 2021/22. Berkshire Healthcare NHS Foundation Trust intends to take actions to improve the quality of healthcare provided as detailed in Appendix B.

#### **Local Clinical Audits**

The reports of 19 local clinical audits and 6 service evaluations were reviewed by the Trust in 2021/22 and Berkshire Healthcare NHS Foundation Trust intends to take actions to improve the quality of healthcare which are detailed in Appendix C.

## 2.3.2. Research and Development (R&D)

**i** The Trust participates in research activity to help provide new knowledge that has the potential to be valuable in managing and treating patients. It is important that such research is open to critical examination and open to all that would benefit from it.

The Trust is committed to research as a driver for improving the quality of care we provide to our patients across Berkshire. It enables our staff and the wider NHS to improve the current and future health outcomes of the patients we serve. In 2021/22 we ranked joint 7th out of 48 Mental Health and Community Trusts for the number of National Institute for Health Research (NIHR) portfolio studies which people participated in.

The Thames Valley and South Midlands region recruited 78,581 participants to research hosted by the National Institute for Health Research (NIHR). At Berkshire Healthcare the overall number of research participants that were recruited in 2021/22 to participate in research approved by a Research Ethics Committee was 1,712 from 37 studies (NIHR reported only).

### **Divisional Activity and collaborations**

The Trust continues to grow its Research portfolio and increase research opportunities for Berkshire Healthcare patients.

The Children, Young Persons and Families Division hosted CO CAT, a study developing an online, parent-led, Cognitive Behavioural Therapy (CBT) programme for children with anxiety because of COVID. Collaborations with the University of Reading and the Children's Speech and language therapy will see an increase in research opportunities offered.

The Community Mental Health East and West Divisions hosted PPIP2. This is a study that aims to

establish the prevalence of pathogenic antibodies in patients with first episode psychosis

The Community Physical Health East and West Divisions have hosted projects. ADDRESS II is a project aiming to establish a support system to facilitate future research into type 1 diabetes. PALLUP is a study aiming to identify and understand the palliative care needs of severely frail elders; develop the evidence-base for provision of community palliative care; and co-design resources better to access and deliver palliative care.

The Mental Health Inpatient Division continued to host research studies targeting the development and validity of new tools to measure lived experiences for patients who are under the care of an NHS mental health service. One study is developing new ways to measure negative and threatening voices. This study is sponsored by University of Oxford and funded by a NIHR clinical Doctoral Research fellowship.

Berkshire Healthcare are working with colleagues across the region to increase capacity for Research within the Integrated Care System (ICS). Early engagement has created opportunities for research collaborations. In 2021/22 Berkshire Healthcare continued to successfully collaborate with several partner organisations to act as a Patient Identification Centre (PIC). In addition to this Berkshire Healthcare have collaborated on several grant applications with the University of Lancaster, University of Reading, Queens University Belfast, Oxford Health and University of Oxford. The results of these applications will be confirmed in the 2022/23 financial year.

### 2.3.3. CQUIN Framework

**i** The Commissioning for Quality and Innovation (CQUIN) payments framework was set up from 2009/2010 to encourage NHS providers to continually improve the quality of care provided to patients and to achieve transparency. CQUINs enable commissioners (such as the Clinical Commissioning Groups) to reward excellence, by linking a proportion of service providers' income to the achievement of national and local quality improvement goals.

The Trust have no CQUIN to deliver for 2021/22. The CQUIN programme will be reinstated for the 2022/23 financial year.

The following statements, shown in brackets, have been kept in this report to meet the requirements of the Quality Account regulations.

[A proportion of Berkshire Healthcare NHS Foundation Trust's income in 2021/22 was conditional upon achieving quality improvement and innovation goals

agreed between the Trust and any person or body they entered into a contract, agreement, or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2021/22 and for the following 12-month period can be found in the appendices.]

[The income in 2021/11 conditional upon achieving quality improvement and innovation goals is N/A. The associated payment received for 2020/21 was N/A]

### 2.3.4. Care Quality Commission (CQC)

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

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

The Care Quality Commission has not taken enforcement action against Berkshire Healthcare NHS Foundation Trust during 2021/22.

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

The CQC detailed the following actions that the Trust must take to improve:

Acute wards for adults of working age and psychiatric intensive care wards. The Trust must:

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

young people waiting to receive treatment at increased risk. Particular attention needs to be paid to ensuring timely access to services for those referred to the attention deficit hyperactivity disorder pathway and autism assessment pathway.

An action plan is submitted to the CQC outlined how we planned to respond to these highlighted areas and the majority of these are now completed.

<p><b>Overall Outstanding</b></p> <p>Read overall summary</p>	Safe	Good ●
	Effective	Good ●
	Caring	Good ●
	Responsive	Outstanding ☆
	Well-led	Outstanding ☆

Berkshire Healthcare NHS Foundation Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2021/22:

1. Wokingham Special Educational Needs and Disabilities (SEND) re-inspection 11th -13th May 2021
2. Reading Special Educational Needs and Disabilities (SEND) inspection 21st – 25th June 2021
3. Slough Special Educational Needs and Disabilities (SEND) inspection 27<sup>th</sup> Sept – 1st October 2021
4. Bracknell Special Educational Needs and Disabilities (SEND) inspection- December 2021
5. UNICEF Baby Friendly Initiative (BFI) reassessment 7th – 8th July 2021
6. Child and Adolescent Mental Health Services (CAMHS) CQC Integrated Care Service (ICS) review 5th – 15th July 2021

Berkshire Healthcare NHS Foundation Trust intends to take the following action to address the conclusions or requirements reported by the CQC:

- SEND Inspections (items 1-4 above). The action plans are held and monitored by the Local

- Authorities and CCGs, and the Trust will feed into these, and action as required
- BFI (item 5 above). An action plan has been produced by the Trust and is being progressed
- CAMHS CQC ICS Review- This was an ICS collaborative review with system partners and is being used to help inform the CAMHS project work being undertaken in the Berkshire Oxfordshire and Berkshire ICS area.

Berkshire Healthcare NHS Foundation Trust has made the following progress by 31 March 2022 in taking such action:

- Actions are being progressed as per the action plans noted above.

The CQC has carried out the following unannounced Mental Health Act (MHA) visits during the 2021/22 financial year:

- 27<sup>th</sup> September 2021- Daisy Ward and Snowdrop Ward- Prospect Park Hospital
- 7<sup>th</sup> December 2021- Champion Unit- Prospect Park Hospital

### 2.3.5. Data Quality and Information Governance

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

#### The Secondary Uses Service (SUS)

Berkshire Healthcare NHS Foundation Trust submitted records during 2021/22 to the Secondary Uses Service (SUS) for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data:

- Which included the patient's valid NHS number was:
  - 100% for admitted patient care
  - 100% for outpatient care, and
  - \* for accident and emergency care

- Which included the patient's valid General Medical Practice Code was:
  - 99.8% for admitted patient care
  - 99.9% for outpatient care, and
  - \* for accident and emergency care

\* This data is now being collected through the ECDS and we do not have any concerns in this area as we have consistently performed over 99%.

#### Information Governance

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

Berkshire Healthcare NHS Foundation Trust Data Security and Protection Toolkit (DSPT) overall score for 2020/21 was 'Standards Exceeded'. The Information Governance Group is responsible for maintaining and improving standards in this area.

The 2021/22 result will be confirmed at the end of June 2022 and is expected to be 'Standards Exceeded'

#### Data Quality

Berkshire Healthcare NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2021/22 by the Audit Commission.

Berkshire Healthcare NHS Foundation Trust are taking the following actions to improve data quality:

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

The Trust continues to track the improvement of data quality. An overarching Information Assurance Framework (IAF) provides a consolidated summary of every performance information indicator and action plans. The key messages are shared at monthly IM&T meetings and quarterly super user presentations. A six-weekly data quality forum is held to share the priorities and audit results with services.

Data Quality and Data Assurance audits are carried out throughout the year as part of the IAF, where data

issues are identified, and internal action plans are put in place. The data is monitored until assurance is gained so that the Trust can have a high confidence level in the data being reported. The assurance reports and the Performance Scorecard are reviewed in monthly and quarterly locality meetings. External Data Quality reports published on the NHS Digital website are analysed to ensure consistency in reporting both internally and externally.

The clinical coding team continue to review and improve the Trust's diagnostic data. As part of our continuous improvement programme, a full detailed audit took place in November 2021, which showed that 98% of primary and 93.6% of secondary diagnoses were coded correctly. The audit recommendations were to promote collaborative working between clinicians and coders at the earliest opportunity. The second recommendation was to ensure Part II discharge summaries are all completed within the Trust policy timescales; and should be available at the point of coding; as of immediate effect.

## 2.3.6. Learning from Deaths

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

The Trust learning from deaths process includes all patients identified on our electronic patient records who have accessed one of our services in the year before death. In most cases these are expected deaths

but where a specific trigger is noted (as identified in our policy) we then review these deaths further.

The level of review required will depend on whether certain criteria are met, and we review the care provided for all patients who had a learning disability and died.

Figure 33 below details the number of deaths of Trust patients in 2021/22. This is presented alongside the number of case record reviews and investigations of these deaths that were undertaken over the same period, as well as an assessment of the number of deaths that were more likely than not to have been due to problems in care provided. Please note that the table contains statements that are mandated by NHS Improvement for inclusion.

**Figure 33- Deaths of Trust patients in 2021/22- case reviews and investigations carried out in 2021/22**

	<b>1. Total number of Deaths</b>	<b>2. Total number of reviews and investigations carried out</b>			<b>3. Deaths more likely than not due to problems in care</b>
<b>Mandated Statement</b>	During 2021/22 the following number of Berkshire Healthcare NHS Foundation Trust patients died	By 31st March 2022, the following number of case record reviews and investigations have been carried out in relation to the deaths.			The number and percentage of the patient deaths during the reporting period that are judged to be more likely than not to have been due to problems in the care provided to the patient are detailed below. (These numbers have been estimated using either Initial Findings Report or Root Cause Analysis methodology)
		1 <sup>st</sup> Stage Case Record Reviews (Datix)	2 <sup>nd</sup> Stage Review (IFR/ SJR)	Case Record Review & Investigation (SI)	
<b>Total 21/22</b>	<b>3971</b> ↓	<b>461</b>	<b>209</b> ↓	<b>36</b>	<b>2 representing 0.05%</b> ↓
<b>Mandated Statement</b>	This comprised of the following number of deaths which occurred in each quarter of that reporting period:	The number of deaths in each quarter for which a case record review or an investigation was carried out was:			In relation to each quarter, this consisted of:
Q1 21/22	<b>858</b>	<b>110</b>	<b>50</b>	<b>10</b>	<b>1 representing 0.12%</b>
Q2 21/22	<b>953</b>	<b>128</b>	<b>58</b>	<b>6</b>	<b>0</b>
Q3 21/22	<b>1175</b>	<b>111</b>	<b>47</b>	<b>9</b>	<b>0</b>
Q4 21/22	<b>985</b>	<b>112</b>	<b>54</b>	<b>11</b>	<b>1 representing 0.10%</b>

**Source- Trust Learning from Deaths Reports**

Several learning points were identified from the review and actions arising from the learning points have been completed and monitored through the Trust mortality review group. The impact of actions is monitored through the Serious Incident process.

Figure 34 below details the number of deaths of Trust patients in 2020/21 that had case note reviews and investigations carried out in 2021/22. This is presented

alongside an assessment of the number of these deaths that were more likely than not to have been due to problems in care provided and, as a result, a revised estimate of the number of deaths that were more likely than not due to problems in care in 2020/21. Please note that the table contains statements that are mandated by NHS Improvement for inclusion in the Quality Account.

**Figure 34- Deaths of Trust patients in 2020/21 with case reviews and investigations carried out in 2021/22**

	<b>1. Reviews and investigations carried out</b>	<b>2. Deaths more likely than not due to problems in care</b>	<b>3. Revised estimate of deaths in 2020/21 that were more likely than not due to problems in care</b>				
<b>Mandated Statement</b>	The number of case record reviews and investigations completed after 31 <sup>st</sup> March 2021 which related to deaths which took place before the start of the reporting period (deaths before 1 <sup>st</sup> April 2021)	The number and percentage of patient deaths before the reporting period that are judged to be more likely than not to have been due to problems in the care provided to the patient. (These numbers have been ascertained using either Initial Findings Report or Root Cause Analysis methodology)	The number and % of the patient deaths during 2019/20 that are judged to be more likely than not to have been due to problems in the care provided to the patient.				
	<table border="1"> <tr> <td>Case Record Reviews</td> <td>Investigations (SIs)</td> </tr> <tr> <td><b>75</b></td> <td><b>23</b></td> </tr> </table>	Case Record Reviews	Investigations (SIs)	<b>75</b>	<b>23</b>	<b>2</b>	<b>3, representing 0.06%</b>
Case Record Reviews	Investigations (SIs)						
<b>75</b>	<b>23</b>						
<b>Total</b>							

## 2.4. Reporting against core indicators

**i** Since 2012/13, all NHS Foundation Trusts have been required to report performance against a core set of indicators. This section details the Trust’s performance against these core indicators.

Where available, the national averages for each indicator, together with the highest and lowest scores nationally have also been included.

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

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

Figure 35	2019/20	2020/21	2021/22	National Average 2021/22	Highest and Lowest
The percentage of adult mental health inpatients receiving a follow-up within 72 Hours of Discharge *	N/A	N/A	88.3%	75% (Mar-22)	No data
<p>* Please note that we have replaced the older indicator, relating to 7-day follow up of mental health patients discharged with a CPA, as it is no longer being reported as part of the NHS Oversight Framework. Measurement against this new indicator, which requires mental health inpatients to be followed up within 72 hours (3 days) of discharge, is a key part of the work to support the suicide prevention agenda within the NHS Long Term Plan. The National Confidential Inquiry into Suicide and Safety in Mental Health (2018) found that the highest number of deaths occurred on day 3 post discharge, and this new indicator helps to address this.</p> <p><b>Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons:</b> In line with national policy to reduce risk and social exclusion and improve care pathways we aim to ensure that all patients discharged from mental health inpatient care are followed up (either face to face or by telephone) within 72 hours of discharge.</p> <p><b>Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services:</b> The Trust has a good level of compliance with this indicator through the implementation of its Transfer and Discharge from Mental Health and Learning Disability Inpatient Care Policy.</p>					

Source- Trust Tableau Dashboard

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

Figure 36	2019/20	2020/21	2021/22	National Average 2021/22	Highest and Lowest
The percentage of Mental Health patients aged— (i) 0 to 15; and (ii) 16 or over, readmitted to a hospital which forms part of the Trust within 28 days of being discharged from a hospital which forms part of the Trust during the reporting period	6.1%	6.3%	6.2%	Data Not Available	
<p><b>Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons:</b> The Trust focusses on managing patients at home wherever possible and has fewer mental health beds for the population than in most areas. Sometimes the judgement to send a patient home may be made prematurely or there may be deterioration in the patient’s presentation at home due to unexpected events.</p> <p><b>Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services, by:</b> Work being undertaken around gatekeeping for admission to the hospital should start to ensure all admissions are appropriate and/or have greater consideration of their benefits and risks. A Post Admission Review (PAR) is now in place and embedded which takes place within 72 hours (wherever possible) and produces an intended discharge date (IDD). This is monitored at the daily bed management team so that plans are checked, and any concerns escalated.</p>					

Source- Trust Tableau Dashboard

Figure 37	2019/20	2020/21	2021/22	National Average 2021/22 For combined MH/LD and community Trusts	Highest and Lowest
<p>The indicator score of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends</p> <p><i>This finding has been taken from the percentage of staff respondents answering 'yes' to Question 18d of the National NHS Staff Survey: "If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation."</i></p>	74.4%	80.1%	<b>77.0%</b>	64.9%	45.0%-82.4%
<p><b>Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons:</b> The Trust's score is better than average, and this is maintained.</p>					
<p><b>Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services, by:</b> Implementing a People Strategy that has the overall aim of making the trust outstanding for everyone.</p>					

Source: National Staff Survey

Figure 38	2019/20	2020/21	2021/22	National Figures 2021/22	Highest and Lowest
<p>Patient experience of community mental health services indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period</p>	7.3	7.3	<b>7.2</b>	6.8 (national average)	5.9-7.5
<p><b>Berkshire Healthcare NHS Foundation Trust considers that this score is as described for the following reasons:</b> The Trusts score is in line with other similar Trusts.</p>					
<p><b>Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this score, and so the quality of services, by:</b> Being committed to improving the experience of all users of their services. Data is collected from several sources to show how our users feel about the service they have received. Actions are put in place through several initiatives to improve both an individual's experience and if required to change the service provision.</p>					

Source: National Community Mental Health Survey

Figure 39	2019/20	2020/21	2021/22	National Figures 2021/22	Highest and Lowest
The number of patient safety incidents reported	6294 *	5510 *	7790 *	602,975 (Apr-Jun 2021)**	Not available**
Rate of patient safety incidents reported within the Trust during the reporting period per 1000 bed days	62.9 *	62.7 *	84.7 *	Not available** (Median)	Not available**
The number and percentage of such patient safety incidents that resulted in severe harm or death	58 (0.9%) *	37 (0.7%) *	36 (0.5%) *	Not available**	Not available**
<b>Berkshire Healthcare NHS Foundation Trust considers that this percentage is as described for the following reasons:</b> The above data shows the reported incidents per 1,000 bed days based on Trust data reported to the NRLS. High levels of incident reporting are encouraged as learning from low level incidents is thought to reduce the likelihood of more serious incidents.					
<b>Berkshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of services, by:</b> Bolstering the internal governance and scrutiny of serious incident reports, their recommendations and action plans. Implementation of strategies to address common findings in serious incident reports.					

Sources: \* Trust Figures reported to the NRLS. Please note that these figures are representative of the number of incidents reported at the time the report is sent and are subject to change over time.  
\*\* NRLS/ NHSI Organisation Patient Safety Incident Report covering 3 months between Apr-Jun 2021 (Data not available for full year 21/22).

## Part 3. Review of Quality Performance in 2021/22

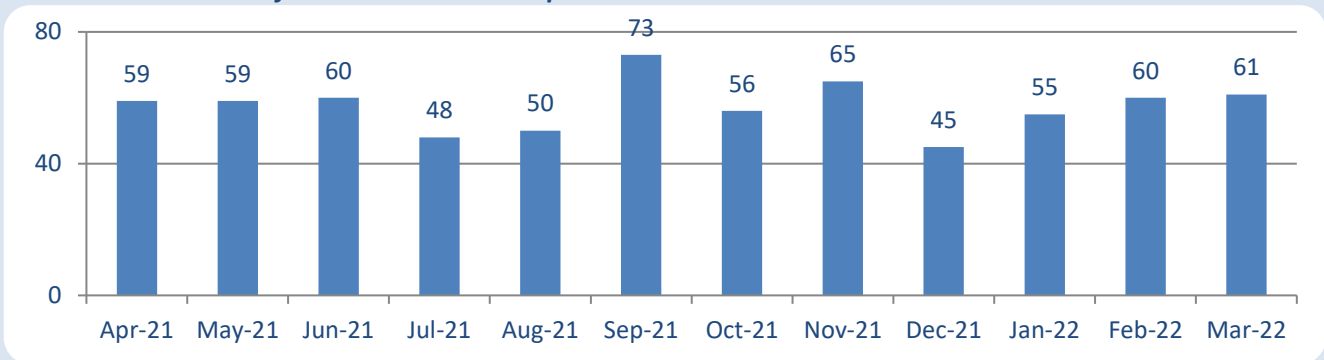
**i** In addition to the key priorities detailed in Part 2 of this report, the Trust Board receives monthly Performance Assurance Framework reports related to key areas of quality. The metrics in these reports are closely monitored through the Trust Quality Governance systems including the Quality Executive Group, the Quality Assurance Committee, and the Board Audit Committee. They provide assurance against the key national priorities from the Department of Health’s Operating Framework and include performance against relevant indicators and performance thresholds set out in the Compliance Framework. Information relating to specific areas of Trust quality and safety performance in 2019/20 is detailed below.

### Medication errors

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

Figure 40 below details the total number of medication errors reported per month. When interpreting this figure, it should be noted that a high and increasing rate of medication error reporting is a sign of a healthy learning culture in the organisation and that reporting of such errors is being encouraged as the first step in ensuring that a robust safety culture exists. The data reported also includes all the near misses and documentation errors, so they are not all actual incidents. There is also evidence to suggest that not all incidents and near misses that staff acted upon were reported, so any increase may be due to better reporting culture rather than a less safe organisation. There were no medication errors during 2021/22 that led to moderate patient harm or above.

**Figure 40: Number of Medication Errors Reported Each Month**



Source: Medicines Safety Quarterly Report

## Absent without leave (AWOL) and absconsions

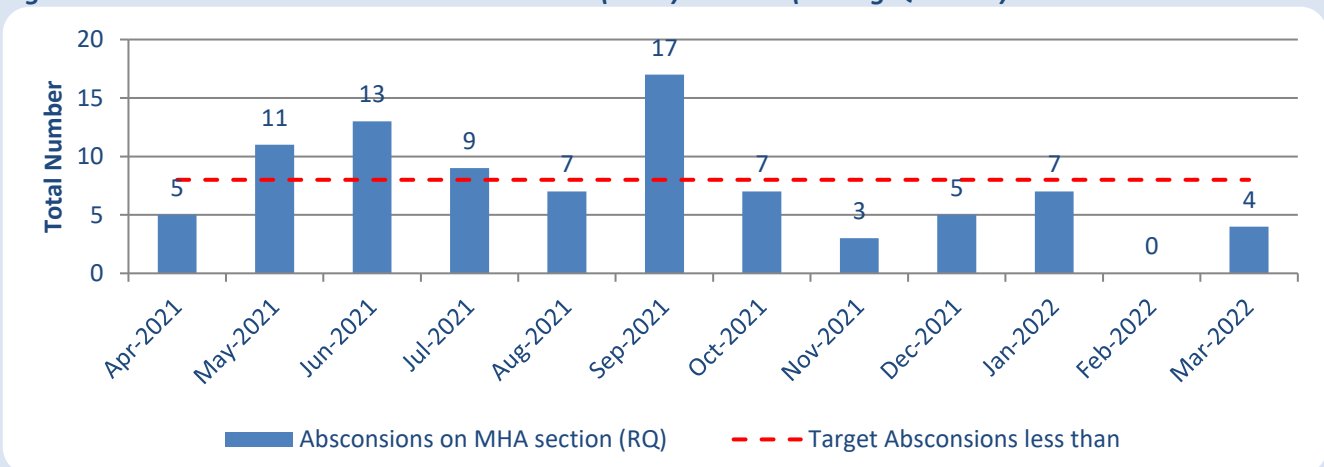
**i** The definition of absconding used in the Trust is different than AWOL. Absconcion refers to patients who are usually within a ward environment and can leave the ward without permission.

Figures 41 and 42 below detail the number of absconsions on a Mental Health Act Section and the number of patients absent without leave on a Mental Health section.

**Figure 41- Absent without leave (AWOL) on a Mental Health Section- (Rolling quarters)**



**Figure 42- Absconsions on a Mental Health Act (MHA) Section- (Rolling Quarters)**



Source- Trust Tableau Dashboard

## Other Quality Indicators

Figure 43- Other Quality Indicators	Annual Target	2019/20	2020/21	2021/22	Commentary
<b>Patient Safety</b>					
Never Events	0	0	0	0	Total number of never events
Infection Control- MRSA bacteraemia	0	0	0	1 (No lapse in care identified)	Total number of MRSA Cases <i>Source- Trust Inf. Control. Rept.</i>
Infection Control- C. difficile due to lapses in care	<6	1	1	3 (Rate 0.03 per 1000 bed days)	Total number & rate per 1000 occupied bed days of C. Diff due to lapse in care by Trust. <i>Source- Trust Infection Control Reports</i>
Medication errors	N/A	910	761	691	Total number of medication errors reported. <i>Source- Trust Medicines Management Report</i>
Inappropriate out-of-area placements (OAP) for adult mental health services (Occ. Bed days as OAP)	Reduce as per NHSI Target	86 (Target Met)	211 (Target not met)	194 (Target not met)	Average monthly total bed days spent out of area
Mental Health minimising delayed transfers of care (Relates to Mental Health delays only- Health & Social Care).	<7.5%	6.8%	4.5%	3.6%	Average monthly %. Calculation = number of days delayed in month divided by Occupied Bed Days in month.
<b>Clinical Effectiveness</b>					
Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of ref.	53%	91.7%	93.9%	81.6%	Average monthly %
Improving access to psychological therapies (IAPT): proportion of people completing treatment who move to recovery	50%	56.7%	55.5%	53.6%	Average Monthly %
IAPT: People with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral	75%	95.7%	96.9%	97.7%	Average monthly %
IAPT: People with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral	95%	100%	100%	100%	Average monthly %

Figure 43- Other Quality Indicators	Annual Target	2019/20	2020/21	2021/22	Commentary
A&E: maximum waiting time of four hours from arrival to admission/ transfer/ discharge	95%	99.1%	97.7%	<b>99.1%</b>	Average monthly %
<b>Patient Experience</b>					
Community Paediatric Service- Referral to Treatment waiting times (RTT)- Incomplete pathways- How many within 18 weeks (%)	95% <18 weeks	99.8%	99.5%	<b>98.4%</b>	Average monthly %
Diabetes Service- Referral to Treatment waiting times (RTT)- Incomplete pathways- How many within 18 weeks (%)	95% <18 weeks	100%	99.7%	<b>100%</b>	Average monthly %
Complaints received		231	213	<b>231</b>	Total number of complaints
1. Complaint acknowledged within 3 working days	100%	100%	99.6%	<b>99.0%</b>	% meeting requirement
2. Complaint resolved within timescale of complainant	90%	99.5%	99.7%	<b>100%</b>	% meeting requirement

Source- Trust Tableau Dashboard except where indicated in commentary

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

## Statement of Directors' responsibilities in respect of the Quality Report

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

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

In preparing the Quality Report, Directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust annual reporting manual 2021/22 and supporting guidance detailed requirements for quality reports 2021/22
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2021 to May 2022
  - papers relating to quality reported to the Board over the period April 2021 to May 2022
  - feedback from commissioners dated April 2022
  - feedback from governors dated April 2022
  - feedback from local Healthwatch organisations dated April 2022
  - feedback from Overview and Scrutiny Committees dated April 2022
  - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2022
  - the 2021 national patient survey, November 2021
  - the 2021 national staff survey, February 2022
  - the Head of Internal Audit's annual opinion of the Trust's control environment dated May 2022
  - CQC inspection report dated March 2020
- the Quality Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review, and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the Board



10<sup>th</sup> May 2022

Martin Earwicker, Chairman



10<sup>th</sup> May 2022

Julian Emms, Chief Executive

# Annual plan on a page 2021/22



**Berkshire Healthcare**  
NHS Foundation Trust

**Our vision:** To be recognised as the **leading community and mental health service provider** by our staff, patients and partners.



## Harm-free care

### Providing safe services

- We will protect our patients and our people from getting COVID-19 by using appropriate infection control measures
- We will minimise risk of harm to patients resulting from waiting times
- We will continue to reduce falls, pressure ulcers, self-harm in in-patient services and suicide across all of our services
- We will recognise and respond promptly to physical health deterioration on our in-patient wards
- We will improve the physical health of people with serious mental illnesses
- We will strengthen our safety culture to empower our people and patients to raise safety concerns without fear, and to facilitate learning from incidents



## Supporting our people

### A great place to work

- We will improve the mental and physical health and wellbeing of our people, reducing Musculoskeletal disorders and other sickness absences
- We will have a zero tolerance to bullying and harassment, and racism, taking action wherever we see or hear poor experience for our people
- We will support the growth and development of our people through high quality appraisal, supervision and training
- We will actively support our people to work flexibly, including remote working where appropriate, as part of our new offer
- We will act on feedback from the staff survey in order to further improve satisfaction and address any identified inequalities
- We will provide opportunities for our people to show initiative and make improvements for their colleagues and patients through great team working, Quality Improvement and Bright Ideas



## Good patient experience

### Improving outcomes

- We will reduce the number of patients waiting for our services
- We will use patient and carer feedback to drive improvements in our services
- We will manage patient flow effectively and ensure that patients stay within our services for no longer than is clinically appropriate
- We will engage and communicate with patients and the public to make sure that they understand how to access the right help at the right time



## Money matters

### A financially sustainable organisation

- We will work as a team to manage spend within the financial plan for each service
- We will work as a team to identify opportunities for efficiencies
- We will transform our clinical and non-clinical services using a digital first / patient safe approach, to improve patient experience, streamline our estate, reduce our carbon footprint and support work-life balance for our people

**With our health and care partners:** We will work in collaboration with our health and social care partners to address health inequalities and create sustainable health and care that builds on our new ways of working.

# Annual Plan on a Page 2022/23



**Berkshire Healthcare**  
NHS Foundation Trust

**Our vision:** To be recognised as the leading community and mental health service provider by our staff, patients and partners.



## Harm-free care

### Providing safe services

- We will protect our patients and staff from getting COVID-19 by using appropriate infection control measures
- We will identify and prioritise patients at risk of harm resulting from waiting times, and always ensure face to face care where clinically indicated
- We will continue to reduce falls, pressure ulcers, self-harm in in-patient services and suicide across all of our services
- We will recognise and respond promptly to physical health deterioration on our in-patient wards
- We will improve the physical health of people with serious mental illnesses
- We will strengthen our safety culture to empower staff and patients to raise safety concerns without fear, and to facilitate learning from incidents



## Supporting our people

### A great place to work

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



## Good patient experience

### Improving outcomes

- We will reduce the number of patients waiting for our services
- We will identify and address inequality of access to services and improve outcomes
- We will collect more patient and carer feedback and use this to deliver improvements in our services



## Money matters

### A financially sustainable organisation

- We will work as a team to manage within the financial plan for our service
- We will work as a team to identify and deliver improved productivity

**With our health and care partners: We will work in partnership with our health and social care partners to address Health Inequalities and to collaborate on the redesign of services to provide better and more efficient care.**

## Appendix B- National Clinical Audits- Actions to Improve Quality

### National Clinical Audits Reported in 2021/22 and results received that were applicable to Berkshire Healthcare NHS Foundation Trust

National Audits Reported in 2021/22		National Audit Aim/ Objectives	Actions to be Taken
NCAPOP Audits			
1	<b>National Clinical Audit of Psychosis (NCAP) – Early Intervention in Psychosis (EIP) audit 2020</b>	In 2019, NHS England published the NHS Long Term Plan and the NHS Mental Health Implementation Plan 2019/20 - 2023/24. These plans set new targets for access to a NICE-approved care package within 2 weeks of referral for people experiencing first episode psychosis and achievement of NICE concordant treatment by EIP services. It also built on the requirements of the original Early Intervention in Psychosis Access and Waiting Time Standard (NHS England, NICE & NCCMH, 2016). The audit standards are based on the NICE quality standards in relation to treating and managing psychosis (NICE QS80, 2015; NICE QS102, 2015)	<ul style="list-style-type: none"> <li>- Developing a Standard Operating Procedure (SOP) for physical health screening for clients on all stages of their pathway in the team.</li> <li>- Point of care machines are now being trialled in all teams improving monitoring of glucose and lipid levels by clinicians.</li> <li>- Creation of an information pack around clozapine improving knowledge and gaining informed consent from clients and improved documentation around this.</li> <li>- Monitoring of trials of antipsychotic and pharmacist starting early conversations around clozapine with clients in collaboration with the consultant.</li> <li>- Increase provision of Family Intervention training to all staff</li> <li>- Ensure each staff member has an ongoing Family Intervention case throughout year</li> <li>- SOP implemented identifying process to evidence the Access Waiting Time standard via Mental Health Service Data Set and Referral to Treatment Time processes</li> <li>- Process in place to identify and oversee removal of clients once they have been assessed and allocated to a care coordinator to ensure all staff are trained to do this via the SOP.</li> </ul>
2	<b>National Clinical Audit Psychosis (NCAP) - Physical Health and Employment spotlight audit</b>	The NCAP physical health and employment spotlight audit 2020/21 was commissioned by the Royal College following discussions with NHS England and Improvement and the Healthcare Quality Improvement Partnership (HQIP). The audit looked at the care provided to all patients with psychosis in England and Wales, by adult mental health services in the community (excluding CAMHS and EIP services).	<ul style="list-style-type: none"> <li>- Training at regular bi-annual intervals.</li> <li>- Case by Case supported on the wards at admission.</li> <li>- Presentation of results from this audit to the consultant group to identify best practice in documentation of assessment of Wernickes encephalopathy and relevant blood tests.</li> <li>- Develop standard work for the documentation of signs and symptoms of Wernickes.</li> <li>- Breath alcohol to be measured as part of initial assessment - Update admission checklist.</li> <li>- Competency Framework for support staff includes this skill- will form part of inductions.</li> <li>- Integrate into essential training – Physical Health Day.</li> <li>- Discussion with Commissioners, Partner Agencies and Pharmacy about relapse prevention medication being prescribed at discharge as currently only prescribed by specialist services. Make a formulary application and take to next DTC meeting for discussion.</li> </ul>

National Audits Reported in 2021/22	National Audit Aim/ Objectives	Actions to be Taken
		<ul style="list-style-type: none"> <li>- To discuss the results for the standard around patients co-prescribed benzodiazepine medication with the medical team and pharmacy colleagues</li> <li>- Local Audit for deep dive into prescribing to understand the rationale for co-prescribing.</li> <li>- To discuss the results for the standard around prescribing parenteral thiamine with the medical team and pharmacy colleagues</li> <li>- Drug and alcohol lead to continue to discuss with prescribers on a case-by-case basis and reinforce efficacy of an IM route for this medication.</li> </ul>
3	<p><b>National Diabetes Audit (NDA) into Care Processes and Treatment Targets including Structured Education</b></p> <p>The National Diabetes Audit (NDA) measures the effectiveness of diabetes healthcare against NICE Clinical Guidelines and NICE Quality Standards, in England and Wales. The NDA collects and analyses data for use by a range of stakeholders to drive changes and improvements in the quality of services and health outcomes for people with diabetes.</p>	<ul style="list-style-type: none"> <li>- Internal Funding agreed for a Diabetes Consultant to be employed by Trust</li> <li>- Weekly meetings commenced with Diabetes Consultant (releasing 1PA clinical time to support service development until recruited to internal Consultant post)</li> <li>- New Diabetes Specialist Nurse referral triage clinic in place since Dec 20 leading to earlier intervention and improved consultation when seen in the Diabetes Consultant Clinics</li> <li>- Virtual delivery of Insulin Pump and Type 1 Structured Education</li> <li>- Virtual Group sessions for people with Type 1 commencing Flash Glucose Monitoring</li> <li>- Improved data set due to creation of Diabetes Assessment form on the RiO patient record plus capturing of patients offered insulin pump therapy</li> <li>- Improvement in outcomes for people with Type 1 Diabetes is service driver Metric</li> <li>- Skill mix review – Band 4 Assistant Practitioner Post to be advertised and Diabetes Specialist Dietitian</li> <li>- Attendance at monthly National Diabetes Audit Quality Improvement Collaborative resulting in shared learning.</li> <li>- As part of audit, met with Brighton and Hove NHS Trust who achieve better outcomes. They use a Consultation Tool developed by Kings Collage at Consultant appointments- are more structured. Discussing with Consultants re introducing this tool into practice</li> <li>- Type 1 and Technology specific clinics commenced in July 2021</li> <li>- Duration of clinic slots increased</li> <li>- Discussed with Frimley ICS Diabetes Board that we need to reduce variation in people with Type 1 Diabetes and improve outcomes. Will work with the ICS so we can obtain data for people with Type 1 who are not managed under Specialist Care.</li> <li>- Member of Trust Reducing Inequalities Steering Group</li> </ul>

National Audits Reported in 2021/22		National Audit Aim/ Objectives	Actions to be Taken
Non-NCAPOP Audits			
4	<b>Prescribing Observatory for Mental Health (POMH) 20a: Prescribing of Valproate in mental health services</b>	POMH national audit to determine the quality of valproate prescribing in mental health services including physical health checks and off-label prescribing. Aim: To improve the quality of prescribing valproate in mental health services Objectives: 1. To determine whether clear rationales for prescribing valproate are documented including off-label prescribing. 2. To establish the extent to which physical health checks and regular monitoring are taking place while receiving valproate. 3. To ensure women of child-bearing age are on the pregnancy prevention programme 4. To ensure plasma level monitoring is not offered routinely	<ol style="list-style-type: none"> <li>1. The consultants of all patients that have been highlighted as not having appropriate Annual Risk Acknowledgement Form documentation will be written too to complete asap</li> <li>2. The Medical Director will remind all prescribers of valproate their responsibilities around the Prevent programme for women of childbearing age</li> <li>3. A Trust database of all women of childbearing age on valproate will be created and monitored monthly for compliance with the Prevent programme</li> <li>4. Review off-label cases identified to establish any risks or learning.</li> <li>5. Presentation of audit and discussion at Medical Educational Meeting</li> <li>6. To ensure a 3-month review occurs following initiation</li> <li>7. Promotion of Physical Health Form on RiO patient record and sharing of guidance with the Medical Staffing Committee</li> </ol>
5	<b>POMH 18b: The use of Clozapine</b>	POMH re-audit addressing the use of Clozapine. Standards are derived from NICE Guideline CG178- Psychosis and schizophrenia in adults 2014, and the British Association for Psychopharmacology - Evidence-based guidelines for the pharmacological treatment of schizophrenia: Updated recommendations from the British Association for Psychopharmacology 2019. A comparison is made against outcomes of the Trust's initial audit (ID 3996) that was carried out in June 2018 (POMH-UK Topic 18a).	<ul style="list-style-type: none"> <li>- To implement the clozapine care pathway on the RiO patient record.</li> <li>- Clozapine clinic lead to be a regular member of the physical health programme board.</li> <li>- Trust clozapine lead to review physical health monitoring dashboard.</li> <li>- Each CMHT and the early intervention in psychosis team to review processes to ensure that yearly reviews are effectively and safely booked.</li> <li>- Clozapine prescribers to ask GPs in their letters to add clozapine to the summary care record as per the information in the leaflet 'Clozapine – Information for Primary care'</li> </ul>
6	<b>POMH Topic 14c: Prescribing for substance misuse: alcohol detoxification</b>	This is the third audit on Topic 14: Prescribing for substance misuse: alcohol detoxification. Aim: To improve the quality and safety in the prescribing of patients experiencing substance misuse whereby requiring alcohol detoxification Objectives: 1a. To determine the quality and completeness of the documented assessment of drinking history, current daily alcohol intake and physical examination on admission. 2. To identify which blood tests relevant to the identification of alcohol-related physical health problems have been carried out during at admission 3. Pharmacotherapy to treat the symptoms of acute	<ul style="list-style-type: none"> <li>- 'How to 'guide to be shared with clinicians through Patient Quality and Safety meetings and the academic meeting attendees.</li> <li>- Liaise with RiO Digital Transformation to simplify process.</li> <li>- Physical Health and Lifestyle form to be promoted via physical health training sessions.</li> <li>- Letter template for use with EPO to have physical health screening added.</li> <li>- CPA process to have physical health checks as a priority.</li> <li>- New Community Mental Health Framework documentation (nationally led) to include physical health checks.</li> <li>- Physical health education and training programme.</li> </ul>

National Audits Reported in 2021/22	National Audit Aim/ Objectives	Actions to be Taken
	<p>alcohol withdrawal should be limited to a benzodiazepine, carbamazepine and clomethiazole</p> <p>4. Thiamine should be prescribed parenterally for inpatients in acute alcohol withdrawal</p>	<ul style="list-style-type: none"> <li>- Physical Health and Lifestyle form to be promoted via physical health training sessions to include what will work for clinicians.</li> <li>- IPS to liaise with service managers to ensure new starters meet with the team to understand the service offer and how to refer.</li> <li>- Provide update to include in PPSQ agenda (east and west mental health) audit section with the employment actions re CPA and other client discussions.</li> </ul>

### Appendix C- Local Clinical Audits- Actions to Improve Quality

	Audit Title	Aim/Actions
1	<p>(7420/CA) Consent to admission in inpatient services. Mental capacity audit (Nov 2020)</p>	<p>An audit was undertaken by the Trust Safeguarding Adult Team to establish whether the actions from a Mental Capacity Act (MCA) Audit undertaken in 2019 led to improvement in compliance with the MCA in relation to consent to admission. The aim of the audit was to:</p> <ul style="list-style-type: none"> <li>• Review the admission process with reference to consent to admission</li> <li>• Establish levels of compliance with MCA 2005 and MCA Deprivation of Liberty Standards (DoLS) and Trust policy 'Admission and Transfer Policy CCR045'. Findings will enable the Trust to identify good practice, gaps in service processes and any barriers to embedding the MCA into everyday clinical practice which will support services to undertake the Quality Improvement project to develop MCA processes.</li> </ul> <p>Actions:</p> <ul style="list-style-type: none"> <li>- MCA flow chart to be implemented in East in-patient wards.- A Quality Improvement project to consider these areas has been raised. - Standard work relating to expected documentation relating to MCA to be developed in conjunction with Safeguarding team.- Clerking on admission by Advanced Nurse Practitioners and medics to include consent statement to examination and treatment. - Electronic Admission booklet incorporating joint initial assessment to be introduced- explore drop down re MCA.- Highlight to service leads and ward managers, with decision to be made as to appropriate action to address in team meetings. Care plan standard work to be developed.- Care plan audit to incorporate review of MCA and personalisation where applicable.- Highlight to service leads and ward managers, with decisions to be made as to appropriate action to address – consider supervision, team meetings.- Include appropriate terminology in MCA training.- Mental health practitioner to deliver training re dementia care and terminology.- Further training will be offered to registered in-patient staff, and will include completion of DoLS application and scenarios of application- DoLS flowchart to be re-shared.- Rio project to ensure dedicated area on system for recording legal representative.</li> </ul>

	Audit Title	Aim/Actions
2	(5052/CA) Review of Psychotropic Medications in patients with Learning Disability (STOMPwLD) in Campion Unit PPH	<p>To reduce the rate of mental health related long-term medication prescribed to People with Learning Disabilities (PwLD) and/ or Autistic Spectrum Disorder (ASD) who are in the absence of any documented mental health diagnoses (including adults with a learning disability and/ or autism being prescribed antipsychotics and/ or antidepressants without an appropriate clinical reason). To ensure the prescribing of psychotropic medication in PwLD follow Royal College of Psychiatrists and NICE guidelines. To review medication antipsychotics, antidepressants, anxiolytics, hypnotics, and mood stabilisers prescribed in PwLD.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>- Share learning at academic meeting, Learning Disability Governance meeting, Learning Disability doctors meeting, Campion unit meeting</li> <li>- The POMH audit of Learning Disability may function as suitable re-audit</li> <li>- More routine side effect scale for inpatients</li> <li>- Weekly standard Glasgow scale by nursing staff and/ or doctors</li> </ul>
3	(6611/CA) Antimicrobial Audit for the Integrated Care Home Service	<p>The Rapid Response &amp; Treatment (RRAT) service provides enhanced medical care to West Berkshire care home residents who have deteriorated and may require hospitalisation. This audit assesses the care pathway when antibiotics are prescribed. Antibiotic prescribing is based on the Berkshire Healthcare and the Royal Berks microguide. Where guidance is lacking, advice is sought from the duty microbiologist at the Royal Berkshire Hospital. The objectives are:</p> <ul style="list-style-type: none"> <li>- To determine Integrated Care Home Service compliance against nationally recognised standards of good antimicrobial stewardship and practice.</li> <li>- To establish the extent to which local Trust prescribing guidelines for antimicrobial prescribing are followed by prescribers.</li> <li>- To identify areas of potential risk.</li> </ul> <p>Actions:</p> <ul style="list-style-type: none"> <li>- Share learning with all members within the integrated care home service to ensure all prescribers are aware of the need to document antibiotic prescribed, dose, frequency, course length, antimicrobial prescribing from all prescribers (GP, Hospital Discharge, and other Health professionals) while the patient is on the RRAT caseload, the reason if unable to take cultures, allergy status on both clinical record and Rio alert.</li> <li>- To work with audit department to create a data collecting spreadsheet which will simplify analysis of data.</li> <li>- To update data collection form to include data on whether renal function was reviewed, and renal impairment acted upon.</li> </ul>

	Audit Title	Aim/Actions
4	(6702/SE) Service Evaluation of Drop-out Rates in DBT and MBT between April 2017 and April 2020 in the Intensive Management of Personality-Disorder and Clinical Therapies Team (IMPACTT)	<p>There is an understanding that in Dialectical Behavioural Therapy (DBT) and Mentalization-Based Treatment (MBT) there is a high drop-out rate in the early stages of treatment (DBT pre-commitment and MBT-I) due to the complex nature of their diagnosis and difficulties in engagement. This is a service evaluation set up to assess the dropout rates within the Intensive Management of Personality-Disorder and Clinical Therapies Team (IMPACTT). This was carried out because of noted high rates of dropouts within the service.</p> <p>The objectives of the project are to look at the drop-out rates in both MBT and DBT streams, the reasons for drop out and the point at which clients dropped out.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>- Future research to investigate whether attendance in MBT-I and DBT pre-commitment predicts future attendance and drop out in full treatment.</li> <li>- To investigate the rates of re-referral back into the service and whether treatment was later completed with IMPACTT or another service.</li> <li>- Recognising and assessing client's commitment to see through the treatment at assessment stage, particularly their motivation for change. At this point exploring potential barriers to treatment engagement, and putting together a plan to help overcome barriers, or suggest re-referral for when the individual feels more able to commit to treatment fully.</li> <li>- To additionally look at the role COVID-19 has had on dropout rates, particularly with therapy moving to online format.</li> <li>- To look at drop-out rates in full treatment alone, to be able to compare drop-out rates more directly to the existing literature.</li> </ul>
5	(5736/SE) Urinary Tract Infection (UTI) in mental health, to treat or not to treat? ...empirically	<p>Urinary Tract Infections (UTI's) are considered a common differential in the aetiology of primary psychiatric disorders, relapse of existing psychiatric disorders and in the elderly. However, despite this knowledge, guidelines for treatment of UTI's remain stringent. The presence of genitourinary symptoms may be considered 'essential' for a confirmed diagnosis of a UTI, but such information may be difficult to ascertain in an acutely unwell psychiatric patient. Patients with mental health problems often refuse to give a urine sample when presented with UTI symptoms, so treating empirically (based on observation / experience) helps with stabilization of mental state and improvement in urinary infection symptoms. There is very little guidance on empirical treatment of UTI's that is based solely on clinical presentation that does not rely on patient reports. There appears to be no guidance that focuses on treatment of suspected UTI's in acutely unwell non-communicative or disruptive and agitated psychiatric patients. This service evaluation was conducted to provide guidance on the treatment of UTI's in acutely unwell patients who are not able to coherently communicate their distress or may be asymptomatic but may have a strong clinical indication of an underlying UTI.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>- All patients to have urine dip stick on admission and urine dipstick to be repeated if any change in mental state during hospital stay</li> <li>- To consider empirical treatment based on clinical presentation regardless of urine dipstick</li> <li>- Due attention to be given to patients presenting with change in mental state and clinical suspicion of UTI</li> <li>- Current guidelines for diagnosis and treatment of UTI's to be reviewed</li> <li>- Suggest adding a new category in the current guidelines and devise guideline for 'patients with mental health issues' or 'patients not able to communicate' in the existing protocol.</li> </ul>

	Audit Title	Aim/Actions
6	(5916/CA) Daisy Ward Standards and Effectiveness of MDT Documentation Audit Oct-Dec 2019 (Junior Dr Audit)	<p>The quality of Multi-Disciplinary Team (MDT) documentation can have medicolegal implications, result in poor communication between healthcare team members and cause inefficiency in composing discharge summaries due to lack of clarity on the rationale for various treatments and intervention during an inpatient stay. Furthermore, if leave arrangements are also not documented clearly on the MDT-ward round proforma, it can result in conflict between patients and nursing staff. The objective of this audit was to review MDT-ward round documentation compared to standards set out in the GMC's Good Medical Practice and the Royal College of Psychiatry's Good Psychiatric Practice.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>- Capture input of non-medical/nursing MDT members on MDT-ward round pro-forma to appreciate the outcomes of their assessments/interventions in the patient's therapeutic journey on the ward.</li> <li>- Document the patient's view on treatment and admission to improve the documentation of shared decision making and patient-centric care.</li> <li>- Improve mental state examination documentation to contribute to the documentation of the rationale for treatment decisions, risk assessments and leave arrangements.</li> </ul>
7	(6704/CA) Medication documentation and reconciliation within Crisis Team West (Junior Dr Audit)	<p>Medication prescription and administration has the potential for causing unintentional harm to the patient. In this Crisis Team West led audit, a medication error is defined as an incident in which there has been an error in the process of prescribing, dispensing, preparing, administering, monitoring, or providing medicine advice, regardless of whether any harm occurred. The process of prescribing and giving medication advice is reliant on accurate and up to date. This topic was chosen for audit in order to; review practice and improve (where required) patient safety and reduce medication errors; to measure against Royal College of Psychiatry Home Treatment Team Accreditation Standards; to review whether over the counter medication, alternative therapies or discontinued/non-compliance with medication is documented as prescribed.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>- Introduce proforma as part of initial assessment to standardise assessment.</li> <li>- Provide training session to staff introducing electronic medication proforma for initial assessment.</li> </ul>
8	(6835/CA) Audit of Prolactin Levels in Patients on Risperidone and Paliperidone (Junior Dr Audit)	<p>Hyperprolactinemia is one of the side effects of antipsychotics. Risperidone is known to have the highest prevalence of hyperprolactinemia. Prolactin elevation results in hypogonadism as it inhibits the release of luteinizing hormone and follicle-stimulating hormone from the pituitary gland. For both sexes, this can cause sexual dysfunction, infertility, galactorrhoea as well as increased risk of osteoporosis. Men may develop gynecomastia, and women may experience hirsutism, acne, and menstrual abnormalities, including amenorrhea and oligomenorrhea. This audit aimed to review practice against Trust Guidelines on Monitoring Hyperprolactinaemia (published in 2019) to identify where practice could be improved, thereby helping to minimise risks.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>- Document the reasons behind patients' refusal for a blood test.</li> <li>- Liaise with the GP when patients are not having their prolactin tested for despite being encouraged to do so by their CMHT psychiatrist.</li> </ul>

	Audit Title	Aim/Actions
9	(7326/CA) JD - Re-Audit of Assessment of Alcohol use in Royal Berkshire Hospital Psychological Medicine Service (PMS)	<p>Alcohol consumption is common in the UK. According to statistics, there was an estimated 1.3 million hospital admissions (7.4% of all hospital admissions) with either alcohol use being the primary reason for admission or forming a secondary diagnosis. NICE guidelines (for the assessment of alcohol in liaison psychiatric services) recommend the use of formal assessment tools to assess the nature and severity of alcohol misuse, though a previous audit identified non-compliance with this recommendation. As a result of the previous audit, the PMS decided that it should start using an Audit tool during a patient full assessment. Also, since the previous audit an Alcohol Nurse has been in role (commenced October 2020) at the Royal Berkshire Hospital. The aim of this re-audit was to review whether the Psychological Medicine Service based at the Royal Berkshire Hospital is following local Standard Operating Procedures and NICE guidance when assessing alcohol use in in patients. The objectives were to determine current compliance and compare against the previous audit, to identify the cause of any non-compliance, and to implement changes to practice to improve practice, if required.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>- Integrate Alcohol assessment into PMS assessment template.</li> <li>- Use Audit-C in assessments to triage patients who need a more comprehensive review by Alcohol and Drug specialist</li> </ul>
10	(5322/CA) Berkshire Community Inpatient Ward Audit: Are the nutritional needs of community inpatients being met?	<p>The aim of this audit is to assess if patients on the community inpatient wards are able to choose their own meals and meals are suitable for any dietary restrictions taking into account; whether every patient is screened using the Malnutrition Universal Screening Tool (MUST); whether details of factors relating to nutritional risk are recorded for every patient on initial assessment; if the nutritional screening stages are completed correctly and outline any possible areas of difficulties; the correct plan is documented and whether the appropriate plan put in place was a result of the initial score; whether a patient at medium risk or high risk of malnutrition has been commenced on a food record chart and whether the appropriate action plan has been commenced and followed correctly as well as whether a patients special dietary requirements are noted on admission and visible to the healthcare professional completing menus and serving food.</p> <p>Actions</p> <ul style="list-style-type: none"> <li>- Training on MUST and support given on a regular basis to nursing staff. Develop training videos to support ward and community staff. If MUST score greater than 2, refer to dietitian.</li> <li>- Provide International Dysphagia Diet Standardisation Initiative framework training to staff.</li> <li>- The menu is re-evaluated to contain codes with options for cultural preferences and special diets. More options given as currently only one option for vegetarian, one non-vegetarian and one fish-based meal.</li> <li>- Timely collection of meal orders. E.g. to take meal orders one day in advance to ensure all patients receive their requested meals from the catering department.</li> <li>- Arrange regular staff training on dietary requirement including special and religious diets.</li> <li>- Recommend proper menu planning, include alternative single meal option such as salad meal to break monotony of daily meals, use of À la carte menu along with cyclical menus to offer additional meal choices to meet religious &amp; therapeutic requirements of patients as all meals cannot be incorporated into standard set menus.</li> </ul>

	Audit Title	Aim/Actions
11	(7601/CA) Re-audit on Management of Non-Gonococcal Urethritis (NGU)	<p>This is a re-audit assessing performance against the 2015 British Association for Sexual Health and HIV (BASHH) UK National Guidelines on the management of non-gonococcal urethritis (NGU). This project links to a previous audit carried out in 2018/2019, ID 4661.</p> <p>Aim to identify potential areas for improving our investigations and management of NGU to overall enhance patient care.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>- Ensure clinicians are aware of where to locate the leaflets available in clinic or SMS link to Patient Information Leaflet on BASHH website</li> <li>- Document offer of written information on the patient proforma by free text or selecting the 'advice/leaflets' box</li> <li>- Clinicians informed re. the window period for NGU contacts and ensure this is re-iterated to the patients</li> <li>- Change 'contact slip' check box on proforma to 'partner notification' as a prompt for clinicians to discuss with patients and document</li> <li>- Encourage all patients to complete a full sexual health screen including HIV testing</li> <li>- PIC or PIB code if a test is declined or not required (recently negative and no risk or still in window period), this should be documented in the notes</li> <li>- If a patient is needle phobic and declining, Point of Care Testing should be used</li> <li>- Mycoplasma genitalium testing available locally</li> <li>- Testing all men presenting with urethritis at the first attendance</li> </ul>
12	(8148/CA) Compliance to Guidelines for Paediatric Hearing Aid Verification – a Clinical Audit.	<p>This audit reviews paediatric Hearing Aid appointments for compliance to guidelines with respect to hearing aid verification (BSA, 2018; Hearing and Balance Services Department, 2021). Aim to increase compliance of departmental staff with hearing aid verification guidelines for paediatric appointments.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>- Amend proforma for appointments to allow for recording clinical reasoning for verification processes.</li> <li>- Provide training to all appropriate departmental staff on how to conduct Real Ear to Coupler Difference measurements and the importance of these.</li> </ul>
13	(7221/CA) Antipsychotic prescription for management of delirium in older adult in acute setting (Junior Dr Audit)	<p>This audit is based on NICE Clinical Guideline CG103 and NICE Quality Standard QS63 regarding the assessment of antipsychotic use in management of older people presenting with delirium in acute inpatient wards. Aim to improve the management and treatment of patients with delirium.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>- Qualitative research (a survey or retrospective audit or cohort study using the same sample) to look at the patient characteristics who are being prescribed antipsychotics for delirium.</li> <li>- Long term follow-up of the patient discharged on antipsychotics and whether they are reviewed and/or stopped by other services.</li> <li>- Consider training needs and education for staff in care homes on delirium presentation and management.</li> </ul>

	Audit Title	Aim/Actions
14	(7781/CA) Assessment of alcohol use disorder and its cognitive sequelae in older adult PMS referral in year 2020 (Junior Dr Audit)	<p>Psychological Medicine Services (PMS) is participating in the Trust's 'Alcohol and Cognitive Impairment (working) Group', with a view to developing a pathway within Older Persons Mental Health (OPMH) Services for individuals presenting with cognitive impairment and alcohol use. This audit was designed to review the process of assessment and management of all referrals to PMS Older Adults with alcohol related problems and cognitive impairment. Through this audit, it is hoped that the PMS service can ensure that when an older adult is referred for any alcohol related problems, a holistic assessment of alcohol misuse and its cognitive sequelae and consequently their management is in accordance with national standards.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>- Add the 3 questions of the Audit C to the proforma used by mental health nurses.</li> <li>- Ordering, distribution and training of Emergency Department and ward staff to use Audit C scratch card.</li> <li>- Education session about alcohol assessment and availability of secondary services for signposting and referral.</li> <li>- Creation of a pathway for alcohol assessment and referral for older adult PMS</li> </ul>
15	(8234/CA) Re-audit on communication between health professional and next-of-kin during the course of inpatient admission (Junior Dr Audit)	<p>This re-audit was conducted to establish whether there had been a change in current practice pertaining to communicating with the next- of-kin during inpatient admission at Prospect Park Hospital, following the baseline audit (ID 5493). The baseline audit took place in 2019, for which the Royal College of Psychiatrists' Standards for Inpatient Mental Health Services (2nd edition, 2017) were used to demonstrate national guidelines for best practice. The standards have since been updated to a 3rd edition published in 2019. When a patient is admitted to a Psychiatric hospital, it can be an unnerving experience not only for patients, but also for their next- of-kin, who are often also their caregivers. Educating the next- of- kin about patient diagnosis and treatment may equip them with skills to support patients, enhance treatment adherence, decrease relapse rate, and ultimately lead to a decreased financial burden on mental health services. Thus, it is important for doctors, with patient consent, to communicate effectively with the next-of-kin during inpatient admission.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>- Weekly Multidisciplinary Team (MDT) prompts to communicate with next-of-kin to share clinical information.</li> <li>- A RiO patient record template for documentation of contact made with next- of-kin.</li> <li>- The Carers' Strategy Team will review and update local policy on the Intranet.</li> </ul>
16	(6554/SE) - Understanding Barriers & Facilitators to Accessing & Engaging in Mental Health Support in Adult Survivors of Domestic Abuse	<p>There are many mental health sequelae of domestic abuse, such as depression and anxiety disorders. The BRAVE service in Berkshire has recently been set up to provide psychological support for survivors of domestic abuse. BRAVE is based in Slough Community Mental Health Team (CMHT) and covers East Berkshire, with funding for a 3-year pilot provided in partnership with the Domestic Abuse Partnership Boards across East Berkshire and the Thames Valley Police &amp; Crime Commissioner. The service is not receiving an even number of referrals from all areas within Berkshire, and it is not clear whether this is because the service users themselves do not want to seek support, or because third sector organisations are not making referrals. This service evaluation aimed to understand the reasons and to identify the barriers and facilitators to accessing domestic abuse mental health support, as well as what may help to keep victims engaged in this support.</p> <p>Action: 1. Educating wider professional networks on domestic abuse and its mental health sequelae. 2. Highlighting the importance of wider marketing. 3. Tailoring victim-facing materials to address their concerns and fears.</p>

	Audit Title	Aim/Actions
17	(7381/SE) Evaluation of the Trust Positive Risk Management Panel's Recommendations & Implementation (Junior Dr Project)	<p>This service evaluation will allow an assessment of the effectiveness and success of the Positive Risk Management Panel (PRMP) in aiding decision-making by reviewing the types of questions brought to the panel, the recommendations made by the panel and whether these recommendations are ultimately implemented. The aim is to understand the themes within questions posed to the PRMP, explore the types of recommendations subsequently made by the panel and determine the extent to which these recommendations are followed and applied by the clinical team.</p> <p>Actions:- Educating clinical teams as to the role of the service.- Triaging referrals.- Introducing a mandatory feedback tool for clinical teams to return to the panel, documenting adherence and justifications for deviation.- Audit of justifications given.</p>
18	(7885/SE) - Staff engagement with the Support Hope and Recovery Online Network (SHaRON)	<p>This service evaluation aimed to review staff engagement with the Support Hope and Recovery Online Network (SHaRON) within Berkshire Healthcare services, as SHaRON has varying levels of uptake and success across services. SHaRON is an online, peer support network, moderated by staff, accessible 24/7 to service users and/or relatives and carers. It was important to consider reasons for the varying levels of uptake, as less success means that service users do not have access to a potentially beneficial support network and when utilised, SHaRON is a system that can help Berkshire Healthcare reach its True North Goals.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>- Provide initial and refresher training to staff.</li> <li>- Each service to define their SHaRON referral pathway and eligibility criteria.</li> <li>- Provide anonymised anecdotal accounts from SHaRON users to clearly outline the benefits of joining</li> <li>- Communicate examples of potential risks and safety concerns and mitigations in place and perceived risks and safety issues by staff and actual experience of SHaRON users.</li> <li>- Create more 'pull' or demand from service users to become SHaRON members by advertising it.</li> <li>- Provide update at Trust briefing event on SHaRON to show there is a high level of support and endorsement and to generate further interest.</li> <li>- Communicate a 'you said', 'we will do' approach followed by a 'you said' 'we did'.</li> </ul>
19	(7427/CA) Audit of Child Protection Record Keeping Documentation 20-21	<p>The aim of this audit was to establish if the key actions from the previous audit (August 2018) have been adhered to in Berkshire Healthcare NHS Foundation Trust, for children subject to a Child Protection Plan, and that there is good compliance of the use of the Safeguarding Form.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>- All Trust and Royal Borough of Windsor and Maidenhead practitioners will be reminded to request core group minutes &amp; record the request in the child's records.</li> <li>- To increase the number of cases to ensure that the report is shared with the child's parents.</li> <li>- To ensure that the social workers details are recorded on the safeguarding form.</li> <li>- As per the record keeping policy to ensure that all RiO patient record entries are validated once complete.</li> <li>- All practitioners should ensure they attend the Core Group meetings.</li> </ul>

	Audit Title	Aim/Actions
20	(7600/CA) Mental Capacity Act (MCA)-Standards audit for adults who lack capacity to consent to dental investigations & treatment under IV sedation	<p>This retrospective audit is part of the work of the Regional Managed Clinical Network (MCN) for Special Care Dentistry. It is a starting point to assess current practice with a view to standardising the way capacity is assessed and consent gained for our patient group who require serious medical treatment. The same audit is taking place in Bucks Community Dental Service (CDS) and Oxford Community Dental Service; this information will be shared. The aim was to carry out a retrospective baseline audit to assess current compliance against the MCN standards.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>- As part of the work of the MCN, new consent forms were developed to be considered for use across the region. These address all aspects of the standards that the audit assessed.</li> <li>- This new consent form could be considered by the management of the Berkshire Community Dental Service for implementation when finalised.</li> <li>- Follow up the results from the other services.</li> <li>- Inform Berkshire Community Dental Service senior management team of the audit findings and the potential new consent form which will better ensure compliance.</li> <li>- Introduce staff to the new consent process.</li> <li>- Consider re audit if agreed after a suitable time period.</li> </ul>
21	(8413/CA) Re-Audit of The Quality of Review Health Assessments for Children and Young People in Care	<p>This audit is required as part of the reporting schedule (Children and Young People in care) to Frimley and Berkshire West Clinical Commissioning Groups. This is a re- audit based on the national standard for the quality of health assessments. (National Tariff Payment System). The audit is of Review Health Assessments (RHAs) completed by Berkshire Healthcare staff. RHAs completed by non-Berkshire Healthcare staff are quality assured individually at the time of receipt.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>- The findings of the audit will be shared at the Children, Young People and Families Directorate, Patient, Safety and Quality meeting.</li> <li>- The following will be incorporated into the level 3 children in care training provided for all staff undertaking review health assessments. The following should be recorded on the RHA: - the date of all past appointments with health professionals.- the date of all future appointments with health professionals.- the date of the last dental check should be recorded and can be obtained from the child / young person or carer. If a child is aged 3 years and is not registered with a dentist, then a recommendation should be made to register with a dentist.- Information gathered from other health professionals providing care e.g. (CAMHS, therapies, hospital services, GP)- the date of the most recent eye test - the date of the most recent hearing test should be recorded on the RHA if available. If it is not available, the date can be obtained from the newborn hearing screen service or care plus. If the child has not had a school entry hearing screen at the appropriate age it will need requesting from school nursing or audiology.- Information from other health professionals should be gathered and recorded on the RHA. If the child is in receipt of one of these services and it is provided by Berkshire Healthcare, then the information will be available on RiO. If not, then the practitioner will be required to obtain this information from the relevant health professional.</li> <li>- The Drug Use Screening Tool should be completed for all children were there is evidence of substance misuse.</li> <li>- The Strengths and Difficulties Questionnaire should be available and if not, the reason recorded.</li> <li>- The family composition of the home where the child is placed should be documented.</li> </ul> <p>If the child has an Education, Health and Care Plan which is not available on the RiO patient record then a copy should be requested from Social Worker.</p>

	Audit Title	Aim/Actions
22	(7935/CA) Discharge communication between general adult acute psychiatric ward, GP, and community mental health team	<p>Given a probable positive association between increased numbers of re-admittance to hospital and delay in dissemination of discharge summaries to appropriate care givers, as well as increase in risk of adverse events to patients in post- discharge period; it is vital that discharge communication is efficient amongst secondary and primary care providers for a safe continuity of care. This audit aimed to improve the content of initial discharge letters which are sent to the GP when a patient is discharged from the ward. Specifically, it reviewed whether the initial discharge letter is sent within 24 hours of discharge to the GP, and whether the initial letter includes elements of care planning as outlined in NICE guideline (NG53) Transition between inpatient mental health settings and community or care home settings.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>- Doctors to ensure that discharge plan/care plan section in discharge letter is completed.</li> <li>- Having clear subtitles such as physical health and housing/benefit in discharge letter may act as reminders or prompts to including this information.</li> <li>- Similarly, questions with specific wording are likely to improve documentation on social aspects of care.</li> <li>- Whenever a safety plan is completed partially or could not be completed at the time of discharge, then reason to be documented within safety plan.</li> </ul>
23	(4875/CA) Discharge paperwork audit (2019) managing discharges within the Slough Home Treatment Team	<p>Within the Crisis Resolution and Home Treatment Team (CRHTT) East, it had been apparent that discharges were not being completed in a timely manner, potentially leading to several implications: - Patients may request their discharge summaries, and if the paperwork is not completed, they are not able to access this. - Without a discharge summary, the GP may not be aware of any changes to medication, therefore individuals are not able to receive up-to-date repeat prescriptions. - Sometimes, if the paperwork has not been completed and the individual has not been fully discharged from the team, this may delay access to another service. The objectives for this audit were to check and understand the team's current performance against the agreed clinical standard which is: discharge paperwork should be completed within 7 working days of the individual being informed of their discharge.</p> <p>Actions:</p> <ul style="list-style-type: none"> <li>- A discharge summary must be completed for all patients within 7 days of their discharge from CRHTT.</li> <li>- Even if patient's care is transferred to community mental health team, GP must be notified following their discharge.</li> <li>- A discharge letter/summary must be sent to GP's informing them of all admissions to PPH during CRHTT input.</li> <li>- We agreed that a discharge is not required each time for a frequent attender unless there is a change to their care plan.</li> <li>- A discharge letter/summary must be sent for patients with out of area GP's withing 7 days as a standard.</li> <li>- Where a discharge summary is not done, reasons should be documented in patient's progress notes.</li> </ul> <p>There appears to be various ways of sending these discharge summaries out to the GP – via post, electronic transfer via docman and envoy post. Not all staff members appear to be either familiar with or not having access to docman or envoy post.</p> <ul style="list-style-type: none"> <li>- Staff should have access and adequate training for electronic transfer methods.</li> <li>- Staff should have protected time in rotations dedicated for completing discharge summaries.</li> <li>- Discharge summaries completed by Band 3 staff require countersigning by their supervisors which sometimes cause delay. There should be a dedicated 1:1 weekly supervision for Band 3 staff.</li> </ul>

	Audit Title	Aim/Actions
24	(5525/SE) Evaluation of group psychoeducation for perinatal Post Traumatic Stress Disorder (PTSD)	<p>Approximately 4% of women develop PTSD following a traumatic childbirth. However, as childbirth is generally viewed as a positive life event, there is currently a lack of understanding and awareness of postnatal PTSD, and many women go untreated. The Berkshire traumatic stress service set up a birth trauma pathway to treat women with postnatal PTSD. As postnatal PTSD is often misunderstood and women report feeling alone in their struggles, a psychoeducation group was trialled to help individuals to understand their diagnosis and treatment and allow them to speak to other women experiencing similar difficulties. To our knowledge, there are currently no studies or audits exploring the use of psychoeducation groups for perinatal PTSD.</p> <p>Actions:- To continue delivering the group in its current format with the content, length, and size of the group to remain the same, with a few additional elements to be added in. - To continue to ensure there is time and space for reflection, and discussion of barriers and challenges that may arise. - Group to cover nightmares in more detail.- Time spent on coping with anger and difficult feelings towards healthcare staff following their birth experience.- Additional resources, such as, books and websites where they can find out a bit more information about birth trauma to be given out during the groups.- Wanting to hear stories from people who have completed treatment to know there is hope. - Content to pass onto family and friends, or a session involving family and friends to help increase their understanding. - For the group to discuss how much information would be shared early on when setting the group boundaries and rules and to discuss how best to handle triggering situations that can arise within sessions.</p>
25	(8501/CA) Identification of hypertension in inpatient acute and old age psychiatry wards at Prospect Park Hospital (PPH) through regular observations. (Junior Dr Audit)	<p>This audit aimed to identify whether repetitive high blood pressure measurements that do not reach the threshold of National Early Warning Score (NEWS) warning are escalated for medical review, and to discuss the estimated effect of implementing routine blood pressure review on diagnosing new hypertension and identifying poorly controlled known hypertension. Hypertension is a risk factor for various health conditions that could be significantly life-limiting. Because it is usually asymptomatic, hypertension is often picked up opportunistically when the blood pressure is measured. Whilst hypotension can be easily picked up through NEWS, hypertension is not flagged until the systolic blood pressure exceeds 220 mmHg, a value that suggests hypertensive crisis, requiring emergency treatment.</p> <p>Actions:- Initial cardiometabolic risk screening form to be completed before the first few MDTs so as not to miss any risks on admission. - To set reminder in MDT forms which will be revisited every week, to review physical observations (to include a reminder at the bedside, such as a laminated poster on the observation machine outlining the diagnostic values of hypertension, with a reminder to document in RiO and mention in hand-over if BP raised.- There is no alert system available to assist nurses and support workers to identify raised blood pressure. A reminder/system at the bedside, such as a laminated poster on the obs machine (e.g. as attached below) outlining the diagnostic values of hypertension, with a reminder to document in RiO entry and mention in hand-over if BP raised.</p>

## Appendix D- CQUIN 2021/22

No CQUIN for 2021/22.

## Appendix E- CQUIN 2022/23

The national 2022/23 CQUIN can be found at the following Link:

<https://www.england.nhs.uk/publication/combined-ccg-icb-and-pss-commissioning-for-quality-and-innovation-cquin-guidance/>

## Appendix F- Statements from Stakeholders

### **Berkshire Healthcare NHS Foundation Trust – Quality Account 2021/22 Response from Council of Governors to the Trust**

This report provides an excellent account of Berkshire Healthcare Foundation Trust. The information is clearly expressed and with much of interest for all readers. The Governors feel that these figures reflect the actual performance of the Trust.

We know staff and management are proud of the CQC rating of ‘outstanding’ and, indeed, as Governors we are happy to be associated with such a high performing Trust.

It is true however, that not every one of the Trusts’ 160 services meets a high standard of excellence every day. This is one reason for welcoming the new patient satisfaction measure introduced at Berkshire Healthcare 2022 and which should impact reporting in 2022/23.

The CQC has limited capacity to scrutinise large and complex NHS organisations. So governors welcome the opportunity to visit any service and see for themselves how it operates and talk to staff and patients about their activities and concerns.

Governors appoint non-executive directors to the board of the Trust. ‘Non-execs’ provide further scrutiny and they also visit services to understand the operation at the patient interface.

Members of the public can get involved through ‘15-step’ visits and by engaging with the Trust through their local Healthwatch organisation.

Anyone can become a member of the Trust – see the website for joining details – and as a member you can get involved and put yourself forward as a governor helping fulfil the aim to provide public scrutiny of the local NHS services.

For the last two years I have mentioned governors wanted further recognition of the important role carers play in a patients’ recovery through trust policies and processes. We are pleased that implementation of this initiative has started, albeit rather slowly. We regard this as a way of multiplying the effectiveness of our clinicians. It has been neglected by the NHS for too long.

We are interested in the well-being of staff without which Trust services could not operate. The NHS has a mixed reputation in relation to looking after employees, and we are pleased that BHFT scores relatively highly when compared to its peers in the nationally mandated staff survey. We know more can be done especially in supporting minorities.

We are happy that management keeps governors up to date on the rare occasions when service quality concerns are raised. Governors are free to question the executive in Governor Council meetings some of which are also open to the public.

These comments are based on the Quality Account for the third quarter of 2021-2022. The draft report was circulated to the 30 members of the Council of Governors for the Trust in March 2022. All governors were given the opportunity to comment. Feedback is passed on to the team responsible for the report.

**Paul Myerscough, Lead Governor**

## **Berkshire Healthcare NHS Foundation Trust Response:**

The Trust welcomes this response from the Council of Governors to its 2021/22 Quality Account.

We would like to thank the Governors for their ongoing commitment to helping improve our trust services.

We are grateful for the comments received which has helped inform the quality account and make it a more accessible document.

We note the comments made in relation to the new 'iWantGreatCare' patient experience measure and we will be further reporting on this in the 2022/23 Quality Account.

In relation to supporting carers, we will again be including a section on this in our 2022/23 Quality Account to help promote and progress this area further. We have a full-time carer lead role in place to continue the implementation of our carer strategy.

We agree that the positive wellbeing of our staff is vital to the successful operation of our services. We thank the Governors for their support in this, and staff access to effective health and wellbeing support has again been set as an objective for the 2022/23 financial year.

We look forward to keeping the Council of Governors apprised of our progress and thank you for your ongoing support.

Responses to individual queries have been included in a separate document and sent to the Chair of the Council of Governors.

## Commissioners Response – BHFT Quality Account 2021/22

This statement has been prepared on behalf of Frimley CCG.

The Clinical Commissioning Group is providing a response to the Quality Account 2021/22 submitted by Berkshire Healthcare Foundation Trust (BHFT).

The Quality Account provides information on the achievements of the priorities for improvement that were set for 2021/22 and gives an overview of the quality of care provided by the Trust during this period. The priorities for 2022/23 are also detailed in the report. The CCG is committed to working with the Trust to achieve further improvements and successes in the areas identified within this Quality Account.

The Trust's Quality Priorities highlighted in the previous Quality Account were covered within the overall categories of Patient Experience, Harm-Free Care, Clinical Effectiveness, and Supporting Staff. These have been retained for 2022/3, with a framework in place to monitor priorities for improvement.

The CCG would like to take this opportunity to commend BHFT for adapting their practices and pathways in order to deliver effective services whilst maintaining the safety to staff, patients and partners, particularly during the challenging circumstances of the COVID-19 pandemic.

### Patient Experience and Involvement

We note the Trust's continued commitment to using patient and carer feedback to improve services. The adoption of the "I Want Great Care" measurement tool supports this. As part of this work, we note the focus on inpatient flow and minimising delayed transfers of care, with most targets on track for achievement. Areas for further gains in adult mental health acute wards have been identified in respect of bed occupancy and length of stay. We acknowledge that conditions have been challenging for all mental health providers with an increase in demand and acuity seen during the pandemic. The Trust continues to build on the measures and mechanisms for this discussed in last year's report, with developments such as live listings of patients awaiting discharge, and a scorecard for assessing rapid community discharge arrangements.

The resumption of the Friends and Family Test has been actioned, following a temporary national suspension due to the COVID-19 pandemic. We note that response rates are lower than anticipated to date, but the Trust continues to promote this feedback mechanism and focus on improving its positive response ratings.

### Harm-Free Care

The Trust has been assiduous in applying and monitoring infection prevention and control measures to mitigate COVID infection risks for patients and staff.

Inpatient falls continue to be a key priority and a challenge in terms of reducing numbers; we note that the target of fewer than 20 inpatient falls per month has been difficult to achieve consistently. We acknowledge that Trust's close monitoring of this work and steps taken to address the risks, including the rapid quality improvement event held in late 2021 and the ongoing quality improvement initiatives adopted at ward-level.

We applaud the Trust's achievement of its pressure ulcer targets, namely:

- To have no more than 19 grade 2 pressure ulcers due to a lapse in care by Trust staff (9 recorded to date)
- To have no more than 18 grade 3 or 4, unstageable or deep tissue injury pressure ulcers due to a lapse in care by Trust staff (1 recorded to date)

Although the achievement of reducing self-harm incident on mental health inpatient wards has not been achieved consistently throughout the year, we appreciate the complexities particularly in respect of patients who use self-harm to cope with difficult feelings, and the risks of escalation if overly restrictive practices are

adopted. We acknowledge the work being done around use of activity co-ordinators at times of higher incidence, and work on reduction of risks around ligature-related incidents.

Suicide rates remain on a downward trajectory year-on-year since 2011/12, but the pandemic has presented particular challenges with a recent rise evident. It is encouraging to see the time and energy the Trust devotes to minimising risks, including work on risk and safety plans, and the forthcoming workshop for staff on reducing risks for autistic adults and young people.

We acknowledge that the Trust has a rigorous process for reviewing and learning from deaths and applaud the Trust's consistent and informative engagement with the Frimley ICS Mortality Review Group. Lapses in care identified in relation to deaths remain low but are nevertheless closely examined to draw out learning and drive improvement.

We also note the significant improvement across the year in the percentage of CMHT service users with a Serious Mental Illness who have all their annual physical health check parameters completed within a year of referral. The Trust is now exceeding its target percentage.

The Quality Account is clear about key quality risks and mitigating actions, including the aforementioned adult mental health inpatient bed occupancy rates, shortages of permanent nursing and therapy staff, and waiting times (a challenge exacerbated by the pandemic).

All of the above is supported by the Trust's commitment to strengthening its safety culture, including staff training, and an open and honest culture that promotes and learns from incident reporting. The Trust has been consistently open and engaged with the CCG on Serious Incident reporting and maintains an organised and expert approach to investigations, learning and action planning.

### Clinical Effectiveness

It is reassuring to see that the Trust maintains a strong clinical audit function and, notably, has undertaken detailed reviews of compliance with two high priority NICE guidelines:

1. Managing COVID-19- Recommendations relating to Venous thromboembolism (VTE) prophylaxis (Guideline NG191) – for which the Trust meets 100% of the recommendations.
2. Supporting Adult Carers (NG150) – for which, alongside other steps, the Trust has developed a Carers Strategy including key standards and a compliance audit process.

We note and applaud the Trust's work on Learning Disabilities Improvement standards. We would particularly like to mention the strong engagement and support the CCG has received from the Trust's Learning Disabilities Team on the LeDeR programme, and in supporting vaccination services with uptake of COVID vaccinations among people with Learning Disabilities.

On the subject of COVID vaccinations, we must also mention the excellent work carried out by the Trust's Hospital Hub and the dedication shown by the School Aged Immunisation Service (SAIS) in rolling out COVID vaccinations to 12–15-year-olds with relatively short notice and during their busiest period.

### Supporting Staff

With the challenges in availability of permanent nursing and therapies staff particularly in mind, we note the Trust's work on staff retention (turnover being a challenge), appraisals, training support, health, and wellbeing. Also notable is the way in which the Trust has supported staff in different ways of working (including home-working) during the pandemic, and its encouragement of staff initiative and ideas to promote quality improvement.

Staff sickness has been a challenge for all organisations during the pandemic, not only due to COVID-related absences but also the pressures on NHS staff. It is unsurprising that the data show a rise in sickness rates

during this period. We note the Trust's dedication to addressing these challenges, including initiatives and support to promote staff mental health.

It is notable that the Trust enjoys high levels of staff satisfaction (recorded via the NHS National Staff Survey) and that their advice has been sought from the national team on how this has been achieved.

Our commentary above summarises some of the key aspects reported in this year's Quality Account, but we also acknowledge the depth and detail included on many other aspects of quality work undertaken across the Trust's diverse range of services over the past year.

#### Priorities for 2022/23

As discussed above, we note the Trust's decision to continue with its existing key priorities into 2022/23, and that these broad areas of focus contain a huge amount of subsidiary detail and ambition. This indicates an organisation that continues to push itself to achieve more and has a strong governance framework in place which enables the identification of priorities on which to focus.

We would like to thank the Trust for sharing this report for comment and look forward to working together in the new context of the Integrated Care Board during 2022/23. We are keen to maintain a strong interface with the Trust on quality issues and to act as a bridge and facilitator across all parts of the system in support of quality improvement, pathway redesign and achieving the best possible outcomes for patients.



#### **Berkshire Healthcare NHS Foundation Trust Response:**

The Trust wishes to thank Frimley CCG for this response to its 2021/22 Quality Account, and appreciate the time taken to review our report and formulate this response.

We would like to thank the CCG for the ongoing support they have given throughout the year. We reciprocate the sentiments made in relation to our strong partnership working, for example in relation to our shared work on learning from deaths and LeDeR and would like to thank the CCG for their valuable input in these areas.

We are committed to maintaining a strong future interface with our commissioners and with the Integrated Care Board and look forward to continuing this partnership working to address the needs of our shared patient population.

### General comments

1. The report outlines high performance from Berkshire Healthcare NHS Foundation Trust (BHFT) and demonstrates a commitment to learning and improvement. We particularly congratulate you on the overall Outstanding rating from the Care Quality Commission, with all of your services individually rated as outstanding or good. The Panel noted that NHS Improvement judged the Trust to have the highest level of performance for finance and use of resources. We also note your progressive use of technology to transform patient care, recognised by NHS England as a 'Global Digital Exemplar'.
2. Including an acronym list with the report was very useful and made it easily accessible to the Panel. A map showing the division between East and West Berkshire would also be a helpful appendix.

### Specific queries and comments

1. Page 9: 51% of complaints related to adult mental health provision. What improvements have you implemented as a result? What plans do you have in place to reduce the overall level of complaints in this area?
2. Page 15: Harm-Free Care. The panel is aware of mandatory training designed to prevent harm to those with learning disabilities or autism due to poor communication or lack of understanding of their needs. What is your plan for implementing this training?
3. Page 25: What are the reasons for focussing on the two NICE guidelines highlighted on this page? How do you ensure the implementation of new NICE guidelines?
4. Page 28: Staff turnover this year is 15% compared with 13.1% in 2020-21. Has COVID-19 led to increased staffing pressures?
5. Page 28: The statistics on vacancies show an increase in the last 10 months with approximately a 70% between January 2021 and January 2022. What percentage of your current staff are agency staff?
6. Page 29: The report states 8 nursing international recruits secured. How do you support international recruits, for example, how do you assess English language skills, particularly in a medical setting? Are language classes provided if necessary? Is recruiting from the European Union more challenging since we left the EU?
7. Page 32: Congratulations on being the best performing community and mental health trust in the country for your staff engagement scores in the 2020 national survey. This is a significant achievement and the Panel notes that other national teams are working with you to learn more.
8. Page 33: Bullying and racism. What mechanisms do you have for staff reporting? How do you undertake independent investigations?
9. Page 33: Is there evidence of increased aggression towards staff at weekends, particularly in accident and emergency? Are additional security staff bought in to manage aggressive patients?
10. Page 37: Changes to the Diabetes service are noted and welcomed given the cost and health implications for the NHS and residents. What is the target for reducing Type 1 diabetes in 2022/23?

11. Page 40: Is the SHaRON Support Hope and Recovery Online Network well advertised and easily accessible to users and carers?
12. Page 40: East Berkshire has focussed on increasing support and waiting times for Occupational Therapy. Why only in this geographic area?
13. Page 41: We are pleased to hear about increased investment in the Bracknell school nursing team. Could you provide data on the new drops ins and what they are delivering?
14. Page 42: We are pleased that ADHD has received new investment and recruited 27 people. Where will the Family Support Workers and Children's Wellbeing Practitioners be located? How many of each are provided for each area?
15. Page 42: We are pleased to see that clinical staff have received training on recognising autism in girls. What measures are you using to monitor that this is resulting in higher identification of needs and referral of girls to support services?
16. It is recognised that ADOS (Autism Diagnostic Observation Schedule) has a male bias. What is your position on using DISCO (Diagnostic Interview for Social and Communication Disorder) where appropriate as a tool to better recognise internalised autism presentation in girls?
17. Page 42: Where are 'Find out Fridays' being advertised?

In conclusion, the Panel considers that, on all important measures, the Trust is performing exceptionally well. On behalf of the residents of Bracknell Forest who we represent, we are very appreciative of the high-quality patient care and health services provided by the Trust.



#### Berkshire Healthcare NHS Foundation Trust Response:

The Trust welcomes this response from Bracknell Forest Council's Health and Care Overview and Scrutiny Panel to its 2021/22 Quality Account.

We thank you for the general comments made in relation to our progress during the year. We agree with the suggestion of including a map of our East and West Berkshire localities and have done so in the appendices of our final report.

In relation to the specific questions raised, we have addressed each of them individually below:

**1. Learning from complaints about mental health service provision.** Learning from complaints is an ongoing and standing item agenda at all Divisional Performance and Patient Safety and Quality Meetings. Key themes and lessons are shared widely with the services and discussions are held on complex cases and sensitive issues. We share lessons learnt from investigations (serious incidents and complaints), reviews and audits to help create a culture of continuous learning and to prevent re occurrences of the same themes. Areas of improvement specifically for mental health have included:

- Completion Risk summary and safety plans
- Physical health monitoring
- Improving safeguarding reporting
- Improving record keeping and documentation
- Knowledge on the referral pathways for geriatric services

- Teams to ensure all potential triggers for deterioration which are recorded in the person's previous history are included in the risk formulation/assessment
- Improving ownership of actions emerging from the multidisciplinary team (MDT)

**2. The Oliver McGowan Mandatory Training in Learning Disability and Autism (Health Education England (hee.nhs.uk))** has been in development for a number of years, and some of our trust staff were involved in one of the pilot training events. These pilots are still being evaluated and once The Oliver McGowan Mandatory Training trial is complete the Department for Health and Social Care will use the evaluation to inform a wider rollout of the training. We will therefore need to wait for the wider rollout, but it is anticipated that this will be mandatory training for staff as indicated as part of the national rollout.

**3. NICE Guidance.** We have a Trust policy and procedure for implementing NICE Guidance which involves identifying, assessing, and implementing NICE Guidance that is relevant to our services. The trust target is to be compliant with at least 80% or more of the guidelines that are relevant to us, and currently this is at 86%. Progress is monitored at the Trust Clinical Effectiveness Group, chaired by the Trust Medical Director. The two NICE Guidelines detailed within this year's Quality Account report were selected for inclusion by our Trust Clinical Effectiveness Group. They were selected for sharing in the Quality Account following the feedback on the 2020/21 Quality Account by stakeholders and their topical relevance and interest to the wider public.

**4. Staff Turnover.** During COVID the NHS saw a dip overall in turnover levels and has seen an increase since pandemic restrictions have been eased. There seem to be two main reasons for increased turnover. Firstly, the external recruitment market has picked up and secondly there are more roles being advertised in the NHS as funding for new roles to clear backlogs of work has created new roles.

**5. Agency Staffing.** For 2021, we had an average of 1.5% agency staff. However, please note that the percentage of temporary staff (both bank staff and agency staff) was at around 12%.

**6. International Nurses.** International nursing applicants must have a recognised English Language qualification such as the International English Language Testing System (IELTS), when applying for our roles. We do support some internationally qualified nurses who are already in the country and working for our trust as Health Care Support Workers to take their English Language qualifications. We have staff members dedicated to the recruitment and pastoral care of our new international nurses ensuring that they are fully supported as they join the trust and settle into their new lives here in the UK.

**7. Staff Engagement Scores.** Thank you for your comment about this. The trust is hugely proud of this achievement. Nevertheless, there is always more that we can do to improve our employee experience and we continue to work on those areas that we think we can do better in.

**8. Reporting Bullying and Harassment.** All staff are encouraged to report incidents of bullying and harassment through our incident management system DATIX. Staff are encouraged to raise concerns via our Freedom To Speak Up guardian, their line manager or Human Resources (HR). We also have a dedicated Violence Reduction Lead who monitors reports of bullying and harassment via our incident reporting systems and proactively reaches out to offer staff support. When incidents are reported we conduct an initial fact-find and decide if the incident requires a full investigation. We have an independent team of investigators who will investigate incidents if required.

**9. Violence and aggression at weekends.** The Trust does not operate an Emergency Department. There is evidence that staff can feel more vulnerable at weekends due to lower staffing levels and this can include managing violence and aggression, all contributing factors are reviewed as part of the incident investigation process.

**10. Diabetes Service.** Type 1 Diabetes is an autoimmune disease and so it is not possible to reduce the numbers of people with Type 1 as it is not related to lifestyle factors. People with Type 1 diabetes account for around 10% of all

people with diabetes. The Diabetes Centre therefore focus on managing the outcomes for these patients, we participate in the National Audit of Diabetes and are involved in a Quality Improvement programme to improve the outcomes for patients with Type 1 diabetes

**11.The SHaRON Support Hope and Recovery Online Network.** For Services which host a ShaRON platform there is marketing and leaflets available. Access to SHaRON is via a referral process from a Trust service, patients can only be invited to join if they are eligible. All eligible patients receive relevant information leaflets about the service which is discussed at an appointment with them.

**12. Occupational Therapy (OT) for Children and Young People** This is within the service improvement section and the East Service has highlighted this as an area which has received additional investment from the CCG this year. The service in the east of the county is commissioned jointly by Frimley CCG and the 3 local authority areas in the east of the county (Bracknell, Slough and RBWM). Berkshire West CCG commission OT for the west of the county from Berkshire Healthcare and Royal Berkshire Foundation Trust.

**13.School Nurse (SN) drop-ins in Bracknell.** This is within the service improvement section and the Bracknell school nursing team secured additional investment to support the development and implementation of school nurse drop-ins.

The aim of the drop-ins is to:

- Improve general health and wellbeing of primary school children by supporting them, their parents, and carers to feel empowered to make informed healthy life choices.
- To provide the opportunity for parents/carers of primary school aged children as well as children themselves to meet with the SN directly to discuss any health needs/concerns they may have.
- Improve the general health and wellbeing of young people at secondary school enabling them to make informed and safe choices to take responsibility for their own behaviour, healthcare, and lifestyle.

Data is provided on a quarterly basis to Bracknell Forest Public Health on the uptake of the service.

**14.Family Support Workers and Children's Wellbeing Practitioners.** All the new posts are recruited into the Berkshire wide team and will operate from sites across the whole county.

**15.Recognising autism in girls.** Various studies have previously suggested that the ratio of autistic males to females ranges from 2:1 to 16:1. The estimate is currently 3:1 and there are ongoing national challenges around missed diagnosis or misdiagnosis for autistic girls and women. In terms of referrals to our autism assessment team, previous analysis of data shows that mean age of referral for girls was decreasing, but that boys were still referred and diagnosed younger. The data also suggested that schools were less likely to refer girls for an assessment of autism.

We provide free training to schools and other settings (e.g., Primary Perspectives in Education and Primary Care) which includes information on identification and how autism can present differently in girls or those who mask and camouflage. The concept of masking and camouflaging is often associated with girls and women but can also occur in boys and men. We also explain that, when young people mask and camouflage, this may mean there are few concerns in the school setting but there can be a high cost to the young person (in terms of the cognitive and emotional effort required) and that the family are much more likely to be aware of the challenges the young person faces than the school.

We also have an open referral system whereby anyone can refer for an autism assessment including parents/carers and the young person themselves if they are 16 years or older. This is intended to remove potential barriers to referral and is easily completed via an online referral form. All assessments consider what the needs of the young person are to make the most helpful recommendations, signposting and any onward referrals that might be needed. Assessment reports will also include specific resources and information on how autism might present in girls and/or where masking

and camouflaging is part of the profile. We also provide training on autism to clinicians across the CAMHS services through the clinical effectiveness seminary programme.

**16.The ADOS (Autism Diagnostic Observation Schedule) and DISCO (Diagnostic Interview for Social and Communication Disorder).** Autism assessments consider information from a range of sources. There are core components to the assessment, but assessments are also modified when needed. Assessments include:

- Detailed autism specific developmental history with parent/carer.
- Assessment (through interaction with and observation of the child or young person) of social and communication skills and behaviours, focusing on features consistent with ICD-11 or DSM-5 criteria. This is often completed using the ADOS-2, but not always.
- Information obtained from the school setting– by detailed questionnaire or where helpful observation in school and/or interview with school staff
- Discussion with the child/ young person wherever possible to gather additional information about their lived experiences
- Additional self-report measures such as the Camouflaging of Autistic Traits Questionnaire and the Autism Quotient (AQ50)

All clinicians are aware of the limitations of the ADOS-2 and all assessments will carefully consider information from a range of sources. No one aspect of the assessment is unduly weighted in terms of reaching a diagnostic decision i.e. all the information obtained from a range of sources will be reviewed and carefully considered by at least 2 clinicians before a diagnostic decision is reached.

The DISCO is an interview schedule completed with a parent/carer and therefore assessment through interaction and observation is still required (which is the function of the ADOS-2). Throughout all aspects of the assessment, the team is very aware of the need to carefully consider the diagnostic assessment process for girls or where masking and camouflaging may be present. We consider this from the point of recruitment of staff onwards and we ask all interview candidates about their understanding of autism in girls and explore their understanding of masking and camouflaging. This is also included as ongoing Continued Professional Development training for the team

Our clinicians understand the nature of autism spectrum disorders and the wide variation in the ways they can be seen. This includes the need to look deeper for signs of autism, to modify assessment processes when needed and to consider lived experiences throughout the assessment process. We understand the importance of considering experienced/internalised autism in our assessments and the risks when the focus is only on observed autism. We also understand the importance of self-reporting to help us gain a greater understanding of the young person, their profile of strengths and challenges, their lived experience and what they feel would most help them.

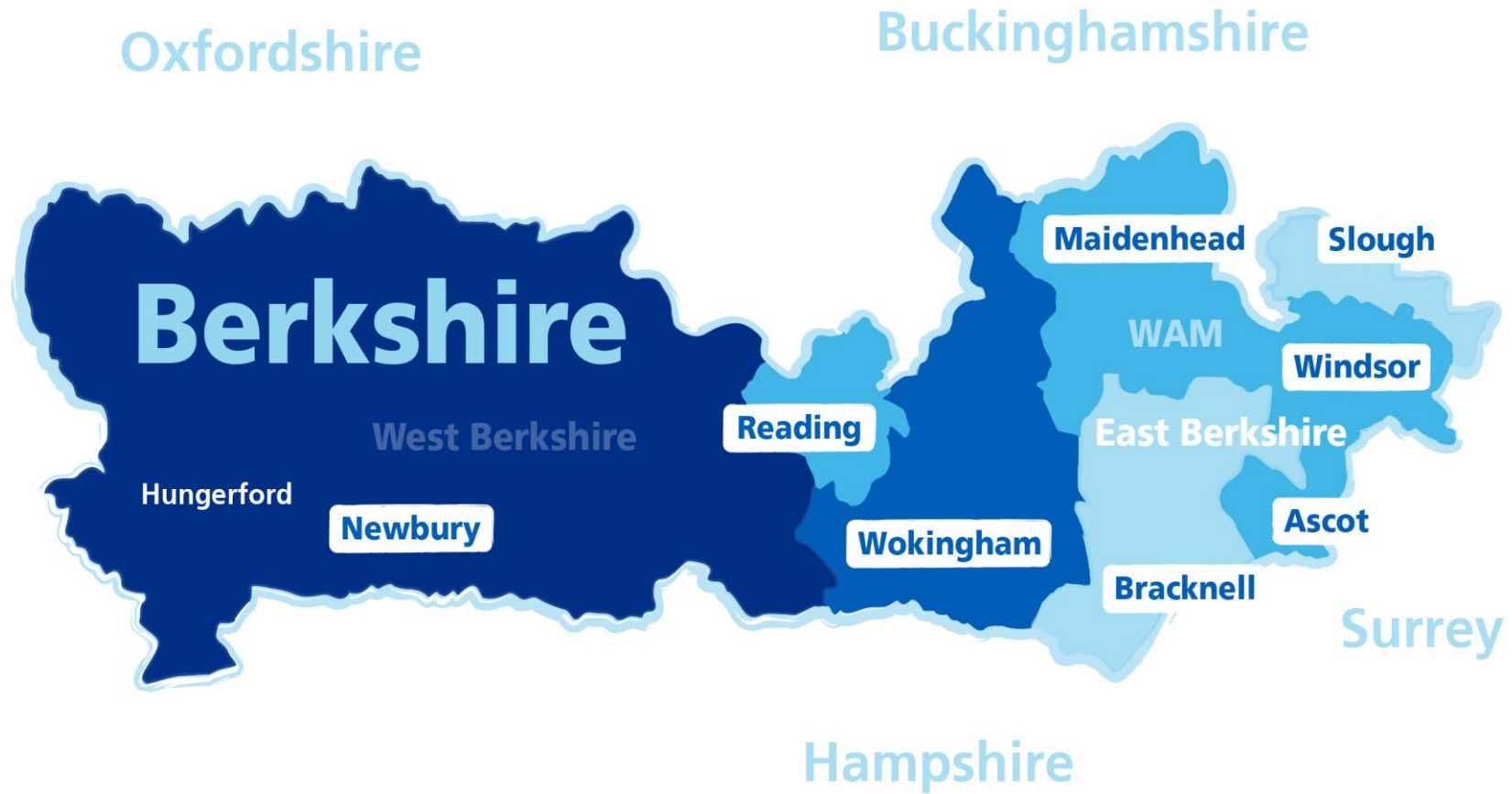
**17.Find out Fridays** are advertised on SHaRON to all members of the A&D subnet. All parents coming to our service are offered SHaRON. Currently we have over 700 members.

---

## **Appendix G- Independent auditor's report to the Council of Governors of Berkshire Healthcare NHS Foundation Trust on the quality report**

Not required for 2021/22

Appendix H- Map of Berkshire Localities



## Glossary of acronyms used in this report

Acronym	Full Name
<b>A&amp;D</b>	Anxiety and Depression
<b>A&amp;E</b>	Accident and Emergency
<b>ADHD</b>	Attention Deficit/ Hyperactivity Disorder
<b>AIRS</b>	Adult Integrated Respiratory Team
<b>ACP LD/A</b>	Advanced Practice Credential in Learning Disability and Autism
<b>AMPS</b>	Assessment of Motor Processing Skills
<b>ARFID</b>	Avoidant/restrictive food intake disorder
<b>ASD</b>	Autistic Spectrum Disorder
<b>ASSIST</b>	Assertive Intervention Stabilisation Team
<b>AWOL</b>	Absent Without Leave
<b>BAF</b>	Board Assurance Framework
<b>BAME</b>	Black Asian and Minority Ethnic
<b>BASHH</b>	British Association for Sexual Health and HIV
<b>BEDS</b>	Berkshire Eating Disorder Service
<b>BLIS</b>	Berkshire Long COVID Integrated Service
<b>BMI</b>	Body Mass Index
<b>BtC</b>	Behaviours that Challenge
<b>CAMHS</b>	Child and Adolescent Mental Health Service
<b>CARRS</b>	Cardiac and Respiratory Rehabilitation Service
<b>CBNRT</b>	Community-Based Neuro-Rehabilitation Team
<b>CBT</b>	Cognitive Behavioural Therapy
<b>CCG</b>	Clinical Commissioning Group
<b>CCN</b>	Community Children's Nursing
<b>CDS</b>	Commissioning Data Set or Community Dental Service
<b>CDiff</b>	Clostridium Difficile
<b>CLEAR</b>	Clinically Led workforce and Activity Redesign
<b>CMHT</b>	Community Mental Health Team
<b>COPD</b>	Chronic Obstructive Pulmonary Disease
<b>COVID-19</b>	Coronavirus disease 2019
<b>CPA</b>	Care Programme Approach
<b>CPE</b>	Common Point of Entry
<b>CQC</b>	Care Quality Commission
<b>CQUIN</b>	Commissioning for Quality and Innovation
<b>CRHTT</b>	Crisis Resolution and Home Treatment Team
<b>CWP</b>	Children's Wellbeing Practitioner
<b>CYPF</b>	Children, Young People and Families
<b>CYPIT</b>	Children and Young People's Integrated Therapy Service
<b>DBT</b>	Dialectical Behavioural Therapy
<b>DOC</b>	Duty of Candour
<b>DoLS</b>	Deprivation of Liberty Standards

<b>Acronym</b>	<b>Full Name</b>
<b>DSPT</b>	Data Security and Protection Toolkit
<b>ECG</b>	Electrocardiogram
<b>EDI</b>	Equality Diversity and Inclusion
<b>EHCA</b>	Educational Healthcare Assessment
<b>EHCP</b>	Education Health and Care Plan
<b>EIP</b>	Early Intervention in Psychosis
<b>EUPD</b>	Emotionally Unstable Personality Disorder
<b>FFT</b>	Friends and Family Test
<b>FREED</b>	First Episode Rapid Early Intervention in Eating Disorders
<b>FSM</b>	Family Safeguarding Model
<b>FTSU</b>	Freedom to Speak Up
<b>GMC</b>	General Medical Council
<b>GOSW</b>	Guardian of Safe Working
<b>HDS</b>	Hospital Discharge Service
<b>HV</b>	Health Visitor, Health Visiting
<b>IAF</b>	Information Assurance Framework
<b>IAPT</b>	Improving Access to Psychological Therapies
<b>ICS</b>	Integrated Care System
<b>IFR</b>	Initial Findings Report
<b>IHA</b>	Initial Health Assessment
<b>IHV</b>	Institute of Health Visiting
<b>IMPACTT</b>	Intensive Management of Personality Disorders and Clinical Therapies Team
<b>IPC</b>	Infection Prevention and Control
<b>IPS</b>	Individual Placement and support (Employment Service)
<b>IV</b>	Intravenous
<b>iWGC</b>	I Want Great Care (patient experience monitoring)
<b>KUF</b>	Knowledge and Understanding Framework
<b>LAC</b>	Looked After Children
<b>LD</b>	Learning Disability
<b>LeDeR</b>	Learning Disability Mortality Review Programme
<b>LIC</b>	Lapse in Care
<b>LoS</b>	Length of Stay
<b>MAPPA</b>	Multi-agency Public Protection Arrangements
<b>MBT</b>	Mentalization-Based Treatment
<b>MCA</b>	Mental Capacity Act
<b>MCN</b>	Managed Clinical Network
<b>MDT</b>	Multi-Disciplinary Team
<b>MH</b>	Mental Health
<b>MHA</b>	Mental Health Act
<b>MHFA</b>	Mental Health First Aid
<b>MHICS</b>	Mental Health Integrated Community Health Service
<b>MHST</b>	Mental Health Support Team

<b>Acronym</b>	<b>Full Name</b>
<b>MRSA</b>	Methicillin-Resistant Staphylococcus Aureus
<b>MSK</b>	Musculoskeletal
<b>MSG</b>	Medicines Safety Group
<b>MUST</b>	Malnutrition Universal Screening Tool
<b>NACAP</b>	National Asthma and COPD Audit Programme
<b>NAIF</b>	National Audit of Inpatient Falls
<b>NCAP</b>	National Clinical Audit of Psychosis
<b>NCAPOP</b>	National Clinical Audit and Patient Outcomes Programme
<b>NCEPOD</b>	National Confidential Enquiry into Patient Outcome and Death
<b>NCISH</b>	National Confidential Enquiry into Suicide and Homicide
<b>NDA</b>	National Diabetes Audit
<b>NEWS</b>	National Early Warning System
<b>NGU</b>	Non-Gonococcal Urethritis
<b>NHS</b>	National Health Service
<b>NHSE</b>	NHS England
<b>NHSI</b>	NHS Improvement
<b>NICE</b>	The National Institute of Health and Care Excellence
<b>NIHR</b>	National Institute of Health Research
<b>NRLS</b>	National Reporting and Learning System
<b>OAP</b>	Out of Area Placement
<b>OCD</b>	Obsessive Compulsive Disorder
<b>OH</b>	Occupational Health
<b>OPMH</b>	Older Peoples Mental Health
<b>OT</b>	Occupational Health
<b>PALS</b>	Patient Advice and Liaison Service
<b>PCN</b>	Primary Care Network
<b>PEACE</b>	Pathway for Eating Disorders and Autism developed from Clinical Experience
<b>PHE</b>	Public Health England
<b>PICT</b>	Psychologically Informed Consultation and Training
<b>PICU</b>	Psychiatric Intensive Care Unit
<b>PINC</b>	Psychology Interventions in Nursing and Community
<b>PMS</b>	Psychological Medicine Service
<b>PNA</b>	Professional Nursing Advocate
<b>POCT</b>	Point of Care Testing
<b>POMH</b>	Prescribing Observatory for Mental Health
<b>PPE</b>	Personal Protective Equipment
<b>PPH</b>	Prospect Park Hospital
<b>PPARET</b>	Prospect Park advocacy for racial equality team
<b>PRMP</b>	Positive Risk Management Panel
<b>PRN</b>	Pro re nata (as required)
<b>PTSD</b>	Post-Traumatic Stress Disorder
<b>PU</b>	Pressure Ulcer

<b>Acronym</b>	<b>Full Name</b>
<b>QAC</b>	Quality Assurance Committee
<b>QI</b>	Quality Improvement
<b>QMIS</b>	Quality Management and Improvement System
<b>R&amp;D</b>	Research and Development
<b>RHA</b>	Review Health Assessment
<b>RIE</b>	Rapid Improvement Event
<b>RiO</b>	Not an acronym- the name of the Trust patient record system
<b>RRAT</b>	Rapid Response and Treatment
<b>RTT</b>	Referral to Treatment Time
<b>SE</b>	Service Evaluation
<b>SEND</b>	Special Educational Needs and Disability
<b>SHaRON</b>	Support Hope & Recovery Online Network
<b>SI</b>	Serious Incident
<b>SJR</b>	Structured Judgement Review
<b>SMI</b>	Severe Mental Illness
<b>SN</b>	School Nurse/ School Nursing
<b>SOP</b>	Standard Operating Procedure
<b>SSN</b>	Special Schools Nursing
<b>STOMPwLD</b>	Stopping Over-Medication of People with a Learning Disability
<b>SUN</b>	Service User Network
<b>SUS</b>	Secondary Users Service
<b>TT</b>	Talking Therapies
<b>UCR-CH</b>	Urgent Community Response team for care home residents
<b>UTI</b>	Urinary Tract Infection
<b>VTE</b>	Venous Thromboembolism
<b>WDES</b>	Workforce Disability Equality Standard
<b>WRES</b>	Workforce Race Equality Standard
<b>YOT</b>	Youth Offending Team