Berkshire Healthcare
NHS Foundation Trust

COUNCIL OF GOVERNORS

The next meeting will be held on Wednesday, 16 June 2021 starting at 10.30 am

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

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

AGENDA

ITEM	DESCRIPTION	PRESENTER	TIME
1.	**Welcome & introductions**	Chair	2
2.	**Apologies for Absence**	Company Secretary	1
3.	**Declarations of Interest** 1. Annual Declarations of Interest (Enclosure) 2. Agenda items	 All All	2
4.1	**Minutes of Last Formal Meeting of the Council of Governors and Matters Arising – 10 March 2021**	Chair	2
5.	**Election Results**	Company Secretary	2
6.	**Committee/Steering Groups** Reports: *a)* Living Life to the Full *(Enclosure)* *b)* Membership & Public Engagement (*Enclosure* *c)* Quality Assurance meeting *(Enclosure)*	 Committee Group Chairs and Members	10
7.	**Executive Reports from the Trust** 1. Patient Experience Quarter 4 Report *(Enclosure)* 2. Performance Report *(Enclosure)* **3.** Annual Plan on a Page (Enclosure)	Liz Chapman, Head of Service Engagement and Experience Julian Emms, Chief Executive Julian Emms, Chief Executive	15
8.	**NHS Staff Survey Results** (Enclosure)	Alex Gild, Deputy Chief Executive	20
9.	**People Recovery Plan – Staff Health and Wellbeing** (Enclosure)	Alex Gild, Deputy Chief Executive and Chief Financial Officer/Bridget Gamal, Head of Psychological Therapies	15

10.	**Governor Feedback Session** *This is an opportunity for governors to feedback relevant information from any (virtual) external meetings/events they have attended*	Martin Earwicker, Chair	
11.	**Any Other Business**	Chair	2
12.	**Dates of Next Meetings** • *28 July 2021 – a special formal meeting to appoint a new Non-Executive Director* • *28 July 2021 – after the formal meeting there will be a Joint NEDs and Governors meeting*	Martin Earwicker, Chair	1

Berkshire Healthcare
NHS Foundation Trust

Minutes of the Council of Governors Meeting held on

Wednesday, 10 March 2021 at 10.30 am

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

	Present:	Martin Earwicker, Chair
	Public Governors:	Verity Murricane John Barrett Paul Myerscough Tom Lake Julia Prince Tom O'Kane Joan Moles Raymond Fox Andrew Horne Jon Wellum Gillian Mohamed
	Staff Governors:	June Carmichael Guy Dakin
	Appointed Governors:	Suzanna Rose Cllr Deborah Edwards Cllr Isabel Mattick
	In attendance:	Julian Emms, Chief Executive Julie Hill, Company Secretary Jennifer Knowles, Office Manager Louise Arnold, Deputy Office Manager and Executive Assistant Aileen Feeney, Non-Executive Director Naomi Coxwell, Non-Executive Director
	Guests:	Amanda Mollett, Head of Clinical Effectiveness and Audit Jane Nicholson, Director of People Mike Craissati, Freedom to Speak up Guardian Liz Chapman, Head of Patient Experience
1.	**Welcome and Introductions**	
	Martin Earwicker, Chair welcomed everyone to the meeting.	
2.	**Apologies for absence**	
	Cllr Graham Bridgman, Cllr Jenny Cheng, Natasha Berthollier and Arlene Ansell.	

3.	**Declarations of Interest**
	a) Declarations of Interest None declared **b) Annual Declarations of Interest** None declared
4.1	**Minutes of Last Formal Meeting of the Council of Governors – 02 December 2020**
	The minutes the meetings held on 02 December 2020 were approved as a correct record of the meeting.
4.2.	**Matters Arising**
	The matters arising log had been circulated. All actions had been completed.
5.	**Quality Accounts 2020-21 (Quarter 3)**
	The Chair welcomed Amanda Mollett, Head of Clinical Effectiveness and Audit to the meeting. Amanda explained that the document shared was the draft Quality Accounts for 2020-21 which must be shared with the Council of Governors for comment. Amanda Mollett requested that any feedback regarding the document was sent to Paul Myerscough, Lead Governor by 16th April 2021. The final document would be submitted for Board approval in May 2021 and the Trust was required to publish the finalised document in July 2021. Amanda highlighted the following key points: - On page 22, it detailed the overall summary and achievements, which directly linked to the metrics for the year, detailed on page 23 - The team was currently finalising the metrics for 2021/22 in line with the Trust's "True North" Patient safety, falls, self-harm and avoidable deaths will be included next year as priority metrics - Section 2.1.5, page 52, this relates to Service improvement section which highlighted the service improvements. In particular, how the teams had adapted to Covid-19 in order to keep both patients and staff safe. The Chair asked whether the document would be audited. Amanda Mollett confirmed that NHS Improvement had issued guidance which confirmed that the Quality Accounts would not be externally audited for the second year running due to the COVID-19 pandemic.. It is John Barrett noted how much this document had improved over the years and referred to the summary of each service on page 52, saying that it was a clear indication of how the services had managed to cope throughout the pandemic, which give great transparency to the Governors. The Chair thanked Amanda Mollett for her attendance.
6.	**Committee/Steering Groups**
	Reports: **a) Living Life to the Full (Enclosure)** John Barrett referred to the service information being shared widely to the Council of Governors and explained that it had been well received by the group. It was likely that if information such as this was received in the future, then it would be shared in the same way, for information for the Governors.

John said that linking with 3rd sector organisations to present and share more information about how they worked and how they linked with Berkshire Healthcare was a positive step forward and it was hoped that links with such organisations would continue in future.

The Chair asked whether running the meetings via Teams was working well in terms of attendance and having external attendees join the meeting. John confirmed that it had been successful and there were more non-core members joining the group which was very positive.

b) Quality Assurance (Enclosure)

Andrew Horne shared with the group that he chaired the last meeting due to Susanna Carvalho being absent. Jon Wellum was welcomed to the group as a formal member and all Governors are welcome to future meetings.

It was agreed that visits were still on hold due to the pandemic and the focus was currently on the patient reports and ensuring that Quality continued. Virtual visits were still able to be completed and these were being looked into for the coming months.

c) Membership and Engagement (Enclosure)

Tom Lake reported that Membership was currently stable in relation to numbers of members. The AGM in September had been recently discussed with the Chair during a Governor Coffee morning.

Tom Lake suggested that it could be beneficial to have a face to face meeting, which was also broadcasted to those who could not travel to the location.

There were Governor vacancies which were currently going through the election process. Tom Lake asked for support from all Governors to share the open positions to those they knew and with groups where suitable. It was noted that the diversity of Council was important, however it was also important to have no vacancies.

John Barrett referred to the diversity of the Governors and suggested that it was difficult to change the diversity of the council when it was already challenging to recruit new Governors in general. Julia Prince suggested that the Council should request some support from established Network groups to help with recruiting a diverse group of people. The Chair agreed that the Council was currently not fully representing the true diversity of Berkshire residents.

Isabel Mattick said that she was working with multiple community groups and had encouraged individuals to apply.

Jon Wellum asked whether there would be a possibility of sharing work that the Governors did with social media, radio or television to support with recruitment. Jon also recommended sharing publicly what the Council had been doing to support the Trust during the pandemic in order to raise the profile of governors and encourage more people to put themselves forward for election.

7. People Strategy

The Chair welcomed Jane Nicholson, Director of People to the meeting.

Jane shared a presentation on the newly developed People Strategy.

Jane noted that the Trust had used Quality Improvement methodology to develop the People Strategy and had taken account of the views of staff.

It was highlighted that the Trust was located in an area of the country where there was a high turnover of staff and it was challenging to recruit newly qualified clinical roles to fill

vacant positions. If the Trust did not retain more staff then there was a high risk that the Trust would continue to lose skilled staff members and subsequently use Human Resources time to keep replacing those people and spend additional monies on recruitment and on Bank and Agency staff to fill vacant positions. It was noted that the Trust had reduced its turnover figure and had run a number of successful recruitment campaigns.

The strategy had also been designed to be in line with:

- The New Trust Strategy
- Equality, Diversity and Inclusion Strategy
- New NHS People Plan
- Integrated Care System People Strategies in both Berkshire Systems (Buckinghamshire, Oxfordshire and Berkshire Well and Frimley Health and Care)

The Trust was aware of the areas of improvement to target and the aim was to make the Trust outstanding for all staff and patients.

Jane explained that the Trust was working to:

- Become more proactive in identifying and planning for future workforce
- Increase retention rates
- Make training accessible for all staff
- Maximise the value of apprenticeships
- Support our people to thrive at work
- Be compassionate and inclusive to all – specifically with all Leaders across the organisation
- Proactively embrace all benefits of technology

The Key priority for the Trust was to make Berkshire Healthcare 'Outstanding for Everyone'. Focussing our attention on areas of poorer experience, using our Quality Improvement principles. Jane noted that the overall responsibility for the implementation of the people strategy would be the responsibility of the Strategic People group and they would report into the Trust Board via Board sub-committees.

The Quality Improvement Approach around this piece of work had highlighted the top three reasons why staff had been leaving:

- Work-Life Balance
- Relocation
- Promotion/Career Opportunities

The team had also created a list of core performance measures which would be used to measure the outcome of the work. It was noted that some of those targets were quite ambitious, however they were considered to be achievable.

John Barrett referred to success planning and said that there were opportunities to create specialised posts to retain key areas of expertise. John asked about the progress with the compassionate leaders programme and additionally asked whether there were any patterns identified in relation to BAME leavers.

Jane explained that there was sometimes an opportunity to create a specialised post because there was no 'perfect solution' which would suit all. However, this was only when there was an issue in relation to retaining skilled staff at the moment and the aim was to do this piece of work proactively to support staff better.

Jane confirmed that the Compassionate Leadership work had been well received and the feedback in relation to the training had been outstanding. There was now additional work going on to keep Compassionate leadership at the top of the agenda for all Leaders across the organisation.

Jane also confirmed that there were some areas of the organisation where there were differentials of experience between our BAME staff and non-white staff. For example, more BAME staff reported being subjected to bullying and harassment than their white counterparts.

Cllr Deborah Edwards highlighted that since the presentation was written, there had been a national announcement regarding NHS pay and the fact that there was not going to be a pay rise soon. It was acknowledged that Berkshire was an expensive place to live and therefore retain staff and recruit staff to. Cllr Edwards questioned how the Trust was planning on supporting staff.

Jane explained that there NHS staff were covered by national pay and conditions.

Tom Lake shared his view on the deliverables and explained that it was his opinion that the retention target was not adequately reflected within the deliverables list. Tom also highlighted that relocation had not appeared within the presentation at all, therefore questioned whether the Trust was able to help staff to integrate into the local area to help with the attraction of hiring new staff. Jane Nicholson reassured the Governors that all of the work was focused around retaining staff. The work that had been completed around understanding why staff were leaving had given the Trust a key insight into this and people would leave any role due to poor health and wellbeing, lack of opportunities and if they had experienced something negative such as an internal investigation. Creating a positive experience for staff was key and it all linked back to retaining staff.

Tom Lake referred to the current training regime and asked whether this could be expanded on because it was currently asking too much from people to do the integration themselves. Jane said that training was being reviewed and how training was delivered and what was mandatory training.

Tom O'Kane referred to the 'Just Culture' and said that the NHS had historically been a 'Blame Culture' therefore it would be challenging to change. It was noted the 'Just Culture' was a positive step and supported by the Governors.

Isabel Mattick asked whether all members of staff felt they had been listened to and asked for their opinions on this work. Jane explained that not every single member of staff had been directly asked about the People Strategy, however all the relevant representatives in each area had been fully consulted. The Staff Survey results had also been considered in this work and a large number of staff did respond to the last survey which was positive.

June Carmichael recognised that Berkshire was a high cost living area and asked whether the Trust could work collectively with other local Trust such as the Royal Berkshire Hospital to offer additional perks such as gym membership and accommodation allowance to attract staff to the area. June also asked whether there was a direct link between staff leaving and pay, specifically recently considering the changes to people's personal circumstances due to Covid-19. Jane Nicholson explained that the Trust was going to be completing a trial of recruiting a small number of international nurses who would be integrated into the local area, this work would be done in partnership with Oxford Health. Accommodation would be worked into this trial, alongside opportunities within local groups etc. There would also be other opportunities following on from the recent Remote Working Policy which had been published and shared among staff.

Julia Prince asked how to minimise the disconnect between the high-level plans and the front-line staff, because sometimes they did not align. Jane Nicholson said that this related to the Leadership within the Trust and how this looked post Covid-19. The new policies were designed to enable staff to work flexibly and remotely where appropriate to do so and they were also designed to support both Managers and staff to agree terms within their own teams.

The Chair thanked Jane Nicholson for her attendance.

8.	The Freedom to Speak Up Guardian Role Presentation
	The Chair welcomed Mike Craissati, Freedom to Speak up Guardian to the meeting. Mike shared a short presentation on the work of the Freedom to Speak Up Guardian. Mike Craissati explained that the role of the Guardian was split into two areas; the reactive work, in relation to specific cases and proactive, in relation to changing the culture of the Trust, speaking openly and safely. The main aim was to encourage staff to speak up and for Leaders to listen to their teams across the organisation and provide the right feedback. Mike highlighted that staff experience was a large part of his role and it was important that staff felt they could speak to the Freedom to Speak Up Guardian as an independent and impartial individual. Mike worked closely with colleagues in Human Resources and due to this relationship, the majority of cases were resolved quickly. Mike worked with the highest degree of confidentiality at all times and the work was to support he bigger 'Just Culture' work. It was explained that the majority of themes around these reported cases related to bullying and harassment, racism or incidents with visitors to patient wards. It was noted that very few concerns related to patient safety issues. Andrew Horne asked how many cases per month were dealt with by Mike and also referred to the racial abuse numbers and asked whether this related to patients being racially abusive towards staff members as well as staff to staff. Mike confirmed that he worked closely with the high case areas such as Prospect Park Hospital and there was work ongoing to support staff who received patient abuse in all forms within the different teams already, as well as collectively across the Trust. Mike explained that over the past 2 years the number of cases had more than doubled and this was thought to be a result of staff feeling more comfortable in speaking up, rather than because there were more incidents occurring. Paul Myerscough noted that the numbers reported formally were extremely low and questioned whether there were a lot of cases which were still not being reported. Paul subsequently referred to the number of people who left as a result of a work altercation and asked whether Mike was involved with those cases. Mike Craissati explained that he did not get involved in those larger cases. In terms of reporting, Mike reported formally to the National Reporting body. It was noted that we report less than similar sized organisation and this was thought to be related to the success of the Trust's reporting processes and that staff felt comfortable following the formal processes as well. Julia Prince asked whether staff felt comfortable to speak up and also asked whether it suggested that there was a bullying culture in the Trust at the moment. Mike shared that approximately 80% of cases related to bullying or harassment, therefore it was actively seen across the Trust. There was a zero-tolerance approach to bullying, however there was more work to be done across the organisation. There was also more work to be done to encourage staff to speak up and help to feel comfortable in speaking up when an incident did occur. Guy Dakin asked what the barriers were which may be preventing staff from making contact and also suggested that there may be a fear among staff that there would be repercussions if they did speak up. Mike Craissati explained that his role was with the highest of confidentiality and as long as there was nothing illegal discussed or an area of concern for patient safety, then the conversation did not go further. Nothing was said or done without the agreement of the individual who had decided to share information with the freedom to speak up guardian. John Wellum noted that one factor which may stop people from speaking up was the education system. Other countries had a variety of expectations in giving the opportunity to speak up. Mike Craissati acknowledged this and explained that he worked closely with a

	variety of teams who may be considered disadvantaged or vulnerable due to their current areas or their backgrounds. The Chair thanked Mike Craissati for his attendance.
9.	**Executive Reports from the Trust**
	1. Patient Experience Quarter 3 Report (Enclosure) Liz Chapman, Head of Service Engagement and Experience provided an overview of the report and highlighted the following points: The Trust had received 51 formal complaints during Quarter 3. Our formal complaint rate for Quarter 3 was 0.04% of contacts (a reduction from 0.05% in Quarter 2). Liz shared that the Trust received 11 fewer complaints in Quarter 3 compared with Quarter 2. Table one of the documents had been updated to include % of complaints against the number of contacts, as requested by June Carmichael at the last meeting. Community Nursing had received the biggest increase in complaints and the highest number of complaints out of our community-based services (with an increase to 5, compared with 1 in the previous quarter). That being said, there were no locality outliers, and this equated to 0.006% of the contacts, which was why it is so important to look at both numbers and percentages. Of the 51 formal complaints the Trust received, 3 were related to Covid-19. One of these was shared as an anonymous complaint with the Governor Quality Assurance Group. The team continued to the monitor informal complaints and concerns that were resolved locally. The Trust continued to meet with representatives of the local Healthwatch organisations and as Amanda Mollett had explained within her presentation, the Quality Account was shared with Stakeholders and the draft was currently with Healthwatch for their review and feedback. The Friends and Family Test (FFT) uptake was still lower than we would like, and the team continued to work with services on this. Following attendance at the Governor Quality Assurance Group – we welcomed Tom O'Kane and Paul Myerscough who had kindly offered to take part in the annual status reviews for unreasonably persistent complainants. John Barrett asked whether Healthwatch was changing and asked for clarification. Liz Chapman explained that there had been no formal communication about any changes, however it was likely that Healthwatch would be splitting into East and West areas, rather than into specific localities. Tom Lake asked whether there was control around patients who travel to out of area placements and capturing their experiences. Liz explained that whilst patients were out of area, they were included in Patient Experience monitoring for the organisation they were placed with, rather than with us. This was worked on a case by case basis. The Chair thanked Liz Chapman for her attendance. **2. Performance Report (Enclosure)** The Chair welcomed Julian Emms, Chief Executive to the meeting. The report was taken as read.

	Paul Myerscough referred to the update on the National situation and asked for an update on the new Mental Health Act. Julian Emms explained that there was a 'White Paper' which was under review to reform the Mental Health Act. Minoo Irani, Medical Director presented a report to the Board yesterday to discuss the changes in the White paper. Minoo Irani, explained that the consultation for the White paper closed on 21st April 2021 and the Trust was encouraging feedback from multiple services across the Trust. If everything went to plan, the implementation would not be until 2023 as it had to complete a full consultation process. Paul Myerscough referred to the Out of Area Placement numbers and asked whether there was a narrative that could be shared for context around the numbers. Julian Emms explained that we measured the numbers by bed days, rather than patient numbers. There was a reduction during April, May and June 2020 of bed placements, however after restrictions were lifted, there was a huge increase from areas which had never been seen previously. John Barrett referred to the Court and Liaison Service and asked for more information about this. Julian Emms explained that it was a service that linked in extensively with the voluntary sector to ensure we were proactively supporting patients in the voluntary services as much as possible. Guy Dakin noted the level of assaults on staff were high in the last quarter and asked what work was happening to support those staff and reduce these in future. Julian explained that a lot of the numbers reported related to re-offending patients and therefore patient cases are being reviewed case by case. It was noted that Campion Unit were taking patients who had behavioural problems, therefore when a new patient was admitted there was the potential for a spike in the number of assaults. Andrew Horne asked which services had to be cut back due to the pandemic in the current wave and also what has the Trust had learnt to prepare for the next pandemic. Julian Emms explained that no services were formally closed in the current wave, however some staff were re-deployed to the critical services where they needed additional support. Minoo Irani explained that crisis plans had always been in place, however the pandemic expanded the plans considerably due to the scale of it. There was evidence based national guidance received to support with our learning, review and implement when relevant to the Trust. There was also internal learning reviewing how patients and staff were kept safe throughout the pandemic. Andrew asked whether there was a systematic look planned to store the learnings for future. Minoo Irani explained that there would be expected to have a national guidance updated after this pandemic to support for future potential pandemics.
10.	**Governor Feedback Session**
	There was no feedback received from the Governors.
11.	**Any Other Business**
	There were no comments.
12.	**Date of Next Meetings**
	• 5 May 2021 – Joint Trust Board and Council of Governors meeting • 16 June 2021 – Full Council meeting The Chair asked for suggestions from Governors to make any improvements to the meeting.

	Jon Wellum suggested reducing the size of the agenda due to the length of time allocated to the meeting. Mr Wellum commented on his preference for additional time and opportunity to ask more questions on some subjects. John Barrett commented positively on the increased amount of interaction at this meeting. Mr Barrett said the meeting was no longer than Council meetings held in face to face settings and felt that virtual meetings enable more business to be discussed, making them more efficient and effective. June Carmichael broadly agreed with John Barrett's comments. Ms Carmichael pointed out there was the ability to read both the Quality Accounts and the People Strategy in advance, and the facility to give input and still contribute has not been lost. Ms Carmichael added there was very good interaction and dialogue and was very happy with the meeting today.
13.	**Confidential Issue**
	To consider a resolution to exclude press and public from the remainder of the meeting, as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.
14.	**Appointment of External Auditors**
	Paul Myerscough, Lead Governor, referred to a meeting of the Auditor Appointment Sub-Group for the appointment of the Trust's External Auditors. The recommendation report outlined the procurement process. The current contract with the incumbent external auditors, Deloitte, was up for renewal this year. Mr Myerscough advised that the contract was tendered under the Crown Commercial Service's ConsultancyOne Framework and that 2 bids were received, from Deloitte and Ernst and Young; Mr Myerscough added that both organisations are capable for the contract. Members of the Sub-Group individually scored each bid against each of the evaluation questions and criteria. This was a lengthy and thorough process and Mr Myerscough thanked the Governor sub-group, Chair of the Audit Committee and Trust staff for supporting this. Mr Myerscough explained it was a statutory role of the Council of Governors to appoint the external auditors and proposed that Ernst and Young, who were awarded the highest score, were awarded the new External Auditor contract. Mr Myerscough asked Governors for their agreement to the recommendation to appoint Ernst and Young. John Barrett acknowledged the amount of work undertaken by the sub-group and felt it pertinent to rely on their recommendation and proposed the recommendation is accepted. Tom O'Kane was part of the sub-group and thanked Paul Myerscough and Tim Shannon for their part in the appointment process. The Chair asked Governors to vote and all agreed unanimously to appoint Ernst and Young as the Trust's External Auditors from 1 April 2021 for a three-year term with the option to extend for a further one year. The Chair thanked all for joining and closed the meeting.

CLOSE OF VOTING: 5PM ON TUESDAY 8 JUNE 2021

CONTEST: Public: Bracknell

RESULT		3 to elect
Rosemary STENT	53	**ELECTED**
Brian WILSON	49	**ELECTED**
Madeline DIVER	48	**ELECTED**
James BIRDSEYE	37	

Number of eligible voters		919
Votes cast by post:	53	
Votes cast online:	39	
Total number of votes cast:		92
Turnout:		10.0%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		92

CONTEST: Public: Reading

RESULT		1 to elect
Tom LAKE	63	**ELECTED**
Raymond EMMETT	45	
Mubarak MOHAMED	14	

Number of eligible voters		1,920
Votes cast by post:	44	
Votes cast online:	78	
Total number of votes cast:		122
Turnout:		6.4%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		122

CONTEST: Public: Rest of England

RESULT		1 to elect
Amran HUSSAIN	36	**ELECTED**
Seth GAY	15	

Number of eligible voters		1407
Votes cast by post:	25	
Votes cast online:	28	
Total number of votes cast:		53
Turnout:		3.8%
Number of votes found to be invalid:		2
Total number of valid votes to be counted:		51

CONTEST: Public: West Berkshire

RESULT		2 to elect
Ros CROWDER	49	**ELECTED**
Raymond BUCKLAND	39	**ELECTED**
Ian GERMER	26	
Karen SWAFFIELD	26	

Number of eligible voters		731
Votes cast by post:	47	
Votes cast online:	38	
Total number of votes cast:		85
Turnout:		11.6%
Number of votes found to be invalid:		1
Total number of valid votes to be counted:		84

CONTEST: Staff: Non-Clinical

RESULT		1 to elect
Guy DAKIN	136	**ELECTED**
Stephanie WYNTER	124	
Natalie DANCE	82	

Number of eligible voters		1251
Votes cast online:	342	
Total number of votes cast:		342
Turnout:		27.3%
Number of votes found to be invalid:		0
Total number of valid votes to be counted:		342

Civica Election Services can confirm that, as far as reasonably practicable, every person whose name appeared on the electoral roll supplied to us for the purpose of the election:-

a) was sent the details of the election and

b) if they chose to participate in the election, had their vote fairly and accurately recorded

The elections were conducted in accordance with the rules and constitutional arrangements as set out previously by the Trust, and CES is satisfied that these were in accordance with accepted good electoral practice.

All voting material will be stored for 12 months.

Yours sincerely

Chloe Martyn

Returning Officer

On behalf of Berkshire Healthcare NHS Foundation Trust

CLOSE OF NOMINATIONS: 5PM ON TUESDAY 27 APRIL 2021

Further to the deadline for nominations for the above election, the following constituencies are uncontested:

PUBLIC: SLOUGH 1 TO ELECT
The following candidate is elected unopposed: Natasha AFFUL

PUBLIC: WOKINGHAM 2 TO ELECT
The following candidates are elected unopposed: Andrew HORNE John L JARVIS

Chloe Martyn

Returning Officer
On behalf of xxx NHS Foundation Trust

Berkshire Healthcare
NHS Foundation Trust

Name of Committee/Group:	Governor Living Life to the Full
Date of Meeting:	14th April 2021
Chair:	John Barrett

Key Agenda Items:	Key Points	Action/decision
Presentation by Tracey Slegg, Head of Human Resources: Staff Survey Results	**Context for this discussion:** Jane Nicholson had spoken to the LLTTF group in October 2020 and given an update on staffing during Covid pandemic. The People Strategy has subsequently been approved by the Trust Board and Governors and Jane Nicholson had given a talk at Mar 21 CoG. Governors had received highlights from Staff Survey from the Chief Executive at full CoG.	**Purpose and aims for meeting:** Fuller explanation of what information is gathered & how it is used. Can a more detailed analysis of staff survey pick up any trends or topics that would fit in with objectives from the People Strategy. Could the staff survey results show if staff have felt any different over the last year.
	Staff Survey has around 75-80 questions and takes around 15-20 minutes to complete. From approx.4,500 staff, 2,683 responded, a response rate of 60% for this year (49% average in similar trusts). Survey had shown positive results. Picker analysed the data and produced an overall engagement score of 7.5.	

	Tracey drew attention to highest scoring themes particularly health and wellbeing and staff morale. Quality Improvement (QI) programme is beginning to embed and roll out in the organisation. As survey is anonymous it is not possible to distinguish between response from clinical and non-clinical staff, it does allow a view of services or departments. It can determine percentage number of team members who have responded. Workshops are being held with the networks to look at questions from a protected characteristic perspective.	John Barrett asked about these workshops. TS confirmed these were going to start last year, following the 2019 staff survey results, however these were paused due to Covid. Previously data had been used at a Trust level and given to the Divisions, but this type of focus work and people planning had not been done before. This is the first year these will take place. JB expressed his hope that this would encourage even more staff engagement in future surveys.
	Two additional questions about Covid response and any lessons that have been learned. These were in narrative form. Things that worked well and should be continued included video appointments, regular live session trust briefings and working with more flexibility including home working. Not all good responses. Experience of some staff was not always positive. TS talked about the differentials inexperience and agreed there is work to be done. TS also highlighted the Workforce Disability Equality Standard (WDES) responses. These show there is work to do improve the work experience of disabled colleagues.	John Barrett asked about deliverables from the People Strategy around appointing a Wellbeing Guardian and introducing wellbeing conversations into appraisals. TS noted that Mark Day, NED, had been appointed as the Trust Wellbeing Guardian and wellbeing discussions are now included in appraisal meetings. Guidelines have been produced for managers around how to signpost any concerns or issues raised by any staff member. TS advised that managers are also being asked to repeat risk assessment conversations with their staff.

	The data shows that of the 4,500 workforce 5% have declared a disability and 84% said they do not have a disability. This leaves 11% undeclared. TS noted that the 11% are the staff that need to be reached as the concern is some may not feel comfortable in declaring their disability and the Trust would need to support them in the workplace with that. TS confirmed that these staff are known from the ESR data and it could be that contact can be made to say it is noticed they have not declared and to support them to unblock any reasons for not having declared.	**TS will take this action to discuss with Alex Gild and Marcella Brown.**
Matters arising from previous meetings and AOB:	Katie Warner, Head of R&D, has agreed to join the LLTTF Group as a Staff Member. Veronica Cairns asked about the progress regarding the Carers Strategy. David Buckle, NED, advised he had drawn attention to the Carers Strategy at a Board subcommittee last year. DB advised that David Townsend had given assurance that it will become business as usual but had been delayed due to Covid.	**DB will ask Julie Hill to share the carers extract form the Quality Assurance Committee minutes.**

Report from Membership and Public Engagement Group to Council – 17 June 2021

The trust's membership was reported as 7,704 public members, 4,676 staff members totalling 12,380. This is satisfactory, even quite well above the 10,000 target. We believe that services like Talking Therapies are encouraging patients to join as members, which is maintaining and even increasing membership.

Public membership is still very unequally distributed across the local authorities.
As a proportion of the population:

Bracknell	0.75%
Reading	1.17%
Slough	0.49%
West Berkshire	0.46%
Windsor and Maidenhead	0.43%
Wokingham	0.59%

We have had a review of interest in different posts in social media and were gratified to see that the post on becoming a governor was read by 439.

This may well be related to the success of the last round of governor elections where we have now got a full complement of public governors.

This year's AGM is likely to be at least partly online. Either a hybrid or fully online. We have made suggestions to the trust on what we consider improvements but with little impact. Council might want to review this topic.

We are taking another look at public engagement by taking evidence from services which depend on public engagement – School Nursing and Talking Therapies. We can report on this approach in future.

Quality Assurance Group
Report for the Meeting of the Council of Governors on 16 June 2021

The Quality Assurance Group met on-line on 22.2.21. Andrew Horne chaired it as Susana Carvalho was unwell.

Amie Wilding, Senior Clinician, attended, accompanied by Katy Beckford, Lead for Community Inpatients. Amie gave a very moving description of her experiences working on a community Covid ward, to which I cannot possibly do justice in this short report. She is extremely proud of her team,and the way they managed to pull together and keep going. The second Wave was harder from a Covid perspective as there were sicker patients and more of them. But from a staff, ward, and organisational perspective, it was easier because the Trust was better prepared and everyone was more experienced. The nurses who were working managed to cope, but those who could not work on the wards because they were shielding felt very guilty. The trust did a brilliant job of supporting staff by re-deploying psychologists to support roles, and they made both individual and group support available. Sickness rates 10% when Covid rates were high because nurses were off with it, but now they are down to 3%. The Trust is closely monitoring health and well-being.

Two members have joined the group that examines whether particular persistent complainants should continue to be subject to special treatment when they make complaints. They will report back in due course.

One member has agreed to join the steering group of a project to develop a new measure of patient experience.

We reviewed the data on waiting lists, and are awaiting further detail on certain points.

We reviewed the Quarter 3 2020/21 Patient Experience & Complaints Report.

The sample anonymised complaint was from a mother whose child was on Daisy ward and had concerns over the communication between herself and the ward.

We agreed that we would join NEDs on some of their virtual visits to routine meetings. Some of these are team business meetings, and some are huddles which are carried out as part of the quality improvement programme.

QAG is open to all governors. It is a great way to learn about the work of the Trust, and no special expertise is required. Anyone who wants to join should contact Jenni at Jennifer.Knowles@berkshire.nhs.uk.

Dr Andrew Horne
8 June 2021

Berkshire Healthcare
NHS Foundation Trust

Patient Experience

Quarter Four 2020-21 Report

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

Berkshire Healthcare
NHS Foundation Trust

Quarter Four – Patient Experience Report (January 2021 to March 2021)

1. Introduction

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

From mid-March 2020, to align with national guidance and directives, the active collection of the FFT was suspended; National data collation for FFT is recommencing in December ready for reporting in January, ahead of this local collation has recommenced during September. To align with the Quality Account, reporting of the FFT in this report will resume from Quarter one 2021/22. An external audit of the Patient Experience Team took place during Quarter four. The report is being finalised and will be reported in Quarter one 2021/22.

2. Complaints received

2.1 All formal complaints received

Table 1 below shows the number of formal complaints received into Berkshire Healthcare for years 2019-20 and 2020-21 by service, enabling a comparison. During Quarter four 2020-21 there were 56 complaints received (including re-opened complaints). This is a decrease compared to 2019-20 where there were 59 for the same period. The total number of complaints received in 2020-21 is 9% lower than the total received in 2019-20.

There were 118,140 reported contacts and discharges from our inpatient wards, giving a complaint rate of 0.05%.

Table 1: Formal complaints received

	2019-20						2020-21							
Service	**Q1**	**Q2**	**Q3**	**Q4**	**Total for year**	**% of Total**	**Q1**	**Q2**	**Q3**	**Change to Q3**	**Q4**	**% Qtr 4 Contacts**	**Total for year**	**% of Total**
CMHT/Care Pathways	8	10	6	13	**37**	**16.02**	4	11	7	↑	12	0.10	**34**	**15.96**
CAMHS - Child and Adolescent Mental Health Services	10	8	8	4	**30**	**12.99**	2	3	3	↑	6	0.07	**14**	**6.57**
Crisis Resolution & Home Treatment Team (CRHTT)	2	2	4	6	**14**	**6.06**	4	2	3	↑	4	0.02	**13**	**6.10**
Acute Inpatient Admissions – Prospect Park Hospital	5	3	7	6	**21**	**9.09**	7	4	1	↑	9	3.91	**21**	**9.86**
Community Nursing	4	3	6	2	**15**	**6.49**	2	1	5	↓	2	0.00	**10**	**4.69**
Community Hospital Inpatient	6	1	5	3	**15**	**6.49**	5	6	3	↑	4	0.63	**18**	**8.45**
Common Point of Entry	2	6	2	2	**12**	**5.19**	1	1	3	↓	1	0.07	**6**	**2.82**
Out of Hours GP Services	0	1	7	1	**9**	**3.90**	4	0	3	↓	1	0.01	**8**	**3.76**
PICU - Psychiatric Intensive Care Unit	0	0	1	0	**1**	**0.43**	2	0	0	↑	2	28.57	**4**	**1.88**
Urgent Treatment Centre	1	1	1	0	**3**	**1.30**	1	0	1	↓	0	0.00	**2**	**0.94**
Older Adults Community Mental Health Team	1	0	0	0	**1**	**0.43**	1	1	1	↑	2	0.02	**5**	**2.35**
13 other services in Q4	11	19	21	22	**73**	**31.60**	11	33	21	↓	13	-	**78**	**36.62**
Grand Total	**50**	**54**	**68**	**59**	**231**		**44**	**62**	**51**	↑	**56**		**213**	

Three of the 13 (other complaints, not specified) were about Health Visiting and were from the same person. The remaining 11 were from across a range of Trust services.

2 out of the 56 formal complaints received were about Covid, these were:

- A patient contracted Covid whilst on a mental health inpatient ward, and was then isolated on a ward with another patient with whom he'd previously had an altercation with
- Administration of paracetamol to lower a Covid+ patient's temperature

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

Appendix one contains a listing of the formal complaints received during Quarter four.

2.2 Adult mental health service complaints received in Quarter four

35 of the 56 (63%) complaints received during Quarter four were related to adult mental health service provision. This includes the two that were logged as 'other'.

Table 2: Adult mental health service complaints

	Geographical Locality						
Service	Bracknell	Reading	Slough	WAM	West Berks	Wokingham	Grand Total
Adult Acute Admissions - Bluebell Ward		4					4
Adult Acute Admissions - Daisy Ward		3					3
Adult Acute Admissions - Rose Ward		1					1
Adult Acute Admissions - Snowdrop Ward		1					1
CMHT/Care Pathways	2	2		1	5	1	11
CMHTOA/COAMHS - Older Adults Community Mental Health Team						2	2
Common Point of Entry						1	1
Complex Treatment for Veterans/TILS							0
Criminal Justice Liaison and Diversion Service							0
Crisis Resolution and Home Treatment Team (CRHTT)		3				1	4
IMPACTT		1		1			2
Older adults inpatient service - Rowan Ward							0
PICU - Psychiatric Intensive Care - Sorrel Ward		2					2
Talking Therapies		1				1	2
Traumatic stress service							0
Other	1	1					2
Grand Total	3	19		2	5	6	35

2.2.1 Number and type of complaints made about a CMHT

12 of the 56 complaints (21%) received during Quarter four related to the CMHT service provision, detail below. In Quarter three there were 7 complaints, however 12 is comparable to the 13 received in Q4 of 2019/20. There were 11,644 reported attendances for CMHT and the

ASSiST service during Quarter four, giving a complaint rate of 0.10%, compared to 0.04% in Quarter three, 0.08% in Quarter two and 0.02% in Quarter one. Overall, there have been slighter fewer complaints related to CMHTs in 2020/21 than in 2019/20.

Table 3: CMHT complaints

	Geographic Locality						
Main subject of complaint	Bracknell	Reading	Slough	West Berks	WAM	Wokingham	Grand Total
Attitude of Staff	1	1					2
Care and Treatment	1	1		3		1	6
Communication			1				1
Confidentiality					1		1
Discharge Arrangements				2			2
Grand Total	2	2	1	5	1	1	12

There were five complaints about the CMHT based in West Berkshire.

Of these complaints, two were about discharge arrangements (they were from the same complainant). The family felt as though they had not been involved with the discharge planning or support for them.

The three complaints about care and treatment were around a lack of consistent support when a CPN was on long term absence (the patient was allocated a temporary Care Co-ordinator however they subsequently had a period of annual leave), and the transition from CAMHS to adult services (the requirement of a specialist residential placement), the trust are currently doing some work on transition from Child to Adult services..

2.2.2 Number and type of complaints made about CPE

There was one complaint received about CPE. This is a decrease from the previous three quarters.

Table 4: CPE Complaints

	Geographic Locality						
Main subject of complaint	Bracknell	Reading	Slough	West Berks	WAM	Wokingham	Grand Total
Care and Treatment						1	1
Grand Total	0	0	0	0	0	0	1

There were 1,524 contacts with CPE during Quarter four, giving a complaint rate of 0.06%, which is a decrease from Quarter three of 0.2%.

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

During Quarter four, 11 of the 56 complaints (19%) related to Adult Acute mental health inpatient wards. This is an increase to numbers received in the previous three quarters. Four were for Daisy Ward, three for Daisy and two for Sorrel.

There were 237 reported discharges from mental health inpatient wards (including Sorrel Ward) during Quarter four giving a complaint rate of 4.50%, compared to 0.9% in Quarter three, 1.52% in Quarter two and 2.81% in Quarter one.

Table 5: Mental Health Inpatient Complaints

Main subject of complaint	Bluebell Ward	Daisy Ward	Rose Ward	Snowdrop Ward	Sorrel Ward	Grand Total
Abuse, Bullying, Physical, Sexual, Verbal		1	1		1	3
Attitude of Staff	2					2
Care and Treatment	2	1		1	1	5
Communication		1				1
Grand Total	4	3	1	1	2	11

There were three complaints relating to alleged Bullying, Physical, Sexual and Verbal abuse. Following a thorough investigation, each was found to be not upheld. In one case there were no staff identified as working on the ward as described by the patient, one complainant explained that they had been confused and with the third a HR investigation is underway into the use of restraint and CCTV showed a different account to the experience reported by the complainant.

There were four complaints received for Bluebell Ward; the two relating to staff attitude were about the response from staff to lost property and the behaviour of night staff (alleged to have fallen asleep) and discussing patients in front of others. The latter complaint has been found to be partially upheld (there was no evidence of staff sleeping on duty and concerns about the conduct of a member of staff are being managed through the HR process).

The two complaints about care and treatment included concerns about the support with discharge and concerns that the patient had not received ECT. No themes were identified.

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

In Quarter four, 4 of the 56 complaints (7%) were attributed to CRHTT, an increase from 3 in Quarter three although a reduction on the 6 received in Q4 2019/20.

There were 16,311 reported contacts for CRHTT during Quarter four giving a complaint rate of 0.02%, the same rate as reported for Quarter three, compared to 0.01% in Quarter two and 0.02% in Quarter one.

Table 6: CRHTT complaints

	Geographic Locality						
Main subject of complaint	Bracknell	Reading	Slough	West Berks	WAM	Wokingham	Grand Total
Care and Treatment		3				1	4
Grand Total	0	3	0	0	0	1	4

Of the three complaints received for the service based in Reading, two involved concerns following the death of patient who had been known to the service (one being an SI and is being investigated, any learning from the investigation will be shared).

2.3 Community Health Service Complaints received in Quarter four

During Quarter four 10 of the 56 complaints (18%) related to community health service provision. The table below shows further details.

Table 7: Community Health service complaints

	Geographical Locality			
Service	Reading	WAM	Wokingham	Grand Total
Henry Tudor Ward		3		3
Oakwood Ward	1			1
Community Physiotherapy	1			1
IPASS			1	1
District Nursing (Community Nursing)	2			2
Out of Hours GP	1			1
Rapid Response			1	1
Grand Total	5	3	2	10

2.3.1 Community Health Inpatient Ward Complaints

During Quarter four, 4 of the 56 complaints (7%) received related to inpatient wards. This is compared to 3 in Q3 and 5 in Q2. There were 637 reported discharges from community health inpatient wards during Quarter four giving a complaint rate of 0.6%, which was the same rate as in quarter three and compares to 1.10% in Quarter two and 0.81% in Quarter one.

Table 8: Community Health Inpatient complaints

	Ward					
Main subject of complaint	WBCH	Henry Tudor Ward	Jubilee Ward	Oakwood Ward	Windsor Ward	Grand Total
Care and Treatment		2		1		3
Medication		1				1
Grand Total	0	3	0	1	0	4

There are seven community health inpatient wards and the top theme for Quarter four remained as care and treatment (3 complaints) and this was across two wards.

There were three complaints for Henry Tudor Ward. There were no themes and the concerns were varied, including lack of physio and a patient being discharged without medication.

2.3.2 Community Nursing Service Complaints

District Nursing received two complaints in Quarter four. This is a decrease from the five complaints received in Quarter three. One complaint was received in Quarter two and two were received in Quarter one. Both the complaints in Quarter four were for the Reading service and one of those related to End of Life care.

There were 70,932 reported attendances for the Community Nursing Service during Quarter four giving a complaint rate of 0.002%, compared to 0.006% in Quarter two, 0.001% in Quarter two and 0.004% in Quarter one. This continues to be a very small complaint rate well below the Trust overall rate of complaints per contact.

Table 9: Community Nursing Service complaints

	Geographic Locality						
Main subject of complaint	Bracknell	Reading	Slough	West Berks	WAM	Wokingham	Grand Total
Care and Treatment		2					2
Grand Total	0	2	0	0	0	0	2

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

There were 14,492 reported attendances for WestCall in Quarter four and two complaints were received giving a complaint rate of 0.01%, compared to 0.02% for Quarter three and 0% in Quarter two. The one complaint in Quarter four related to care and treatment.

There were no complaints for the Urgent Care Centre, which had 3,455 attendances.

2.4 Children, Young People and Family service Complaints

2.4.1 Physical Health services for children complaints

During Quarter four, 4 of the 56 complaints (7%) were about children's physical health services. Three related to Health Visiting and were from the same person (the same person who had raised five complaints in Quarter three and eight complaints in Quarter two, whose child lives 50/50 across Reading and West Berks). One related to the Community Paediatric Service.

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

	Geographical Locality			
Service	Reading	Slough	West Berks	Grand Total
Community Paediatrics		1		1
Health Visiting	1		2	3
Grand Total	**1**	**1**	**2**	**4**

2.4.2 CAMHS complaints

During Quarter four, 6 of the 56 complaints (11%) were about CAMHS services (including CAMHS CPE). There were 8,543 reported attendances for CAMHS during Quarter four giving a complaint rate of 0.07%, compared to 0.034% for Quarter three, 0.06% for Quarter two and 0.04% for Quarter one.

Table 11: CAMHS Complaints

	Main subject of complaint			
Service	Care and Treatment	Communication	Waiting Times	Grand Total
CAMHS - ADHD			1	1
CAMHS - Rapid Response	1			1
CAMHS - Specialist Community Teams	2	1		3
Common Point of Entry (Children)	1			1
Grand Total	4	1	1	6

Care and Treatment related to individual circumstance was the most common reason for the complaints. Waiting times was the cause for the complaint received regarding CAMHS ADHD

2.5 Learning Disabilities

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

3. KO41A return

Each quarter the complaints office submits a quarterly return, called the KO41A. However, submissions for Quarter three data close on 14 May 2021 and the data will be published after this time.

The return looks at the number of new formal complaints that have been received by profession, category, age, and outcome. The information is published a quarter behind. The table below shows the information for Mental Health Trusts, up to and including Quarter two. Information for Quarters three and four will be provided in Quarter one 2021/22.

Table 12: KO41A Return

	2018-19				2019-20				2020-21	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Mental Health complaints - nationally reported	**3,598**	**3,651**	**3,391**	**3,450**	**3,507**	**3,502**	**3,335**	**3,303**	**2,058**	**3,049**
2Gether NHS Foundation Trust	17	14	21	20	24	16	..	..	..	..
Avon and Wiltshire Mental Health Partnership NHS Trust	78	72	77	51	56	67	59	63	42	67
Berkshire Healthcare NHS Foundation Trust	**49**	**45**	**38**	**51**	**47**	**52**	**56**	**51**	**40**	**47**
Cornwall Partnership NHS Foundation Trust	31	28	20	30	24	22	23	19	12	27
Devon Partnership NHS Trust	44	56	33	45	52	46	56	49	15	31
Dorset Healthcare University NHS Foundation Trust	91	90	92	54	61	60	64	88	60	109
Kent and Medway NHS and Social Care Partnership Trust	87	115	121	118	121	128	124	90	70	111
Oxford Health NHS Foundation Trust	50	56	58	56	52	61	72	68	44	54
Somerset Partnership NHS Foundation Trust	17	14	24	18	24	24	17	19	45	90
Southern Health NHS Foundation Trust	91	95	82	68	73	51	52	51	29	51
Surrey and Borders Partnership NHS Foundation Trust	26	36	16	26	22	28	32	27	9	27
Sussex Partnership NHS Foundation Trust	209	192	181	173	178	217	219	194	99	164

4. Complaints closed

As part of the process of closing a formal complaint, a decision is made around whether the complaint is found to have been upheld, or well-founded (referred to as an outcome). During Quarter four there were 53 complaints closed compared to 42 in Quarter three, 67 in Quarter two and 35 in Quarter one.

4.1 Outcome of closed formal complaints

Table 13: Outcome of formal complaints closed

	2019-20						2020-21					
Outcome	**Q1**	**Q2**	**Q3**	**Q4**	**Total**	**% 19/20**	**Q1**	**Q2**	**Q3**	**Comparison to Q3**	**Q4**	**% 20/21**
Case not pursued by complainant	0	0	0	0	0	0	1	1	0	-	0	1.83
Consent not granted	1	0	0	0	1	0.45	0	0	2	↓	0	0.45
Local Resolution	1	1	0	0	2	1.92	0	0	0	-	0	0
Managed through SI process	0	0	0	0	0	0	0	1	1	↓	0	0
Referred to another organisation	1	0	0	0	1	0.45	0	0	0	-	0	0
Not Upheld	16	20	23	24	83	37.56	9	25	19	↓	18	33.51
Partially Upheld	17	22	28	23	90	40.72	13	34	20	↑	28	46.33
Upheld	11	13	10	9	43	19.46	12	6	0	↑	7	17.88
Disciplinary Action required	0	1	0	0	1	0.45	0	0	0	-	0	0
Grand Total	**47**	**57**	**61**	**56**	**221**		**35**	**67**	**42**		**53**	

66% of complaints (35) complaints were either partly or fully upheld in the quarter, these were spread across several differing services. Of these 6 (17%) were about staff attitude, 6 (17%) were in relation to communication and 21 (60%) related to care and treatment received. This compares to 10% for staff attitude, 30% for care and treatment and 55% for care and treatment in Quarter three.

Table 14: Complaints upheld and partially upheld

	Main Subject of Complaint					
Service	**Attitude of Staff**	**Care and Treatment**	**Communication**	**Confidentiality**	**Discharge Arrangements**	**Grand Total**
Bluebell Ward	2	2				4
Daisy Ward		1	1			2
Snowdrop Ward		1				1
CAMHS - Rapid Response		1				1
CAMHS - Specialist Community Teams		1	1			2
CMHT/Care Pathways	1	4	2	1	1	9
Common Point of Entry		1	1			2
Common Point of Entry (Children)		1				1
Henry Tudor Ward		1				1
Oakwood Ward		1				1
Community Paediatrics		1				1
Community Respiratory Service		1				1
Crisis Resolution and Home Treatment Team (CRHTT)	1	2				3
District Nursing		1				1
Eating Disorders Service		1				1
Health Visiting	1					1
IMPACTT		1				1
Psychological Medicine Service	1					1
Veterans TILS Service			1			1
Grand Total	**6**	**21**	**6**	**1**	**1**	**35**

4.2 Response Rate

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

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

Table 15 – Percentage response rate within timescale negotiated with complainant

2020-21				2019-20				2018-19				2017-18				2016-17			
Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
100	100	99	100	100	98	100	100	100	100	100	100	100	100	100	100	100	100	100	100

All complaints closed in Quarter four were closed within an agreed timescale.

5. Characteristic data

5.1 Ethnicity

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

The tables below show the characteristics of patients who have had complaints raised about their care between 1 January and 31 March 2021. This does not include where a different organisation was leading the investigation but does include re-opened complaints. The population data has been realigned to the information provided in 2019 Berkshire population data.

Table 16: Ethnicity

Ethnicity	Number of patients	%	Pop %
Asian - Indian British	2	3.57	13.59
Asian - Pakistani	2	3.57	
Black African	2	3.57	3.64
Black Caribbean	1	1.79	
Mixed - White and Asian	1	1.79	3.18
Mixed - White and Back Caribbean	1	1.79	
Other Mixed	4	7.14	
Not stated	11	19.64	0
Other Ethnic Group	3	5.36	0.99
White - British/Welsh/Irish/Scottish	5	8.93	6.31
White British	24	42.86	72.29
Grand Total	56		

As a way of improving ethnicity recording information is sent back to services where this is not documented on RiO. The Complaints Office also discuss the importance of capturing this information when delivering the Complaint Handling Training.

5.2 Gender

There were no patients complaints where the person identified as anything other than male or female during Quarter four.

Table 17: Gender

Gender	Number of patients	%	Pop Data %
Female	32	57.14	49.5
Male	24	42.86	50.5
Grand Total	56		

5.3 Age

Table 18: Age

Age Group	Number of patients	%	Pop %
1 to 4	1	1.79	4.8%
5 to 9	3	5.36	7.3%
10 to 14	2	3.57	6.6%
15 to 19	7	12.50	6.3%
20 to 24	2	3.57	5.7%
25 to 29	7	12.50	5.8%
30 to 34	1	1.79	6.7%
35 to 39	3	5.36	7.6%
40 to 44	5	8.93	8.1%
45 to 49	3	5.36	7.5%
50 to 54	2	3.57	7.0%
55 to 59	2	3.57	6.1%
60 to 64	4	7.14	4.9%
65 to 69	2	3.57	4.0%
70 to 74	3	5.36	3.8%
75 to 79	1	1.79	2.7%
80 to 84	0	0.00	2.0%
85+	6	10.71	1.9%
Not known	2	3.57	0.0%
Grand Total	56		

6. Parliamentary and Health Service Ombudsman

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

The Parliamentary and Health Service Ombudsman (PHSO) are independent of the NHS and facilitate the second stage of the complaints process.

There have been no new formal investigations taken on by the PHSO in quarter four, but there have been two enquiries where they have asked for further information or sought for us to seek local resolution with the complainant.

The PHSO have advised that the COVID-19 pandemic continues to have a significant impact on their workforce, service and delays by Trusts in responding to enquiries. There is currently a queue of over 3,000 complaints waiting to be reviewed so they have decided to focus on the more serious complaints about health services in which people may have faced a more significant impact and where they can make the biggest difference. For other complaints (where

someone has faced less of an impact) they will consider whether there is anything they can do to help resolve things quickly, but if not, they will close the complaint.

Month open	Service	Month closed	Current Stage
Dec-18	Psychological Medicines Service	Open	Investigation Underway
Nov-19	CAMHS	n/a	PHSO have requested information to aid their decision on whether they will investigate
Mar-20	CMHT/Care Pathways	Open	Underway
Sept 20	CPE	n/a	PHSO have requested information to aid their decision on whether they will investigate
Oct 20	CMHT/Care Pathways	n/a	PHSO have requested information to aid their decision on whether they will investigate
Oct 20	CMHT/Care Pathways	n/a	PHSO have requested information to aid their decision on whether they will investigate
Oct 20	Community Inpatient Services	Open	PHSO have requested we have a final meeting with family
Nov 20	CMHT/Care Pathways	Open	PHSO have requested we attempt to reach resolution with mother of patient who has not given consent to share
Jan 21	Community Inpatient Services	n/a	PHSO have requested information to aid their decision on whether they will investigate
Feb 21	Community Inpatient Services	n/a	PHSO have requested information to aid their decision on whether they will investigate

The PHSO has now published the draft Complaints Standard Framework: Summary of core expectations for NHS organisations and staff. The Complaints Team are reassessing the service to ensure that it aligns with the draft standards and will provide an update in Quarter one 2021-22.

7. Multi-agency working

In addition to the complaints detailed in the report, the Trust monitors the number of multi-agency complaints they are involved in but are not the lead organisation (main area of complaint is about another organisation and therefore that organisation takes the lead). There were four complaints received that were led by another organisation during Quarter four, one led by Frimley Health (about inpatient care on Henry Tudor ward) and two by the CCG (CAMHS and District Nursing) one by SCAS (about Out of Hours GP service).

8. MP enquiries, locally resolved complaints and PALS

8.1 MP enquiries

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

Table 19: MP Enquiries

	Main theme of enquiry						
Service	Access to Services	Care and Treatment	Communication	Information Request	Medication	Other	Grand total
Adolescent Mental Health Inpatients - Willow House						1	1
Adult Acute Admissions - Rose Ward						1	1
CMHTOA/COAMHS - Older Adults Community Mental Health Team				1			1
Common Point of Entry	1						1
Community Hospital Inpatient Service - Ascot Ward					1		1
Crisis Resolution and Home Treatment Team (CRHTT)		3					3
Other	1						1
Phlebotomy			1				1
Talking Therapies - Admin/Ops Team		1					1
Grand total	2	4	1	1	1	2	11

There were three MP enquiries about CRHTT (2 in Reading and 1 in Wokingham) and the theme across them was that families had raised concerns about communication and support from the service, these will be further reviewed by the service.

It is of note that there no contacts raised in the quarter about waiting times for CAMHS; as this has been a theme in recent quarterly reports.

There were 11 MP enquiries raised in Quarter four, an increase from 10 in Quarter three, 8 in Quarter two and 5 in Quarter one.

8.2 Local resolution complaints

Complaints can be raised directly with the service, where the service will discuss the options for complaint management with those raising the complaint to give them the opportunity to make an informed decision as to whether they are looking to make a formal complaint or would prefer to work with the service to resolve the complaint locally, without involvement of the Complaints Office. These are called Local Resolutions and services log these so that we can see how services are doing at a local level.

Table 20: Concerns managed by services – Local Resolution complaints

Service	Number of concerns resolved locally
Children's Speech and Language Therapy - CYPIT	5
District Nursing	5
Physiotherapy Musculoskeletal	4
IMPACTT	2
Continence	2
Neuropsychology	2
Heart Function Service	1
East Berkshire Wheelchair Service	1
Criminal Justice Liaison and Diversion Service - (CJLD)	1
Crisis Resolution and Home Treatment Team (CRHTT)	1
Health Visiting	1
Intermediate Care	1
CMHTOA/COAMHS - Older Adults Community Mental Health Team	1
Community Hospital Inpatient Service - Donnington Ward	1
CAMHS - Anxiety and Depression Pathway	1
Diabetes	1
Podiatry	1
Acute Dietetics	1
Early Intervention in Psychosis - (EIP)	1
Grand Total	33

There were 33 local resolution complaints logged in quarter four, which is an increase to the 20 logged in Quarter three and the 27 in quarter two. Communication was the most common theme for the local resolutions that were logged. 9 of these related to mental health services and 24 to physical health services; demonstrating that as in previous quarters more concerns are resolved through local resolution within physical health services compared with mental health services.

Of the five concerns logged by Children's Speech and Language Therapy – CYPIT, four were about delays and waiting times to be seen by the service.

There were not themes of the concerns resolved by the District Nursing Service.

Two of the concerns relating to Physiotherapy Musculoskeletal service were about difficulties with virtual/telephone appointments.

8.3 Informal complaints received

An informal complaint is managed locally by the service through discussion with the Complaints Office and, when discussing the complaints process, this option is explained to help the complainant to make an informed choice.

There have been 31 informal complaints received in Quarter four, compared to eight during Quarter three. The main reason for the increase is the way in which the Complaints Office are working, as previously these complaints would have been discussed with the service to deal and log as 'local resolution'. The reason for this is change is for the Complaints Office to have more oversight of the complaints being resolved by services.

Community Nursing and CMHT resolved the most informal complaints, however there were not themes on the complaints or geographical localities for either service.

Table 21: Informal complaints

	Main theme of concern				
Service	**Care and Treatment**	**Communication**	**Discharge Arrangements**	**Waiting Times for Treatment**	**Grand Total**
Adult Acute Admissions - Bluebell Ward		1			1
Adult Acute Admissions - Rose Ward	1				1
CAMHS - ADHD	1				1
CAMHS - Anxiety and Depression Pathway				1	1
CAMHS - Specialist Community Teams				1	1
CMHT/Care Pathways	4	1	1		6
CMHTOA/COAMHS - Older Adults Community Mental Health Team	1				1
Common Point of Entry			1		1
Common Point of Entry (Children)	1				1
Community Hospital Inpatient Service - Ascot Ward	1				1
Community Hospital Inpatient Service - Donnington Ward	1				1
Crisis Resolution and Home Treatment Team (CRHTT)	1				1
District Nursing	4	1			5
Early Intervention in Psychosis - (EIP)		1			1
Health Visiting		1			1
IMPACTT	2				2
Other		1			1
Out of Hours GP Services	1				1
Paediatrics		1			1
Patient Experience		1			1
Physiotherapy Musculoskeletal	1				1
School Nursing		1			1
Grand Total	**19**	**9**	**2**	**2**	**32**

8.4 NHS Choices

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

Service	Feedback
Rose Ward PPH	*Thank you for excellent care* *Our child (21) was admitted to Rose Ward following a relapse into psychosis only a week after discharge from a different hospital. They stayed eight weeks and remained under the care of the same clinician for two weeks at home before discharge. Throughout, the compassion shown by all those involved in the care was exemplary. We initially struggled with communication but developed a good relationship with the ward, and by phone received updates, input into treatment discussions, and gave feedback on home leave. We found it hard that the treatment was primarily medication, but we know the highly dedicated nursing and support staff spent time with our child looking after physical, emotional and social needs. The (online) carers support group facilitated by psychologists was invaluable for understanding psychosis and feeling less alone in the trauma of it all. Two months plus feels like a very long time, but we see it was caused by the nature of the illness not issues with the treatment. There has been a good handover to the community team for ongoing care that will include talking therapy.*
Wokingham Hospital – Covid Vaccination Clinic.	*Had my first covid vaccination today. All staff was amazing - caring, helpful & patient. The car park attendant, the man checking ID (I forgot my photo ID in the car) who was so patient, the nurse who answered all my questions, the admin staff. Everyone was pleasant & efficient. Thank you!*
Talking Therapies – Church Hill House.	*Regaining my confidence. I had a fear of needles and hospitals in general. I started weekly counselling sessions with a very understanding therapist after some initial telephone consultations. The lady therapist treated me with some form of hypnotherapy although it was not a traditional method. Well I'm pleased to say that I went for a blood test and my fear was about 90% reduced. I would like to say a big thank you to her and her co-therapist. I understand that I cannot mention them by name but if someone from Talking therapies would contact me and can tell you their names.*
Memory Clinic – Wokingham Hospital.	*Answering the telephone with "Old People's" memory services implies a lack of respect for those people using the service. Wokingham Memory Services or Berkshire Memory Services would be sufficient. If there is a need to differentiate the provision of services by age then I'm sure a more respectful phrase can be found.*

8.4.1 PALS Activity

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

PALS have continued to facilitate the Message to Loved One service (collating messages for patients that are then hand delivered on the ward) that was available across all inpatient areas. This PALS have held regular meetings with Advocates, with those based at PPH having returned on a reduced basis.

There were 533 PALS contacts during Quarter four (compared with 462 last quarter). In addition, there were 377 contacts which were related to non-Trust services (an increase from 267 in Quarter three). The main reasons for contacting PALS were:

- Concerns and enquiries about how to access services and communication

(such as asking for updates on waiting times, people trying to get hold of services or specific staff members and queries about how to access services)

- Concerns about Care and Treatment

(such as worries about being discharged from a CMHT, concerns about support in a mental health crisis, side effects of medication and needing hearing aid repairs)

Of the 533 PALS contacts, 59 were about Covid-19 (an increase from 36 in Quarter three). The majority of these enquiries were:

- 28 were about accessing services (47%)
- 10 were asking for information (17%)
- 2 contacts had concerns with communication (3%)

9. The Friends and Family Test

The NHS Friends and Family Test (FFT) gives an opportunity for patients and their carers to share their views in a consistent way across the Health Service. Berkshire Healthcare has aligned its Strategic Objectives to support a 15% response rate for the FFT in both physical and mental health services. The results of the NHS England national review of the FFT have been published and the FFT question was due to change from April 2020 to *Overall, how was your experience of our service.*

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

FFT reporting to NHSE started again from January 2021 with the new FFT question (rating of care rather than recommendation to others) which was due to be launched from 1 April 2020 (and paused). The Trust started the new FFT locally from 1 September 2020 in readiness for the NHSE launch. The response rate is low (5% Trust wide for Quarter four) and the Patient Experience Team are working with services to overcome their individual challenges with collecting this, such as creating QR codes that can be added to posters in waiting areas and on clinic letters, and supporting with setting up discharge calls. In line with the Quality Account, we will be reporting the FFT in this report from Quarter one 2021/22.

Examples of the feedback received from the telephone calls are:

'All carers were nice and patient. I really thought my experience was wonderful'

'To All the Wonderful Staff at Oakwood Unit THANK YOU SO MUCH for the wonderful care you gave our Dad. He is so much improved thanks to you all. We really appreciate it. With best wishes'

'My sister and I thank you and you team from the bottom of our hearts for looking after our mother. In normal times we would have done this face to face and given you all a gift as a token of our thanks. As that's not possible, could you nominate a charity we could make a donation to?'

The feedback was shared anonymously to the wards.

Wards are also continuing to promote the Message to a Loved One service which is well used and receives positive feedback.

10. Our internal patient survey

The existing patient survey programme was paused in response to the pandemic from mid-March 2020, alongside the collection and reporting of the FFT. Some services have continued to collect this information for internal service monitoring and development use, but the use of handheld devices to collect feedback has now recommenced in some areas. The Patient Experience Team has liaised with colleagues in Infection Prevention and Control, and wherever possible cards will be reintroduced by services locally scanning and emailing cards across. Berkshire healthcare has awarded the tender to *I Want Great Care* to develop and test a new patient experience measure tool with us. The project started in April and will take approximately 12 months. We are planning co-production workshops with all of our services, their patients and carers between May and June to hear what questions they think are important to ask, building on the themes identified in phase one of the project last year. The survey will then be designed over the summer and tested for a month in all services at the end of October. Rollout of the new survey will start in January 2022.

11. Learning Disabilities survey

As this is part of our Internal Patient Survey, this was paused. Collection will recommence in Quarter one 2021/22.

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

There is no activity to report for Always Events, Patient Participation and Involvement Champions and 15 Steps as these were not carried out as part of the pandemic response. The 15 Steps Programme remains suspended until the restrictions on visitors to clinical areas is lifted. We plan, all going well, to reinstate the 15 Steps visits during the autumn.There continue 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 communities and meeting on a monthly basis. The Healthwatch organisations in the East of Berkshire have been awarded to one provider and there is work underway to link the new teams to our clinical Divisions.

13. Compliments

There were 1319 compliments reported during Quarter four. The services with the highest number of recorded compliments are in the table below.

Table 21: Compliments

Service	Number of compliments
Talking Therapies - Admin/Ops Team	444
District Nursing	191
Intermediate Care	188
Community Hospital Inpatient Service - Oakwood Ward	59
CMHTOA/COAMHS - Older Adults Community Mental Health Team	57
Community Respiratory Service	48
Community Based Neuro Rehab - CBNRT	24
Community Matron	22
Physiotherapy Musculoskeletal	19
Heart Function Service	18

Table 22: Examples of compliments received during Quarter four

Integrated Care This was a compliment form the son of a patient we had completed treatment for. *He said 'thankyou so much to all of the team who have treated my mother, but in particular I am so grateful for the regular communication from yourselves so that I felt informed and supported all of the time. That's been so helpful'*	**Liaison and Diversion Team** *'You were so very supportive offering 'crisis help and pastoral support' when it was much needed and other services were had a very punitive approach'*
Prospect Park Hospital *'Extend thanks to ROSE WARD staff of the hospital for the care provided, thank you for team patience kindness and understanding during the hospital stay, will never be forgotten'*	**Cardiac Rehab** *Patient has just let me know that if it wasn't for cardiac rehab she and her husband would have felt totally lost following his cardiac surgery as they haven't received any other support.*
District Nursing *'Many thanks for your kindness with our beloved father. You made the situation so much easier. Thank you so much'*	**CMHTOA/COAMHS - Older Adults Community Mental Health Team** *"Thank you for the past few months, I am sure taking this case back on must have seemed daunting, but I hope & think that our interacting and the way you have listened and supported things in a proactive manner could not have gone better, THANK YOU* *I am truly delighted that you have said that my mums case/care will remain open. I think you know how much we value your support and all you do, but please can you pass on/forward our massive thanks for this decision. In the past as you know work with my mu was superb, and when the case was closed the results were terrible for mum; I was dreading the same may happen again'*
IMPACTT *'I just wanted to also take this opportunity to thank you and the rest of the team from the bottom of my heart. I have never seen xx feel so understood and engage independently and fully in any intervention or support system before. Both of us finally feel like she isn't the only one facing the problems she does and that means so much and enables her to embrace your help and support'*	**Community Inpatient Ward** *'Absolutely brilliant! I've never been in Hospital for 75 years as an inpatient and it's lovely here. It's absolutely lovely. Everybody is so kind'*

CMHT *'When I first met with my CPN to discuss starting DBT and the 1:1 sessions she was very warm and welcoming. She made me feel very at ease. I was initially very nervous and my experience with mental health professionals had not always been positive. But she put my mind at ease very early on with her overall manner. It was clear that she was actively listening to whatever I opened up about and hadn't made any obvious prior judgements about me before we had actually met. I was very impressed early on because she explained she was new to the treatment too, but her approach made it feel quite effortless'*	**Perinatal Mental Health** *'I just want to say again a huge thank you for the endless support throughout the 12 week course and of course all the other times too. I have so much gratitude for you both, and I truly believe it has been life changing for me. As I said yesterday I use it in my daily life and I'm trying to also teach the boys as I really do believe it's so important'*
CMHTOA/COAMHS - Older Adults Community Mental Health Team *'We would both like to send our sincere thanks to yourself and the team for all the support direction and guidance you have given us throughout this journey with dad. The work you do is truly amazing, you have helped us as a family and we truly appreciate it. Learning to live with mental health has been made so much easier with your support'*	**Veterans TILS** *'After being passed from one specialist to another over a 4yr period I was finally connected to the TILS service and at last I started to see positive result. I'm so much happier now. TILS is innovative and well organised. I found the process reliable and smooth. I appreciated the follow up'*

Community Nursing

'Our grandmother was on the palliative care pathway for a few weeks prior to daily district nursing team input. We met xx over a weekend when she came to review our grandmother whilst she transitioned into the end-of-life stage. Our grandmother passed away sadly and we just wanted to express our appreciation to xx's very caring input during the last few days of her life.

xx's bedside manner not only towards our grandmother but the entire family was incredibly touching and despite these very upsetting circumstances, we were reassured that we were in good hands. She took her time to explain clearly the syringe driver and how the district nursing service alongside the palliative care team worked out of hours, as we ended up needing to contact during this period on several occasions. xx is an excellent representation of the district nursing team and we are grateful for her support in this difficult time'

CMHTOA/COAMHS - Older Adults Community Mental Health Team

'I have been a full time carer for my mum for the last 5 years. My mum had Alzheimers disease and lived here with my husband and I.

The challenges that Alzheimers brings are enormous and whilst we were happy to and wanted to care for my mum at home, we needed support many times along the way to enable us to cope and to keep her here with us.

When my mum's mood and behaviours deteriorated early last year we contacted our Community Mental Health Team (CMHT) and were immediately embraced and supported by xx who we were lucky to have allocated to my mum.

xx worked very closely with us, our Social Worker xx, who was also amazing, and the mental health medical team to get my mum the right medication and dosage. This made an immediate difference and was definitely the key to avoiding having to place mum in full time care. We had wanted to avoid this at all costs but had almost got to the end of our tether until our Locality Access Point (LAP) kicked in. The ongoing support was also impressive. There was a high degree of communication between xx and ourselves right up until we lost my dear mum to Covid recently, her having contracted this awful disease whilst in hospital.

Our dearest wish was for my mum to pass away at home with us and I contacted xx as soon as we realised mum was in need of palliative care. I cannot praise enough how amazing the support and practical help that we received from the LAP was, to put this in place in a very short space of time. Within only hours of contacting xx we had carers coming 3 times a day, the community district nurses twice daily and access to the rapid response team whenever we needed them. Between them they kept my mum free from pain and her dignity intact until she passed away peacefully here with us as we and she had always wanted.

We cannot ever thank or praise enough all of the people involved for the kindness, care, attention and overall support that we received from all them during such an awful and sad time.

We will be forever grateful'

RRAT

Feedback from the Regional Director of BUPA:' Hope you are well.

I just wanted to send an email thanking the rapid response team for everything they have been doing for the homes which have had outbreaks. As you are aware we have had outbreaks in 2 of our Newbury homes, and I can honestly say that the response of the team has been amazing and the treatments given have been lifesaving. I am absolutely positive that the RRAT treatments have saved some of our residents from the very worst of Covid.

I wish this service for care homes was available in other areas as I am sure it would of helped with homes with outbreaks.

Once again a huge thank you to the team from me'

Table 23: Compliments, comparison by quarter

	2019/20					2020/21				
	Q1	Q2	Q3	Q4	2019/20	Q1	Q2	Q3	Q4	2020/21
Compliments	1,404	1,389	1,437	1,436	5,666	873	975	1,010	1,319	4,177

14. Changes as a result of feedback

Oakwood Ward

Presented on a You Said, We Did poster on the ward:

'We have received above 100% positive feedback from Friends and family test in January.

Because your feedback is so valued to us, we are therefore always looking for different ways to gain feedback from Patients and their families.

i.e. Service rounding on the weekend (specific conversations with patients about their experience) and family/carer questionnaire for all visitors to complete in the Reception area'.

Family Safeguarding Mental Health Service

The Family Safeguarding model is a collaboration between Children's Social Care and Berkshire Healthcare (mental health services). The FSM MH service offer individual and group therapy. We have concluded three therapy groups in quarter four, the majority of the comments below pertain to these therapy groups and is feedback that we have received from those who attended them.

These groups were delivered online. It is of note that the quantitative and qualitative feedback we received appears largely consistent with the feedback we have received previously, when these groups were delivered face-to-face.

We routinely collate paired psychometric measures for all our individual and group therapy. These are also largely consistent with our previous face-to-face working.

Feedback so far has included:

“I have tried many groups and it is the only one I have managed to stay in and use to think about how I address the challenges I face.”

“The idea of radical acceptance has helped me to see that I have denied ways I have harmed my child. I now want to work on learning from this rather than keep it buried.”

“Helps me not react and make a bad situation any worse”

“Amazing timing for me. Everyone’s so kind to each despite disagreeing sometimes. An invaluable experience for me”

“Wasn’t keen when I joined but really enjoyed being part of it. Helped me through hard situations. I see a difference in myself”

“I came into the group a bit sceptical and it was kind of ticking a box for me but I’ve actually really enjoyed it. I’ve learnt to accept myself for who I am. My past doesn’t define my future”

“Its been perfect timing for me. People are kind to each other and it helps me learn skills for parenting”

“I wasn’t up for groups at first I’ve come a long way. It’s a parenting group and a mental health group”

“Taught me about myself and I don’t have to fly off handle with everything I don’t like. My mistakes don’t define my future. I can keep my kids, I can make it work”

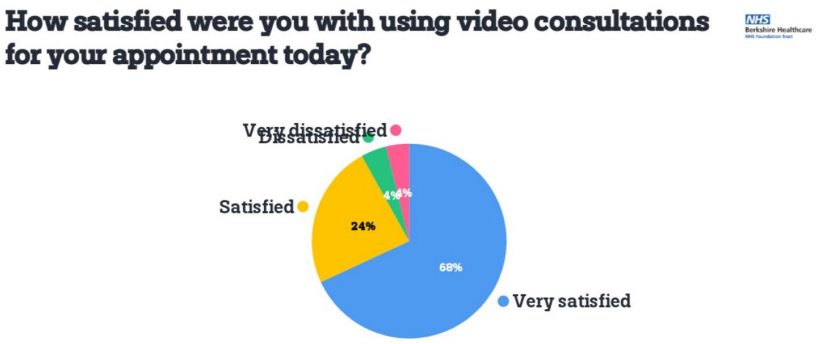
“I’ve learnt more skills to help me respond to challenges with my children. More ways of responding to situations without being led by my emotional mind”

“Other’s experiences can help you, makes one reflect”

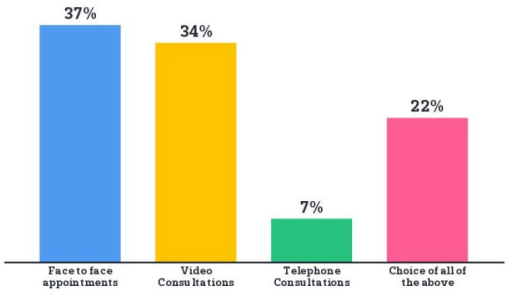
“You taught me that self care is essential to keep the stress levels down and that communicating effectively with everyone is essential. Allowing myself to believe that feeling how I am feeling is ok and to accept it is important. You always listened actively and had an amazing ability to pick out the important bits and in turn use these to help me understand behaviours and feelings. I was incredibly sad to finish our sessions, but I know that the timing was right. I think you have taught me so many good things, that I now need to ensure I continue to use them consistently”

Virtual Consultations

Several services across the Trust are reviewing the patient experience of the differing service delivery methods used during the pandemic. CYPF appointments have continued (where clinically appropriate) to be delivered via video and telephone calls and the division continues to carry out a survey to gather feedback from young people and their families regarding future appointments, around 1500 responses have been received with the results as detailed below:



If it was an option for the future, which appointment methods would you like to access for your consultations?



Elizabeth Chapman

Head of Service Engagement and Experience

Formal Complaints closed during Quarter four 2020/21

Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
West Berks	CMHT/Care Pathways	Low	Poor transition from CAMHS to adults. Complainant feels they have to keep chasing in order to get any form of service and states the complaint is that there is NO treatment for the patient	Partially Upheld	Service Manager to discuss further with medical staff to ensure that appropriate medical input is in place. Discuss content of concerns with care coordinator. This will help both to be aware of treatment plans and goals. Transition between CAMHS and CMHT to be considered with clear information given regarding what Adult Mental Health Services are able to offer.	Care and Treatment
Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Low	Explanation required as to why pt has been told 2 psychiatrists are required to be present to give a re-diagnosis. Appt due on the 15th Jan, pt not sure they should attend if only 1 psychiatrist present	Partially Upheld	Confusion over number of staff attending. Apology offered and clarification given	Communication
Bracknell	Health Visiting	Low	Family unhappy with the HV felt she lacking empathy and compassion	Upheld	Learning for the member of staff about communication with families and documentation.	Attitude of Staff
Wokingham	CMHT/Care Pathways		A complaint covering care and treatment plus attitude of staff spanning CMHT / Crisis / IMPACTT / EBPM	Upheld	Services to work closely with the family	Care and Treatment
Slough	Crisis Resolution and Home Treatment Team (CRHTT)	Low	Pt unhappy with the way they were treated by the Crisis staff member when attending their house with police, says the staff made the matter worse	Partially Upheld	Actions of staff were not helpful or supportive	Attitude of Staff
West Berks	CAMHS - ADHD	Moderate	Complainant wishes to know why we are not providing an assessment or a date when this will happen and why we are not keeping in contact with them	Not Upheld	There are no specific actions identified to prevent recurrence. However, the team is working closely with the CCG on a project to model demand and capacity, workforce and transformation in order to compare and cost options for the service. In addition, caseload management continues supported by the Team Lead and the team has a driver metric of reducing DNAs to try to improve capacity and reduce waits.	Waiting Times for Treatment
Reading	District Nursing	Low	Pt feels DN's missed the issues with their foot in the light of the offensive smell in Oct 2019. Very upset by behaviour letter sent.	Not Upheld		Care and Treatment
Reading	Psychological Medicine Service	Low	Family resulted to private treatment for pt as felt a lack of response from MH services. Family feel the PMS staff member lacked empathy, showed disdain and had a heartless attitude. Complaint also spans Newbury Crisis team member	Partially Upheld	1.Issues around how PMS and CRHTT communicate and manage issues related to prescriptions out of hours when medical cover for both teams is reduced. Learning from this will be shared with relevant staff across both teams. 1.Experience at RBH will be shared and reflected upon with the staff in their supervision.	Attitude of Staff
Reading	Eating Disorders Service	Minor	Not advised in advance the sex of the psychiatrist which has caused undue stress to the pt. Pt feels invalidated and dismissed that the psychiatrist appeared to have disregarded previous diagnosis. Family and patient feel a lack of support and understand	Partially Upheld	Communication between BEDS and referring team could have been better. BEDS acted appropriately given the information they had.	Care and Treatment

Reading	IMPACTT	Minor	Complainant feels following 2 assessments by different services the pt has been dropped as they have been they are not being accepted for treatment. Family can not afford private therapy, they wish a full explanation as do not the pt to become a statistic	Partially Upheld	We will communicate the findings of the investigation to the Manager of the CMHT and establish lines of communication/communication processes that will ensure that issues identified within the CMHT are communicated to IMPACTT in a timely and effective manner, and that any difficulties are followed up. Whilst treatments are available remotely, IMPACTT to consider, on a case by case basis, the advantages of having flexibility about service provision alongside best clinical practice. IMPACTT to consider continuing a remote offer of treatment even when face to face work can resume	Care and Treatment
Reading	Community Hospital Inpatient Service - Oakwood Ward	Low	Believes correspondence sent to PALS has not been looked into. Complainant wishes to know why pt's character totally changed whilst on oakwood, Why no MH assessment was done despite requesting and why medication review was done without looking at the contraindications to adding laxatives. Wants an apology from Dr	Partially Upheld	Improved communication between ward medics and next of kin. Weekly call to provide and discuss patient rehabilitation, care and concerns.	Care and Treatment
Reading	Veterans TILS Service		Complainant wishes a review of pt records. Feels the content is derogatorily written about the complainant. States inaccuracies about AMHT and provides proof the TILS is more than a referrals service	Not Upheld	Concerns about information documented in malice were found to be unsubstantiated.	Medical Records
Reading	Veterans TILS Service	Low	Complainant does not feel the minutes of the MDT meeting and the points taken reflect the meeting held and states they lack priority around pt TBI	Partially Upheld	Care and communication was appropriate - concerns about information being recorded in a derogatory were unfounded. An area for improvement is around making carers aware of conversations that will be recorded in patient notes.	Communication
West Berks	Common Point of Entry	Low	Due to response pt has further concerns and asks why they still have not had an assessment despite this being identified as a failing ORIGINAL COMPLAINT:- Pt referred to service Dec 2019 and states they have not heard anything from services following a nurse triage	Partially Upheld	Inform all staff about correct referral procedure for CHPS Audit discharge to GP letters sent Reflective team session with a focus on proactive follow up	Communication
Windsor, Ascot and Maidenhead	Community Hospital Inpatient Service - Henry Tudor Ward		Care and treatment whilst on Henry Tudor + breach of pt records	Upheld	See ILR	Care and Treatment
Windsor, Ascot and Maidenhead	CMHT/Care Pathways	Low	Pt unhappy that mental health services spoke to her boss (Who is a GP) about her mental health which she says has resulted in her loosing her job.	Upheld	It is recognised the staff member felt sufficient clinical reasons existed to contact the employer. However, there is no evidence of consulting the wider team or the caldicott guardian.	Confidentiality

Wokingham	Crisis Resolution and Home Treatment Team (CRHTT)	Low	Complainant believes the pt has received detrimental care from the crisis team. 1.safety/care plan sent that was someone else's 2. incorrect prescriptions passed to GP 3. offering drug again which pt had OD with Complainant wants transcripts of calls for 7 days after incident and asks a manager advises if this is an acceptable level of care. Said they felt they were calling a call centre with very aggressive attitudes	Partially Upheld	There is evidence that CRHTT sent the wrong safety plan, IO has apologised in the response letter about this. Standard of care, IO acknowledged that may be CRHTT did not meet the expectation of patient and her sister, but all efforts were made to offer good quality support during her time with CRHTT. Assessment process was explained as it was felt that this was more of a tick box exercise. Complainant felt that the team lacked understanding, did not show empathy or common sense, the team tried to support the patient, there is evidence of good rapport with some clinicians although may be we did not meet the expectation that the client and her sister had, this is acknowledged in the response. A number of issues around medication were raised, there were no evidence to say that we were sending information to GP to provide medication. During the medical review, the patient had capacity and agreed with the treatment plan, hence was prescribed the medication.	Care and Treatment
Reading	Adult Acute Admissions - Bluebell Ward	Low	Unhelpful attitude from staff regarding lost property	Upheld	Property will be returned to patient Missing items will be replaced Staff will be reminded of customer care standards for communication Customer Care training to be provided for all staff	Attitude of Staff
Bracknell	CMHT/Care Pathways	Low	Pt has not been involved in any meetings held regarding their care, requested medication review on many occasions and not granted. Issues with 111. Alleged inappropriate actions from Crisis staff member leaving the pt	Partially Upheld	Whilst the clinical decision making was correct, decisions could have been shared with the patient more clearly.	Care and Treatment
Reading	Community Respiratory Service	Moderate	DECEASED Pt referred to Community team by GP on the 17th Dec, seen on the 23rd at home. Family feel nurse missed vital assessments. Pt taken via ambulance on 25th, diagnosed Pneumonia and dies later that day	Partially Upheld	To ensure temperature is recorded. To ensure pulse oximetry on exertion is recorded. If no response in current treatment to consider chest x- ray.	Care and Treatment
Reading	Out of Hours GP Services		Complainant unhappy with NHS as a whole. Feels 111 is not fit for purpose, Likewise WestBerks. Feels they had to wait too long for a call from the Dr and it was not appropriate that they just left a message	Not Upheld	Consent not received	Care and Treatment
Reading	Other		TVP records on BHFT records regarding pt. Pt wishes these removed	Not Upheld	Information held on the clinical records is appropriate.	Medical Records
Reading	District Nursing	Low	Pt known to DN service since 2019, complaint states that there have been many issues with our service provision. 6 points raised	Partially Upheld	Standard of work for moving/cancelling of visits Email address for patients to be added to Quality Improvement board	Care and Treatment

Reading	Out of Hours GP Services		OOH GP allegedly refused to visit pt or refer to OOHs DN to administer Paracetamol	Not Upheld	Withdrawn as no evidence to back up claims	Care and Treatment
Wokingham	Common Point of Entry	Low	Pt needed to respond to correspondence but was unable to access The Old Forge letter box or building. Staff members turned up to pt property unannounced, questions whether a staff member had read documentation about the pt that they should have done. Wishes to know why 5 staff turned up to 2nd visit in times of Covid. Relates to June/July 2020	Partially Upheld	CPE to review the need for OOO access to a post box CPE and Information Governance manager to review process for managing requests	Care and Treatment
West Berks	Health Visiting	Low	Father unhappy with Trust response ORIGNIAL: Father unhappy with information given to him by social care about BHFT	Not Upheld	Complainant had been misinformed.	Communication
Reading	Adult Acute Admissions - Bluebell Ward	Minor	Pt feels they are not getting any S117 support following numerous discharges from PPH into WAM CMHT care. Now lives out of area	Partially Upheld	i. Adding a section on the discharge protocol for a copy of the safety plan to be printed and given to all patients on admissions and clearly documenting if it is refused. CMHT part not upheld PPH - partially upheld. There is evidence of care plans and one to ones, however it is not documented that the patient was given copies.	Care and Treatment
Wokingham	Integrated Pain and Spinal Service - IPASS	Minor	Pt discharged but believes spinal issue was missed as pain continued and xrays taken in 2020 from chiropractor show scoliosis and lack of natural curve to both lumbar and cervical spine. Feels they are out of pocket for having to start work on areas IPASS Missed	Not Upheld	Clinical care was appropriate; there was no evidence was scoliosis when under IPASS. The clinician discussing the case with colleagues.	Care and Treatment
Reading	PICU - Psychiatric Intensive Care - Sorrel Ward	Minor	Pt feels their section is illegal and has been done as a punishment. Notes state the pt is a female which is not correct.	Not Upheld	Detention is appropriate and the patient is being spoken with and cared for as aligned by their reported gender.	Care and Treatment
Reading	Adult Acute Admissions - Daisy Ward	Low	Mother complaining about son's treatment on the ward. She has not been invited to meetings, and says son has mild LD and needs to have things explained to him. Several issues raised re care and treatment, but she says son was beaten up on the ward and she wasn't told. Also he tested + for Covid but was still allowed out to meet her, so she then had to isolate	Partially Upheld	Associate Medical Director to review with the daisy medical team their ways of working with the aim of increasing their documentation of patient reviews and contact with carers. A datix to be completed for the altercation incident between the two patient'. Ward manager to organise a refresher session on the ward regarding datix and Identification of datixable incidents so they can be reviewed and evidence recorder about the learning.	Care and Treatment
West Berks	CAMHS - Specialist Community Teams	Moderate	Parents care complaining regarding the care their daughter has received from CAMHS and A&E. They feel there has been a lack of age appropriate treatment from August 2020 to date and CAMHS contact has been minimal. They have asked for an urgent review, which we have asked the service to do	Partially Upheld	To ensure that there is a system in place for the suggestion of therapeutic input/support from external agencies, so that this may be shared with families at the relevant time in the care pathway	Care and Treatment
Reading	CMHT/Care Pathways		Family feel the patient is not receiving sufficient care from both CMHT & Social Care	Not Upheld		Care and Treatment
Reading	CMHT/Care Pathways	Moderate	Pt feels she has been treated badly by Psychiatry dept and not heard regarding the incident with the reception staff. Pt wishes to know why they were not called at the agreed time	Partially Upheld	The member of staff attempted to call, but was not connected for an unknown reason. Reception staff thought that they had resolve the patient's concerns when she then called in. Apology given.	Attitude of Staff
Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Minor	DECEASED PT: family raised questions following receipt of SI report	Upheld	Action to reduce jargon in future SI reports that are going to family. Need to consider the audience is different.	Care and Treatment

Reading	Adult Acute Admissions - Snowdrop Ward	Low	Patient has referred her complaint through the CQC as she is unhappy with details of her sectioning and communication from the ward. There has been very little communication regarding treatment.	Partially Upheld	a post incident review with Angela would have been beneficial for her to be able to process the events. Improve Post Incident Reviews with patients and ensure these are documented. As an in-patient mental health service provider, we need to consider the accessibility of information given to patients to ensure all patients have equity when accessing key information. It was evident there was a gap of sixteen days between rights being read and discussed with the patient. We should be ensuring patients are having their rights read and we are compliant with the Mental Health Act.	Care and Treatment
West Berks	Common Point of Entry (Children)	Moderate	Concern about CAMHS CPE and discharge process, resulting in a young person not being referred to Specialist CAMHS.	Upheld	Discussion with CAMHS A&D Team about accepting referrals of patients up their Eighteenth Birthday if required. We are currently collating information about referrals we believe would benefit from the advice of a CAMHS Consultant Psychiatrist CAMHS CPE will ensure the discussion of timely transfer between CAMHS teams is on the agenda of each bi-monthly meeting held between CAMHS CPE, Specialist CAMHS, and the Anxiety and Depression Team Robert Williams will discuss with the A&D manager the concerns Eliza had about her conversation with the A&D staff member.	Care and Treatment
Wokingham	CMHTOA/COAMHS - Older Adults Community Mental Health Team	Low	Relative of pt wants copies of records relating to them that are held within the pt records as issues have arisen that have affected their privacy. Also has been accused of lying by a healthcare professional which they are unhappy about	Not Upheld	The notes remain the same in that there were reports that a dog caused bruises to the patient.	Medical Records
Wokingham	Talking Therapies - PWP Team	Low	Pt wishes to know why they were only given help lines and on line forums by Talking Therapies when presenting with depression and expressing suicidal feelings. Why did Eating Disorders only offer group sessions when already known pt had mild Asperger's and would have difficulty engaging?	Not Upheld	Patient was given information and clear guidance on who to contact and how to get support.	Care and Treatment
Reading	CMHT/Care Pathways		Pt wishes help from services but is discharged. Unhappy with previous CPN	Partially Upheld	Discharge was appropriate - need to ensure that discharge is clearly discussed and understood by patients.	Care and Treatment
Slough	CMHT/Care Pathways	Moderate	Family advise ECT not taking place due to C19 by a Dr, but ECT nurse contradicts this statement, why were they misinformed? Why was the discharge plan from last not followed? Why were there mixed messages from SCMHT re transport? Why was ECT missed by SCMHT after PPH informed them?	Partially Upheld	Best Interest Decision was not carried out appropriately however the decision not to travel to the ECT was appropriate given the presentation of the patient.	Communication
Reading	Adult Acute Admissions - Bluebell Ward	Minor	Family wish to know why ECT has still not been given, they believe it is due to the wards miscommunication? They wish to know why the pt is not being assisted with food intake? Why is pt now under Sec3 when they went in voluntarily? WHy ere family not informed of pt fall?	Partially Upheld	Use of MHA was appropriate. It was not documented that staff were prompting with food and drink as much as they should have.	Care and Treatment

Reading	Adult Acute Admissions - Bluebell Ward	Minor	Attitude of staff on the ward - night staff observing, asleep, talking about other pts, making inappropriate comments, incorrect meds given twice. No discharge plan or ongoing care plan	Partially Upheld	No evidence of staff sleeping. There was a medication error and concerns about staff member are being managed separately.	Attitude of Staff
Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Moderate	Deceased Pt - NOK wants to know what CRHTT did with the pt since Feb/March 2020 and the frequency, they feel it was not adequate	Not Upheld	Issues were alcohol abuse and housing which could not be addressed by MH services. he was signposted and assisted by BHFT teams to access the relevant services that could help him to address his issues.	Care and Treatment
West Berks	CAMHS - Specialist Community Teams	Minor	Mother unhappy with a report which went to a Child Protection conference, believes the clinician needs to make sure the information is correct before writing.	Partially Upheld	Staff to be reminded to make every effort to share child protection reports with families, where possible. Dr to speak to staff regarding concerns.	Communication
West Berks	CMHT/Care Pathways	Low	Complainant feels there is no accountability from the Trust, no ownership of failings, no empathy and no clear indication of the way forward. ORIGINAL COMPLAINT:- Family unhappy with pt discharge and no communication with them before this happened. Family also unhappy in the lack of support for them as a family	Partially Upheld	Further emphasis on carer involvement during treatment and at the point of discharge will be discussed with CMHT Discharge audit to ensure carer involvement becomes embedded into practice Carl will be offered a further out-patient appointment to explore diagnosis. This will inform any further intervention needed by secondary mental health services, including psychological input as well as the need for medication.	Discharge Arrangements
Windsor, Ascot and Maidenhead	CAMHS - Rapid Response	Minor	complainant concerned the pt isn't getting the help that she needs, resulting in further self harm.Feels that this is neglect and service is failing their duty of care	Partially Upheld	IO will feed back to Clinician about the need to ensure communication is clear and understood especially when communicating with young people with Autism. IO to feedback to the Crisis Team manager to feedback that it would be helpful for the Crisis Team to be clear with families about their role out of hours, and to support via telephone so families feel supported. IO to inform and discuss with CPE about the potential confusion/lack of clarity around managing crisis calls when a patient is open to 3 teams (to ensure the parent/patient is put through to the correct team promptly). Further exploration needs to occur to identify if it was CPE that took the calls. IO will feedback to CAMHS SCT, how pt prefers to be communicated with (to build a relationship) and to feedback that Lili and parents would like to understand how better they can support pt when in a crisis.	Care and Treatment
Reading	Adult Acute Admissions - Daisy Ward	Moderate	Pt unhappy with reports written for tribunal hearing. Pt feels we have given their contact details to someone and they are demanding to be moved to a different address.	Partially Upheld	All staff to ensure that they are up to date with Information Governance and Mental Health Act training.	Communication
Wokingham	Crisis Resolution and Home Treatment Team (CRHTT)		Pt has issues with care, treatment and communication	Not Upheld	complaint withdrawn	Care and Treatment
Slough	Community Paediatrics	Moderate	Family have discovered the pt has a cyst which was picked up in an MRI requested by BHFT but not relayed to new paediatricians. Family extremely unhappy with care provided.	Partially Upheld	Incidental findings from MRI were not shared.	Care and Treatment
Slough	District Nursing		Complainant wishes to know if death could have been avoided. Pt treated for bed sores when admitted to Wexham and infection due to ulcerated foot	Not Upheld	Proof of consent not received despite being chased for, so closed	Care and Treatment

Wokingham	CMHTOA/COAMHS - Older Adults Community Mental Health Team	Low	Relative of pt wants copies of records relating to them that are held within the pt records as issues have arisen that have affected their privacy. Also has been accused of lying by a healthcare professional which they are unhappy about	Not Upheld	The notes remain the same in that there were reports that a dog caused bruises to the patient.	Medical Records
Reading	IMPACTT		Sols have come back on response and said they are escalating ORIGINAL COMPLAINT Pt DNA, discharged from IMPACTT - solicitor feels pt should be treated as a Tier4 pt	Not Upheld		Care and Treatment
West Berks	Health Visiting	Low	Father unhappy with Trust response ORIGNIAL: Father unhappy with information given to him by social care about BHFT	Not Upheld	Complainant had been misinformed.	Communication

Berkshire Healthcare
NHS Foundation Trust

Performance Report to Council

June 2021

Chief Executive Highlights Report

Local

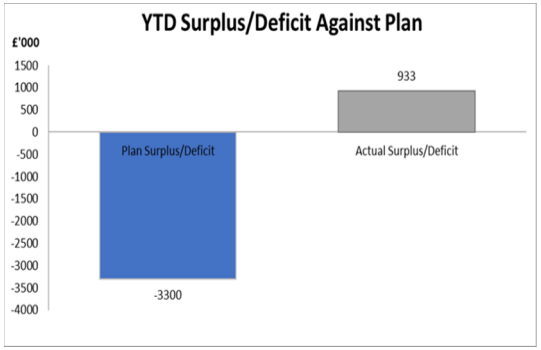
- **Deputy Chief Executive – change of portfolio –** following a recent recruitment round, the Trust was unable to appoint a new Executive Director of Strategy and Partnerships. Alex Gild, Deputy Chief Executive and Chief Financial Officer has agreed to continue with his role of Deputy Chief Executive and in addition will be responsible for the following portfolios:
    - Strategy and Partnerships
    - Digital and IT
    - People Directorate
    - Marketing & Communications
    - Transformation & Quality Improvement (QI)
    - Project Management Office (PMO)
    - Business Development

  The role of Chief Financial Officer will be covered by Paul Gray, Director of Finance on a interim basis.
- **Cyber Security** - in April 2020, the Trust welcomed an audit from the Information Commissioner's Office (ICO). The wide-ranging audit looked at "governance and accountability" and "cyber security". The Trust achieved high assurance ratings in both areas, demonstrating robust data protection practice at all levels as well as our commitment to continuous improvement. Following this audit, the Trust submitted the 2020/21 Data Security and Protection Toolkit (DSPT) in March 2021, once again achieving a status of standards exceeded, giving further assurance of the Trust's approach to, and the importance given to, achieving good data protection and security practices across the Trust. The Trust has also successfully completed the annual renewal of our Cyber Essentials Plus certification, providing third party assurance that our cyber security controls and approach meets the standards required by the NHS. All NHS organisations are mandated by NHS England to achieve compliance with the Cyber Essentials Plus standard by June 2021 and this is our second year of being certified as compliant. Cyber Essentials Plus is a National Cyber Security Centre backed scheme to ensure that organisations have the correct controls and technical defences to help protect themselves against cyber-crime.
- **COVID-19 Recovery Programme** – all services are now fully operational
- **New Patient Experience Tool** - A contract has been awarded to I Want Great Care to develop a new patient experience measure tool with us. The project started in April and will take approximately 9 months. We are planning co-production workshops with all our services, their patients and carers between May and June to hear what questions they think are important to ask, building on the themes identified in phase one of the project last year. The survey will then be designed over the summer and tested for a month in all services at the end of October. Rollout of the new survey will start in January 2022.

National

- **Sir Simon Stevens, NHS Chief Executive** - has announced that he will be retiring in July 2021. He has held the post for seven years leading the NHS through some of the most difficult periods in its history
- **NHS Activity Tracker –** NHS Providers are providing monthly data on NHS Activity which makes interesting reading - https://nhsproviders.org/nhs-activity-tracker/april-2021 - the most recent data does show a picture of reducing COVID-19 pressure in hospitals. The total number of people in hospital with COVID-19 is reducing each day. As of 14 April, there were 1,972 people in hospitals across England with COVID-19 - 94% fewer people than at the peak of 34,000 in January. However, there are now 387,885 people on the elective care waiting list now waiting over 52 weeks
  In terms of mental health services, NHS Providers state that: "In the absence of national waiting list data for mental health, anecdotally, mental health trust leaders are flagging significant levels of pent up demand for mental health services. Areas of critical concern include children and young people's services and demand for eating disorder services."
- **NHS Health and Care Bill** – announced in the Queen's Speech on 11 May 2021 sets out reforms to the NHS including putting Integrated Care Systems on a statutory footing but there are no plans to reform social care

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

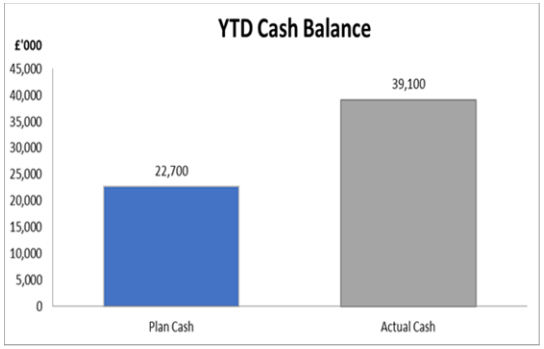


This surplus or deficit reflects the difference between the Trust spending and the income it receives.

We have operated in a COVID influenced financial regime for the whole of 20/21.
The regime in the first half of the year guarenteed breakeven with additional marginal costs being funded centrally.
Performance for the second half of the year was assessed against our submitted NHSI plan, which continued to included central support for ongoing COVID costs.

The Trust closed the 20/21 financial year with a £0.9m surplus.

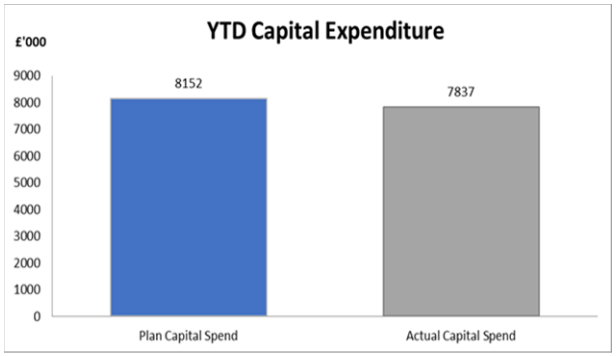
Latest Cash Position (£k's)



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

Overall the Trust incurred £10.5m of additional costs responding to the Covid pandemic for which we received additional funding.
Cash rose by £12.7m to £39.1m.

YTD Capital (£k's)



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

Capital Spend was £7.8m against a plan of £8.2m, with a further £0.6m of central funded scheme completed in year.

During the year, the Use of Resource rating was not monitored and no formal cost improvement programme has been in place.

Friends and Family Test

Indicator		Target
Recommendation Rate	89%	**85%**

The above number shows the proportion of patients who when surveyed would recommend the Trust services to their friends and family. In Quarter 4 this was 88.66%.

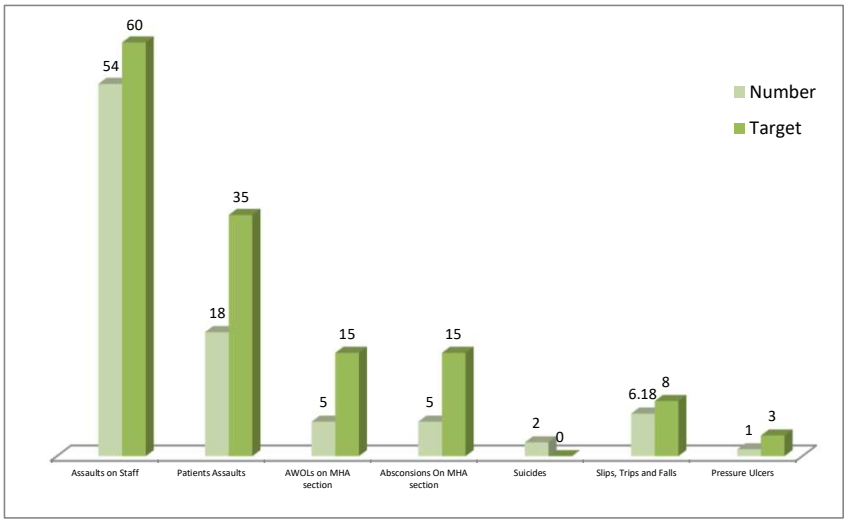
The response rate was 4.66% in Quarter 4 against a target of 15%.

Safer Staffing

Indicator	RAG Rating
Safe Staffing	

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

User Safety



The above chart is showing the March 2021 rolling quarter Actual Vs target. Please note that lower than the stated target means KPI has achieved its target. There was one pressure ulcer due to lapse in care identified in Quarter 4. All other metrics have improved since Quarter 3.

Performance Report to Council of Governors – People January to March 2021

Staff Turnover

Target	Actual
15.20%	14.8%

Agency Position

Target	Actual
< 6%	1.9%

Sickness

Target	Actual
< 3.5%	3.46%

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

Appraisals

Target	Completed %
> 95%	86.16%

The target is set for end of July 2020.

Days Taken For Recruitment

Target	55
Days Taken	80.7

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

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

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

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

Risk Description	Mitigations
Risk 1 Failure to recruit, retain and develop the right people in the right roles at the right time and at the right cost could impact on our ability to meet our commitment to providing safe, compassionate, high quality care and a good patient experience for our service users.	•The Trust participated in a BOB ICS led initiative to reduce staff bank and agency costs. We are now looking to adopt a similar model in Frimley •The Trust's new People Strategy was approved by the Trust Board in February 2021 •The current risk score has been reduced from 16 to 12 to reflect a reduction in staff turnover etc.
Risk 2 Failure to achieve system defined target efficiency and cost base benchmarks lead to an impact on funding flows to the Trust, and underlying cost base exceeding funding. Risk is described in the context of system funding allocations (CCG, spec comm budgets etc) being allocated and controlled at ICS level, flowing to providers on a risk share and/or relative efficiency basis.	•The Trust's outturn for 2020-21 was better than the financial forecast due to additional national/system allocations to support the Trust's response to the COVID-19 pandemic.
Risk 3 There is a risk that the Integrated Care Systems may not deliver the transformational change required to meet the healthcare needs of the population because of the need to focus on the COVID-19 response which would impact the pace of the Trust's work to re-model the way services are delivered.	•Multi-disciplinary working in care homes with primary care networks became operational in October 2020 •The Trust contributed to both the Buckinghamshire, Oxfordshire and Berkshire West and Frimley Health and Care Integrated Care Systems phase 3 planning response to the COVID019 pandemic.
Risk 4 There is a risk that other providers may acquire the Trust's adult and children's community services which would impact organisational sustainability and reduce the Trust's scope to develop new models of out of hospital care.	•The NHS White Paper on Integrated Care contains positive messages on Provider Collaboratives representing a move away from the competitive tendering approach. •The Trust's Three-Year Strategy has been approved. A series of staff Road Shows have been arranged to share the strategy across the organisation.

Risk 5 There is a risk that the changes to Integrated Care Systems and the Commissioning landscape may destabilise the collaborative working relationships with key strategic partners that have been in place resulting in the Trust losing influence in key decisions leading to less effective services for local people There is a risk that the development of Provider Collaboratives may divert management and clinical time and resources from front line service delivery. There is a risk that not participating in the development of the Provider Collaboratives will weaken the influence of the Trust in future decisions.	•The Stakeholder Satisfaction Survey was repeated in the autumn. The Survey provided assurance that the Trust was well regarded as a partner by its stakeholders. •Locality and Regional Directors for East Berkshire have built a strong relationship with the East Commissioners and are members of the Mental Health Programme Board •The Regional Director West is now the responsible officer for Mental Health for the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System •The Trust is contributing to the mental health transformation programme of work in addition to the NHS Long Term Plan Mental Health priorities.
Risk 6 There is a risk of a rise in demand for community and mental health services and a lack of available capacity will have a significant adverse impact on some services. Services have been impacted by the pandemic which has led to an increase in the number of services with demand challenges and the need for response to unmet and increased activity. The services with the greatest risk are Mental Health Inpatient, Community Nursing, Neurodiversity (ASD & ADHD) and Common Point of Entry currently.	•The Trust has good engagement with the developing Primary Care Networks. •The QI team has been involved in multiple projects across the organisation at front line level, divisional level, trust wide level. The QI team has also been supporting large trust wide projects such as Organisational development, leadership, medication initiation in CYPF, Serious incidents approach plus the trust Breakthrough objectives such as self-harm, physical assaults against staff and falls. •QI Strategic Initiative underway to review demand and capacity of clinical services. Project team in place. A3 completed. Goals to provide planning tool, dashboard, improve position for “stressed” services and develop capability to avoid and reduce impacts.
Risk 7 Trust network and infrastructure at risk of malware attack which could compromise systems leading to unavailability of clinical systems, loss of data, ransom demands for data and mass disruption.	•The Trust invited the Information Commissioners Office to conduct an external audit in April 2020. The Information Commissioners Office identified seven recommendations for improvement and these actions will be implemented over the next 12 months.

Risk 8A There is a risk that the Trust may be unable to maintain the standards of safe and high-quality care for patients we aspire to as an organisation because of the challenges of responding to potential further waves of COVID-19. There is a risk that there may be insufficient staff to provide safe care due to staff acquiring Covid 19 infection (asymptomatic and symptomatic) or having to self isolate. There is a risk that staff who have chosen to not have the Covid 19 vaccine could potentially transmit infection to patients and other staff in the trust. There is a risk that lessons from previous Covid infection surges will not be fully learned and essential improvements may not be implemented as population infection rates reduce There is a risk that patients have an adverse outcome resulting from unmet healthcare needs and waiting times as a result of Covid 19 surge pressure on services.	•Weekly updates to staff through the Staff COVID-19 Recovery Briefings •Lateral Flow testing to identify asymptomatic COVID-19 staff is available to all frontline staff •All trust staff to have an updated risk assessment and discussion with manager about safe working and health and wellbeing. •Reduction in COVID-19 demand across the system and this we are seeing in our Community Health beds. •Returning to business as usual with all services are up and running •All staff whether vaccinated or not must continue to adhere to all IPC measures put into place to mitigate transmission risk.
Risk 8B There is a risk that the Trust may be unable to maintain the standards of safe and high-quality care for patients we aspire to as an organisation because of the challenges of managing services during future waves of the COVID-19 pandemic where staff in medium and low priority services may have to be redeployed to support critical and high priority services. Routine face to face appointments have been replaced with remote consultations were appropriate. Urgent face to face and crisis appointments have continued throughout. The impact of COVID-19 on services and staff and their ability to remain resilient and at work needs to be a continued focus.	•COVID-19 Recovery Communications Plan is in development with external communications aligning with system expectations •BHFT website is regularly updated with the latest service provision information and is also shared with Healthwatch •A demand modelling tool has been built and it currently being populated with community services activity data •Working well with system partners and having conversations of around recovery demand & capacity mapping in preparation for system recovery. •Reducing Health Inequalities action plan drafted & Quality Improvement workshop held.

Performance Report to Council of Governors – Oversight Requirements January to March 2021

KPI	Target	Actual	Definition
7 day follow up	95%	95.13%	This is the percentage of Mental Health Patients discharged from our wards who were within 7 days.
DM01 Diagnostics Audiology - 6 weeks	99%	99.46%	This is the % of patients waiting 6 weeks or less for Audiology diagnostic tests.
A&E 4 Hour Waits	95%	98.75%	This is the percentage of patients waiting in the Trust's Minor Injury Unit to treat/discharge or transfer within 4 hours.
RTT Community: incomplete pathways	92%	100.00%	This is the percentage of patients waiting within 18 weeks for their first outpatient appointment in the Trust's Diabetes and Children's Community Paediatric teams.
Data Quality Maturity Index	95%	97.37%	This measures the Trust's completeness of Mental Health Services Data Set data in relation to the 29 fields including: - Ethnic Category, GMC Practice Code, NHS Number, Organisation Code, NHS Number, Organisation Code, Gender, and Postcode. This is the latest score.

Early Intervention in Psychosis New Cases - 2 week wait	56%	84.27%	This is the percentage of patients who present with first episode psychosis, who are assessed and accepted onto a caseload and receive a NICE Concordant package of care.
Inapp Out of Area Placements occupied bed days - East CCGs	38	517	The number of occupied bed days for acute, older adult or PICU patients, from East CCGs who were sent out of area as there was no bed available within the Trust.
Inapp Out of Area Placements occupied bed days - West	36	640	The number of occupied bed days for acute, older adult or PICU patients, from West CCGs who were sent out of area as there was no bed available within the Trust. From April 2021 PICU beds are no classified as an inappropriate out of area placement.
Improving Access to Psychological Therapies - waiting times for:- Assessment Treatment and Recovery	75% 95% 50%	98% 100% 54.00%	This measures the percentage of IAPT patients who were assessed within 6 weeks, started treatment within 18 weeks, and the percentage of those who have recovered.
Clostridium Difficile due to Lapse In Care - Year to Date	6	1	This measures the number of cases of Clostridium Difficile which were caused by a lapse in care in our inpatient services. 1 Case identified on Snowdrop ward in August 2020.

Cardio Metabolic CQUIN assessment and treatment for people with psychosis in the following settings:-			This CQUIN looks to improve health outcomes for those patients with psychosis by sampling a number of cases and calculating the percentage of clients who have received an assessment, and where risks are identified, intervention covering the following:
Inpatient settings	90%	42%	. smoking status
Early Intervention in Psychosis Services	90%	88%	. lifestyle (including exercise, diet, alcohol and drug use)
Community Mental Health Patients on CPA	65%	21%	. body mass index
			. blood pressure . glucose regulation (HbA1c or fasting glucose or random glucose, as appropriate) . blood lipids.
			This must be clearly recorded in the patients' records.
MRSA	0	0	This is the number of cases of the infection methicillin-resistant Staphylococcus aureus identified on our wards as occurring due to lapse in care.
Gram Negative Bacteraemia	0	0	This is the number of cases of infection Gram Negative Bacteraemia cases including, E coli, Pseudomonas and Klebsiella identified on our wards as occurring due to lapse in care. 3 cases due to Lapse occurred in April 2020 but none in Quarter 4.
MSSA	0	0	This is the number of cases of the infection Methicillin-sensitive Staphylococcus aureus identified on our wards as occurring due to lapse in care.

Annual plan on a page 2021/22

NHS
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

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

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 race hate, 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

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 safety 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 partnership 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.**

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Making Berkshire Healthcare…

Outstanding for everyone

National staff survey results: 2020

CareQuality Commission Inspected and rated Outstanding

Diversity and Inclusion bringing us together

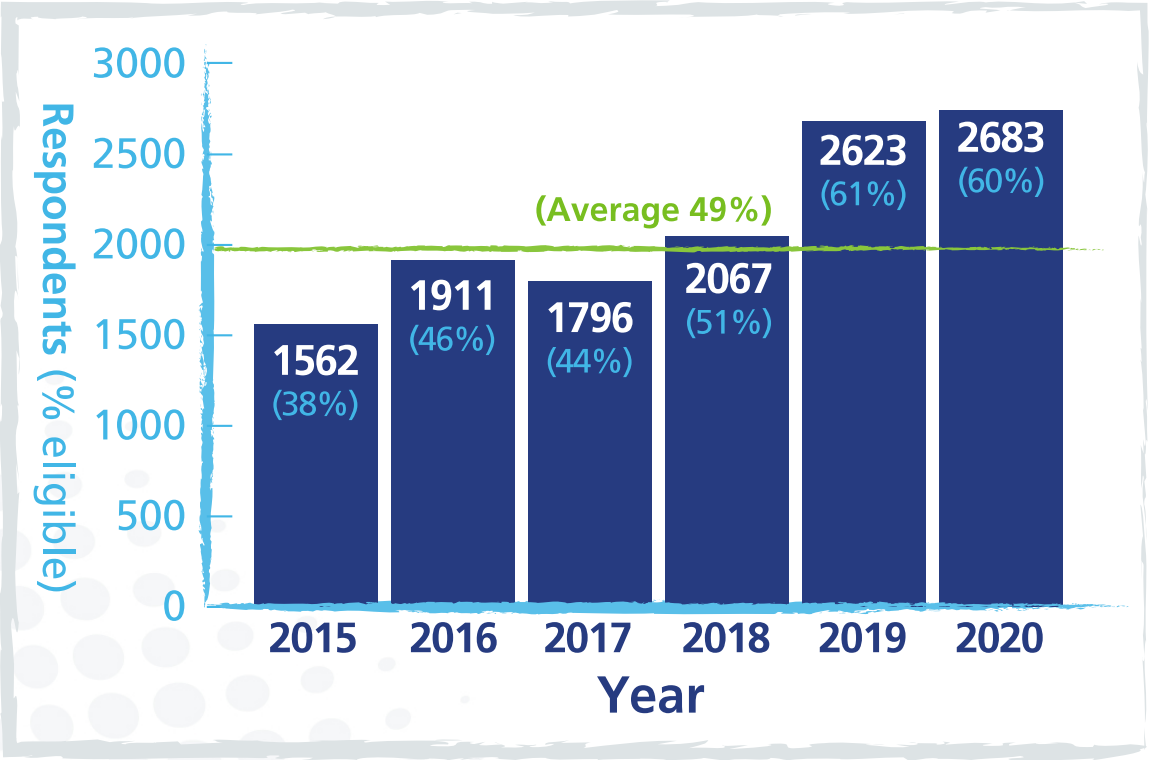
GDE Digital solutions for outstanding healthcare

Alex Gild and Jane Nicholson

National staff survey response rates

- year on year

Berkshire Healthcare NHS Foundation Trust



In 2020 60% of you took the time to tell us what it feels like to work here.

The average response rate for 32 Mental Health / Learning Disability and Community combined Trusts is **49%.**

Although **more staff responded to the survey in 2020,** the total number of staff has increased which means the overall % is slightly lower.

Overall engagement score

Our overall engagement score is 7.5. No other combined Trust has scored higher than this.

*10 being the highest score available.

Overall engagement score
- how it's calculated

Berkshire Healthcare NHS Foundation Trust

The overall staff engagement score is calculated as an average of the three grouped scores on **"Motivation"**, **"Advocacy"** and **"Involvement"**

NHS national staff survey			Berkshire Healthcare		
EEI	Qs	Statement	2018	2019	2020
Motivation	2a	Often/always look forward to going to work	63.2	65.8	66
	2b	Often/always enthusiastic about my job	77.8	78.6	78.3
	2c	Time often/always passes quickly when I am working	83.9	82	82.8
Advocacy	18a	Care of patients/service users is organisations top priority	82	83.9	87.7
	18c	Would recommend organisation as a place to work	68	70.4	77.8
	18d	If friends or relatives needed treatment would be happy with the standard of care provided by organisation	73.1	74.4	80.1
Involvement	4a	Opportunities to show initiative in my role	78.1	76.7	78.6
	4b	Able to make suggestions to improve the work of my team/dept	80.6	81.6	81.9
	4d	Able to make improvements happen in my area of work	64.3	65.7	66.5
Response rate	%		51	61	60

2020…

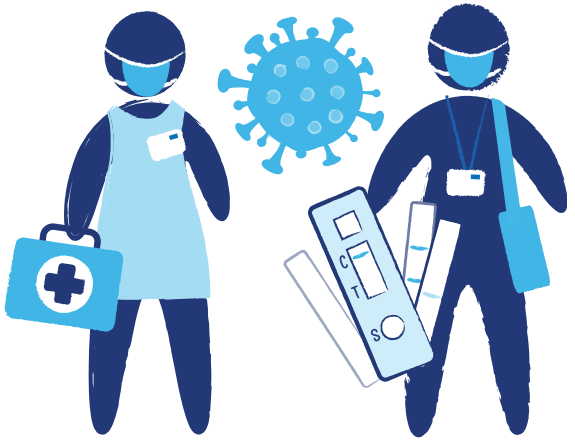
Working with COVID-19

Berkshire Healthcare NHS Foundation Trust

2020 was the start of a very difficult year as we faced the COVID-19 pandemic. To better understand how you have felt through the experience we asked two specific questions…

1) **Thinking about your experience of working through the COVID-19 pandemic,** what lessons should be learned from this time?

2) **What worked well during COVID-19** and should be continued?



We've added in a few of your thoughts but more detailed work to analyse the responses will follow.

Working with COVID-19…
your responses

NHS
Berkshire Healthcare
NHS Foundation Trust

Regular Trust briefings by senior management

Working from home can be very **isolating**, particularly for those who **live alone**.

The initial response to the lockdown was one of camaraderie

Multiagency meetings work well online and make better use of time and resources

Having video appointments as part of the offer to families

Working from home and flexibility in working hours

Online meetings instead of asking staff to travel all over the place to attend these in person.

Maintaining regular contact with team members

That we are able to offer our services **remotely** in a lot of cases and that we should be open to such **flexible working**

To be more kind to each other and look after our Mental health

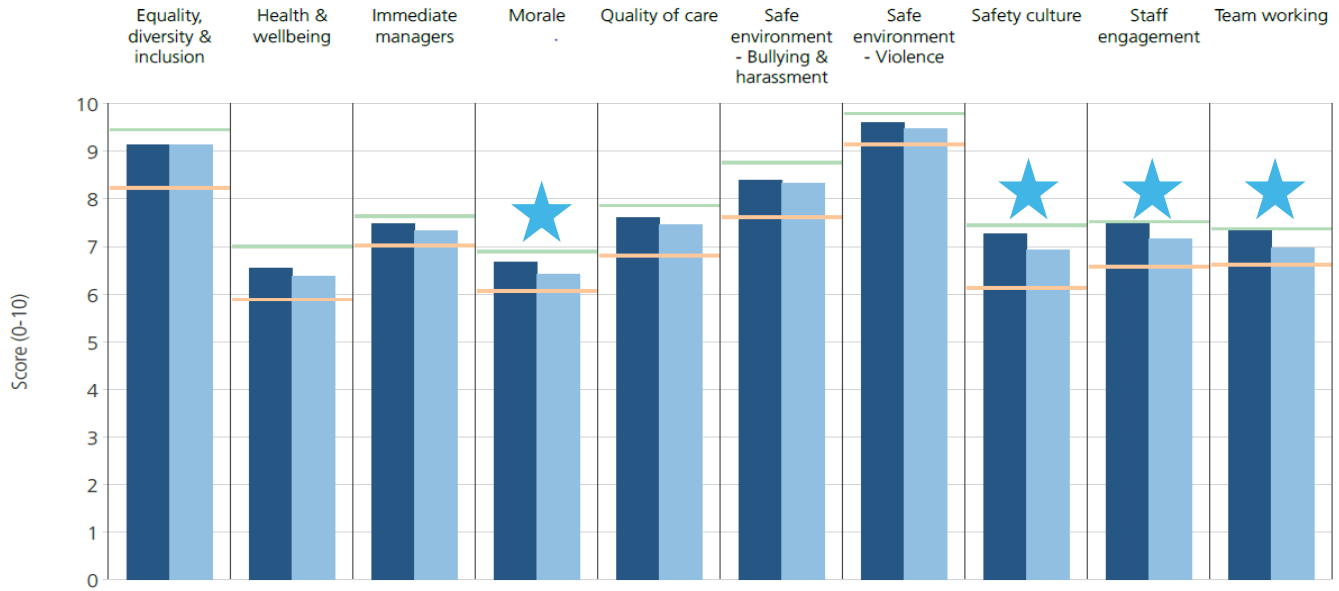
Staff survey results - themes

Survey Coordination Centre

2020 NHS Staff Survey Results > Theme results > Overview

NHS England

NHS
Berkshire Healthcare
NHS Foundation Trust



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.5	7.0	7.6	6.9	7.9	8.8	9.8	7.5	7.5	7.4
Your org	9.1	6.5	7.5	6.7	7.6	8.4	9.6	7.3	7.5	7.4
Average	9.1	6.4	7.3	6.4	7.5	8.3	9.5	6.9	7.2	7.0
Worst	8.2	5.9	7.0	6.1	6.8	7.6	9.1	6.1	6.6	6.6
Responses	2,615	2,624	2,631	2,598	2,306	2,522	2,615	2,609	2,651	2,633

The **ten themes** from the survey give a high level overview of the results. This year our scores have improved and are **above average** for combined Trusts in **all ten themes** and the **best** for two themes out of the ten.

Our **highest scoring themes** of **2020**

Berkshire Healthcare NHS Foundation Trust

The chart below shows us which themes scored significantly higher in 2020 in comparison to 2019, indicating that there is some great work being done with **health & wellbeing**, **morale, safety culture** and staff **engagement.**

Theme	2019 score	2020 score
Equality, diversity and inclusion	9.0	9.1
Health and wellbeing	6.2	6.5 ↑
Immediate managers	7.4	7.5
Morale	6.4	6.7 ↑
Quality of care	7.5	7.6
Safe environment - Bullying and harassment	8.3	8.4
Safe environment - Violence	9.6	9.6
Safety culture	7.2	7.3 ↑
Staff engagement	7.4	7.5 ↑
Team working	7.3	7.4

The ↑ indicates which theme has scored significantly higher in 2020 in comparison to 2019.

There's plenty to feel proud about…

		Average	Our Score
NSS Questions	Do you feel trusted to do your job?	90%	91%
	Do you feel that your immediate manager values your work?	79%	81%
	Do you feel that communication between senior management and staff is effective?	47.9%	60%
	Do you feel that you are involved in deciding on changes introduced that affect your work area / team / department	54%	61%
	Do you feel that the organisation acts fairly regarding career progression?	83%	89%
	Do of you feel that when errors, near misses or incidents are reported, Berkshire Healthcare takes action to ensure that they do not happen again?	73%	82%
	Would you recommend Berkshire Healthcare as a place to work?	66%	78%
Picker	Opportunities to show initiative frequently	75%	79%
	Able to make suggestions to improve the work of my team	78%	82%
	Involved in deciding changes that effect work	54%	61%
	Able to make improvements happen in my area of work	60%	67%

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We scored above the national average on all of these questions.

The QI Programme is making a big difference…
four of our results reported as the **best experience** in comparison to **all** mental health & learning disability trusts working with **Picker,** our survey provider this year.

Picker

Quality Improvement programme

There's still work to do…

When we look at the data from the survey, and look at how we're doing compared to other combined Trusts, and others in our region, we can see that the key areas for improvement are:

- **Equality, diversity and inclusion / Safe working environment**
- **Health and wellbeing of our people**
  - 30% have experienced MSK problems as a result of work activities
- **Work pressures and workload**
  - 66% of people work additional unpaid hours per week for this organisation, over and above contracted hours

Focus on… Equality, diversity and inclusion

NHS
Berkshire Healthcare
Diversity and Inclusion

It's great to see we're still making progress with equality, diversity and inclusion, but this doesn't mean we can become complacent.

Our WRES and WDES data continues to show that our BAME and disabled staff have a **disproportionate experience of bullying and harassment** in comparison to their white and non-disabled colleagues.

It's important we retain our diverse workforce and **eliminate the differentials** that some of our people experience. This will continue to be the focus of our work as there are still pockets of inequalities affecting our people with protected characteristics.

Sexual orientation

NHS
Berkshire Healthcare
Diversity and Inclusion

In 2020 we relaunched our Pride network, and we're delighted that membership of this network has continued to grow. **Our aim is to ensure that the voices of the whole LGBT community are represented, and feel able to bring their whole self to work and feel accepted.**

We know there's some work to do to understand why **not everyone feels comfortable and willing** to disclose their sexual orientation.

	ESR	NSS
Staff that identified as heterosexual	**84.25%**	**89.3%**
Staff that identified as LGBT+ (On ESR staff could select LGBT+ compared to the NSS where staff selected Lesbian, Gay, Bisexual)	**2.88%**	**4.5%**
Other / prefer not to say / not stated	**12.88%**	**7.7%**

Workforce Race Equality Standard (WRES)

NHS
Berkshire Healthcare
Diversity and Inclusion

The experience of our BAME colleagues is not always positive, and this is not acceptable.

Question		2019	2020
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	White	22%	20%
	BAME	30%	**31%**
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White	15%	18%
	BAME	20%	**23%**
Percentage believing that the trust provides equal opportunities for career progression or promotion	White	91%	92%
	BAME	76%	**78%**
In the last 12 months have you personally experienced discrimination at work from any of the following? Manager / team leader or other colleagues	White	6%	5%
	BAME	13%	**12%**

BAME Network
Together we can be the change

In 2020, our BAME network went from strength-to-strength, supporting its members regarding COVID and sharing concerns raised regarding the vaccination programme and contributing to the **BAME transformation project.**

Workforce Disability Equality Standard (WDES)

NHS
Berkshire Healthcare
Diversity and Inclusion

The experience of our disabled colleagues is not always positive, and this is not acceptable.

Question		2019	2020
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	Non-disabled	23.1%	20.3%
	Disabled	**30.2%**	**30%**
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	Non-disabled	14.4%	13.3%
	Disabled	**23.2%**	**21.2%**
Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion	Non-disabled	87.7%	84.1%
	Disabled	**85.8%**	**90%**
Percentage of staff satisfied with the extent to which their organisation values their work	Non-disabled	61.1%	66.5%
	Disabled	**53.8%**	**55.2%**
Percentage of disabled staff saying their employer has made adequate adjustment(s) to enable them to carry out their work	**Disabled**	**74.6%**	**77%**

PURPLE Network

In 2020 our Purple network continued to support staff with disabilities and those with caring responsibilities.

Together with our Purple network we launched a new **Reasonable Adjustments Policy** to support colleagues with disabilities.

Equality, diversity and inclusion -

NHS
Berkshire Healthcare
Diversity and Inclusion

So what are we doing?

Our **new EDI strategy** addresses the differentials of experience seen in the survey.

Some of the workstreams to achieve the ambitions in our strategy include:

- ✓ **BAME transformation programme** (3 workstreams) to reduce bullying, harassment and micro-aggressions, career progression and disciplinaries and grievances
- ✓ Joint work between colleagues to improve the experience of our staff at PPH where there is the highest reported incidence of race related abuse and hate crimes
- ✓ Developing programme to support better understanding of **reasonable adjustments** and the implementation of the new policy for our disabled people which will reduce their experience of bullying and harassment
- ✓ Roll out of our **'ready for change' programme** to support leaders and managers to create a culture of inclusion and belonging

Diversity and Inclusion
Bringing us together

Our strategy will address the **differentials in experience** at all levels of the organisation and **support the development** of allies of this culture change over the next three years.

This will lead to:

- Improved staff and patient satisfaction
- Good health outcomes
- Everyone feeling they are valued and have a voice

Focus on… health and wellbeing and making this a safe place to work

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NHS Foundation Trust

We've made great progress since 2019 supporting our people but we want to further improve health & wellbeing and making this a safe environment for our people to work in.

Question	Average	Our Score
In the last three months have you come to work despite feeling not well enough to perform your duties?	45.6%	43.6%
Have you experienced musculoskeletal (MSK) problems as a result of work related activities?	26.9%	30%
Have you experienced harassment, bullying or abuse from other colleagues?	15.5%	15.6%

Focus on… work pressures

Berkshire Healthcare NHS Foundation Trust

Some of our lowest scores were related to workplace pressures experienced by staff. These scores tell us we need to continue focus on recruitment and retention, as well as looking at how we can balance operational pressures.

We want to work with you to identify ways that we can improve this, so will be supporting teams to make **reducing work pressures** a priority.

Question	Average	Our Score
Do you work additional unpaid hours over and above your contracted hours?	60.6%	65.9%
Have you felt pressure from colleagues to come to work when unwell?	18.3%	18.2%
Do you experience unrealistic time pressures?	26.9%	25.4%

Health and wellbeing and work pressures -

So what are we doing?

Berkshire Healthcare NHS Foundation Trust

Our **new people strategy** keeps the wellbeing of our people firmly at the centre of our organisational culture.

We've made huge improvements, but there's still work to be done. Some of the workstreams to achieve the ambitions in our strategy include:

- ✓ Continuing to focus on **improving staff experience** to ensure our new starters want to stay
- ✓ A detailed review of the number of people working additional unpaid hours and how we can **reduce those work pressures.** One of our key areas will be reducing gaps in our workplace by **retaining our people**
- ✓ Developing extra support for our people, including introducing **annual wellbeing assessments** and **wellbeing check in's** as part of our appraisals
- ✓ **Wellbeing hubs** that focus on building resilience and providing rapid **psychological support** for our people
- ✓ Offering training and better support to line managers so that they know how to make **reasonable adjustments** that enable colleagues to perform at their best

Next steps…

Berkshire Healthcare NHS Foundation Trust

Over the next few weeks, we're going to be looking at the results alongside our **new People** and **Equality and Diversity Strategies** and having discussions and workshops about what they mean and what improvements we need to make as a result.

We want to involve you in these discussions, there'll be opportunities for some of you to take part in focus groups.

We're also going to be talking to the **staff networks** and having discussions with the **Board**.

Review the results with your team:

A link to our results page on **nhsstaffsurveyresults.com** will become available on **Thursday 11 March 2021** – we will update this presentation on Nexus and provide a reminder in Team Brief the following week.

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Making Berkshire Healthcare…

Outstanding for everyone

Supporting everyone to thrive at work

CareQuality Commission Inspected and rated Outstanding

Diversity and Inclusion bringing us together

GDE Digital solutions for outstanding healthcare

Jane Nicholson, Bridget Gemal and Hardip Johal

Our New Wellbeing Guardian

- Mark Day NED

The Role of the Wellbeing Guardian

An assurance role at Board level, in which they look at the organisation's activities through a health and wellbeing lens. Their purpose is to:

- question decisions which might impact on the wellbeing of our NHS people
- challenge behaviours which are likely to be detrimental
- challenge the Board to account for its decisions and their impact on the health and wellbeing of our NHS people.
- remind the board to consider any unintended consequences of organisational actions and review them with a view to mitigating these.

Response and Reconstruction

- Helping our People to Recover Post-Covid

Berkshire Healthcare NHS Foundation Trust

People have dealt with many challenges during COVID-19. The pandemic has heavily impacted on people and many are experiencing:

- Exhaustion and burnout.
- Anxiety and stress (leading to both sickness absence and ‘presenteeism’)
- Have had little time to reflect and compose

We are aware that certain sections of our workforce were disproportionately affected by Covid and we plan to address these widening inequalities in the recovery.

We need a Plan to support people during the Recovery Phase.

Refresh and Reframe

The aim of our Plan is sustainable recovery for all

- Reflect – on our experiences and what we have learnt
- Recuperate – help us find our own ways to rebuild our energies
- Reconnect – with friends, families and colleagues
- Reframe – look at new ways to work together
- Respect – for each other as we continue to address the inequalities that some groups experience

The Wellbeing Plan will support people as we come out of Covid, help some of us to adapt to new ways of working and to address the poorer experience of some staff groups in the Trust.

Refresh and Reframe Wellbeing Plan

Helping People to Recover Post-Covid

Berkshire Healthcare NHS Foundation Trust

Connection:

- Helping people to recuperate and reconnect with family, friends and normal life

Control:

- Helping people to feel in control of their futures by involving them in service recovery and restoration plans

Collaboration:

- Helping people to reconnect with their team and support innovative and new ways of working

Communities:

- Working with our staff networks to address the negative experiences of significant numbers of our minority staff

Connection

Berkshire Healthcare NHS Foundation Trust

Everyone will need their own individual way to reconnect and manage their wellbeing

Helping people to decompress and reconnect with family, friends and normal life.
This means:

- Personalised wellbeing assessments and tailored plans to proactively support people by understanding their individual needs and circumstances and enabling the best ways to manage their wellbeing so that people continue to thrive at work
- Support and guidelines for managers to help them enable people's recovery e.g.
  - Extended leave for those with family aboard
  - Memorial leave for funerals that have taken place under Covid restrictions
  - The importance of taking regular breaks during the working day and having dedicated space for these breaks
  - The management of annual leave to ensure this is evenly spread throughout the year

Control

Berkshire Healthcare NHS Foundation Trust

We know that people suffer less stress when they feel in control of their lives.

Helping people to feel in control of their futures by involving them in local service recovery processes and plans. This means:

- Understanding from people what went well during Covid and changes we would like to keep
- Involving people in discussions around service changes
- Using QI principles to redesign services
- Network of ambassadors around the trust to develop and support local wellbeing initiatives to support recovery
- Wellbeing hubs are available to support staff and teams

Collaboration

Teams may need to learn to work in new ways

Helping people to reconnect with their team and support new ways of working together effectively. This means:

- Supporting line managers to enable home and flexible working
- Supporting ways for teams to reintegrate, celebrate and reflect – it has this has been a great achievement just getting through the year
- Supporting teams to plan for their future and new and innovative ways of working together effectively including how teams can support each other's individual recovery plan
- Hubs and team building events for struggling teams or those with complex team dynamics

Communities

Berkshire Healthcare NHS Foundation Trust

Working with our networks address the negative experiences of significant numbers of our minority staff

Helping people to reconnect with their team and support new ways of working together effectively. This means:

- Ensuring the varied needs of all members of our diverse workforce are considered and supported
- Supporting teams to plan for their future and new and innovative ways of working together effectively to address the gaps and differentials in experience of our minority staff groups
- Create safe spaces with support of the staff networks where all staff feel they can be honest, belong and can bring their true self to work
- Explore the support we can give to people of differing faiths

Next steps…

Berkshire Healthcare NHS Foundation Trust

Action	Responsible	Timeline	Notes
Launch Health and Wellbeing Assessments	Head of HR	April 2021	Completed
Guidelines to managers to support individual recovery plans for their team members	Head of HR	June 2021	
Establish principles for: • Capturing learning from Covid • Engaging staff in service restoration plans and design of future processes and services	Recovery Steering Group	Ongoing	
Support to Managers to enable flexible and home working including: • Launch of new homeworking policy • Remote Management training	Head of OD/Homeworking Project Lead	April 2021	Completed
Supporting Teams Strategy to enable teams to: • Reintegrate, celebrate and reflect • Plan how to support each other	Head of OD and Head of Wellbeing	June 2021	Discussion with Finance and charity needed
Continue to support teams through: • Wellbeing hubs • Complex Teams OD support	Head of Psychological Services/Head of OD	Ongoing	

Outstanding for Everyone