

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

TRUST BOARD MEETING HELD IN PUBLIC

10:00am on Tuesday 11 February 2020
Boardroom, Fitzwilliam House,
Skimped Hill Lane, Bracknell, RG12 1BQ

AGENDA

No	Item	Presenter	Enc.
OPENING BUSINESS			
1.	Chairman's Welcome	Martin Earwicker, Chair	Verbal
2.	Apologies	Martin Earwicker, Chair	Verbal
3.	Declaration of Any Other Business	Martin Earwicker, Chair	Verbal
4.	Declarations of Interest i. Amendments to the Register ii. Agenda Items	Martin Earwicker, Chair	Verbal
5.1	Minutes of Meeting held on 10 December 2019	Martin Earwicker, Chair	Enc.
5.2	Action Log and Matters Arising	Martin Earwicker, Chair	Enc.
QUALITY			
6.0	Quality Improvement Programme: Presentation on Reducing Physical Assaults on Staff on the Campion Unit (Learning Disabilities In-Patient facility)	Colin Archer, Head of Learning Disability Services	Verbal
6.1	Annual Community Mental Health Survey Report	Debbie Fulton, Director of Nursing and Therapies	Enc.
EXECUTIVE UPDATE			
7.0	Executive Report	Julian Emms, Chief Executive	Enc.
PERFORMANCE			
8.1	Month 9 2019/20 Finance Report	Alex Gild, Deputy Chief Executive and Chief Financial Officer	Enc.
8.2	Month 9 2019/20 True North Scorecard Performance Report	Alex Gild, Deputy Chief Executive and Chief Financial Officer	Enc.
8.3	Patient Experience Report	Debbie Fulton, Director of Nursing and Therapies	Enc.
8.4	Finance, Investment & Performance Committee meeting on 29 January 2020	Naomi Coxwell, Chair of the Finance, Investment and Performance Committee	Verbal
STRATEGY			
9.0	Strategy Implementation Plan 2019-20 – Update Report	Kathryn MacDermott, Acting Executive Director of Strategy	Enc.

No	Item	Presenter	Enc.
9.1	Equalities and Diversity – Six Monthly Update Report	Kathryn MacDermott, Acting Executive Director of Strategy	Enc.
CORPORATE GOVERNANCE			
10.0	Annual Health and Safety Report	Julian Emms, Chief Executive	Enc.
10.1	Audit Committee Minutes – 29 January 2020	Chris Fisher, Chair of the Audit Committee	Enc.
10.2	Annual Declarations of Interest and Fit and Proper Persons Test Report	Julie Hill, Company Secretary	Enc.
10.3	Annual Trust Board Meeting Planner	Julie Hill, Company Secretary	Enc.
10.4	Use of the Trust Seal Report	Alex Gild, Deputy Chief Executive and Chief Financial Officer	Enc.
10.5	Council of Governors Update	Martin Earwicker, Chair	Verbal
Closing Business			
11.0	Any Other Business	Martin Earwicker, Chair	Verbal
12.0	Date of the Next Public Trust Board Meeting –14 April 2020	Martin Earwicker, Chair	Verbal
13.0	CONFIDENTIAL ISSUES: 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.	Martin Earwicker, Chair	Verbal



Unconfirmed minutes

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Minutes of a Board Meeting held in Public on Tuesday 10 December 2019

Boardroom, Fitzwilliam House

Present:	Chris Fisher	Vice-Chair (Meeting Chair)
	David Buckle	Non-Executive Director
	Naomi Coxwell	Non-Executive Director
	Mark Day	Non-Executive Director
	Mehmuda Mian	Non-Executive Director
	Julian Emms	Chief Executive
	Alex Gild	Deputy Chief Executive and Chief Financial Officer
	Debbie Fulton	Director of Nursing and Therapies
	Dr Minoo Irani	Medical Director
	Bev Searle	Director of Strategy and Corporate Affairs
In attendance:	David Townsend	Chief Operating Officer
	Julie Hill	Company Secretary
	Mike Craissati	Freedom to Speak Up Guardian (<i>present for agenda item 6.1</i>)

19/236	Welcome (agenda item 1)
	Chris Fisher, Vice Chair welcomed everyone to the meeting including the observers: Tom O’Kane, Public Governor, Mark Davison, Chief Information Officer, Ralph Chananda, Head of Mental Health Services, Community Mental Health Team and Sarah Nardone, Nuance.
19/237	Apologies (agenda item 2)
	Apologies were received from: Martin Earwicker, Chair and Aileen Feeney, Non-Executive Director. On behalf of the Board, the Vice Chair wished Martin Earwicker a speedy recovery from his operation.

19/238	Declaration of Any Other Business (agenda item 3)
	The Vice-Chair reported that the Appointments and Remuneration Committee had met prior to the Board meeting and there would be an item of “Any Other Business” relating to a change in the Trust’s Pensions Policy.
19/239	Declarations of Interest (agenda item 4)
	i. Amendments to Register - none
	ii. Agenda Items – none
19/240	Minutes of the previous meeting – 12 November 2019 (agenda item 5.1)
	<p>The Minutes of the Trust Board meeting held in public on Tuesday 12 November 2019 were approved as a correct record of the meeting after a minor amendment had been made to min no 19/208 as follows:</p> <p>The “Chief Executive” was replaced with “Director of Nursing and Therapies” in the first line of minute 19/208.</p>
19/241	Action Log and Matters Arising (agenda item 5.2)
	<p>The schedule of actions had been circulated. The following action was considered further:</p> <p>Annual Health and Safety Report</p> <p>It was noted that when the Board reviewed the last Annual Health and Safety Report, there was discussion about physical assaults on staff and it was agreed that the Head of Learning Disabilities Services would be invited to give a presentation to the Board on the Quality Improvement Programme work to reduce physical assaults on the Campion Unit (Learning Disabilities In-patient Unit).</p> <p>The Head of Learning Disability Services and his team would give a presentation on their Quality Improvement work to reduce physical assaults on staff at the February 2020 Trust Board meeting.</p> <p>The Trust Board: noted the schedule of actions.</p>
19/242	Patient Story – A Young Person’s Self-Harm Story (agenda item 6.0)
	<p>The Director of Nursing and Therapies presented the patient story which concerned a 16-year-old young person with anxiety and depression and who was self-harming. The patient’s story explained how the young person, their family and the CAMHs service worked together to support and treat the young person. It was noted that eight months on, the young person was continuing to get better and now had a positive outlook on life.</p> <p>The full patient’s story is attached as an appendix to the minutes.</p>

	<p>The Vice-Chair said that the patient's story reminded the Board about why it existed.</p> <p>The Chief Operating Officer said that the increased demand for CAMHs services had resulted in longer waiting times, but once patients accessed CAMHs services, they usually had a positive experience.</p> <p>The Vice-Chair commented that it was important that the Trust continued to do everything it could to reduce waiting times and to recognise the negative impact of waiting on young people and their families.</p> <p>The Chief Operating Officer pointed out that the young person had mentioned in their story that before they had received their first appointment, the Trust had signposted where the young person and their family could access help from other organisations and where they could obtain online resources.</p> <p>The Vice-Chair asked the Executive Directors about the process for monitoring waiting lists.</p> <p>The Chief Executive explained that some waiting lists were part of the NHS Constitutional Standards and performance was reported to NHS Improvement and these targets were included as part of the True North Performance Scorecard which was reviewed by the Finance, Performance and Risk Executive as well as by the Finance, Investment and Performance Board Sub-Committee and by the Board.</p> <p>The Chief Executive said that the issue of waiting lists was complex because patients were sometimes waiting for a service within a service. The Chief Executive said that the Director of Nursing and Therapies included individual services where demand for services was outstripping capacity as part of her "Quality Concerns" which were reviewed monthly by the Quality Executive Committee and quarterly by the Quality Assurance Committee and reported to the Trust Board.</p> <p>The Vice-Chair thanked the Director of Nursing and Therapies for sharing the young person's story.</p>
19/243	Freedom to Speak Up Guardian's Six Monthly Report (agenda item 6.1)
	<p>The Vice-Chair welcomed Mike Craissati, Freedom to Speak Up Guardian.</p> <p>The Freedom to Speak Up Guardian reminded the meeting that he presented his report to the Trust Board every six months.</p> <p>The Freedom to Speak Up Guardian presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> Over the last six months, he had undertaken a range of activities to highlight the role of the Freedom to Speak Up Guardian. This included creating a short film for staff; presentations and attendance at management and team meetings; promoting the role of the Guardian as part of the national Freedom to Speak Up month in October; dissemination of posters and leaflets; attendance at the Corporate, Junior Doctor, and Student Nurses induction sessions; presentations at the Essential Knowledge for New Manager training sessions; supporting all Equality and Diversity network events; and supporting the team of Freedom to Speak Up Champions recruited from a variety of services across the Trust;

- The Guardian was required to submit quarterly returns on the number and nature of cases to the National Guardian's Office. The returns for Quarters 1 and 2 highlighted that a significantly high proportion of cases were around "staff experience" (71% of cases) with very few staff raising patient safety concerns;
- It was difficult to make comparisons with other similar organisations as the data did not always provide a narrative regarding the number of Guardians and/or Champions, how many days per week they worked and if they recorded both "contacts" (that is enquiries from staff that do not require any further support from the Guardian) and "cases" (that is concerns raised which required action from the Guardian). The Trust recorded both cases and concerns.

The Vice-Chair referred to the National Guardian's Office return and commented that a high proportion of the Trust's cases were raised anonymously which was not reflected in the national benchmarking data.

The Freedom to Speak Up Guardian explained that a number of the Trust's cases related to bullying and harassment and staff wanted to remain anonymous.

The Chief Executive reported that the NHS Staff Survey contained four questions relating to the reporting of incidents and raising concerns around unsafe clinical practice and pointed out that the Trust scored well in these questions.

The Freedom to Speak Up Guardian reported that the National Guardian's Office produced a Freedom to Speak Up Index which calculated the mean average responses to the four questions in the NHS National Staff Survey. It was noted that the Trust's score for 2018-19 was 82% with the top score being 85%.

The Freedom to Speak Up Guardian reported that his focus for the coming year would be around continuing to improve the Freedom to Speak Up culture and improving the Trust's "Listening Up" culture including improved feedback to those who raised concerns, including timescales and expectations around outcomes.

The Freedom to Speak Up Guardian reported that the Trust's Internal Auditors had reviewed the Freedom to Speak Up systems and processes and had given a rating of "reasonable assurance". The Internal Auditors had recommended changes to the Trust's Freedom to Speak Up Policy. The changes had been made and the Trust Board meeting in November 2019 had approved the revised Freedom to Speak Up policy.

The Vice-Chair asked how the Freedom to Speak Up Guardian supported staff who raised concerns with him.

The Freedom to Speak Up Guardian explained that this included discussing with the staff member how they wanted their issues to be dealt with and ascertaining their expectations about any outcomes.

Mehmuda Mian, Non-Executive Director noted that a number of cases raised with the Guardian related to bullying and harassment and asked whether there was any evidence to show that individuals had raised these concerns with their line managers before contacting the Freedom to Speak Up Guardian.

The Freedom to Speak Up Guardian explained that in a number of cases the allegations of bullying and harassment related to individuals' line managers.

The Chief Operating Officer highlighted that the Trust had done a lot of work to raise

	<p>awareness about bullying and harassment and this had inevitably led to an increase in the number of staff reporting bullying and harassment and commented that this was a positive move.</p> <p>Naomi Coxwell, Non-Executive Director said that in a perfect world, the post of Freedom to Speak Up Guardian would not be needed. Ms Coxwell asked how the Board could support the Guardian's work to improve the Speaking Up culture in the Trust.</p> <p>The Freedom to Speak Up Guardian explained that he met monthly with the Chief Executive, Director of Nursing and Therapies and Director of Strategy and Corporate Affairs (Lead Executive Director for Freedom to Speak Up) to discuss the issues raised with the Guardian and also to identify and address any "hot spots" at team level where the leadership may need additional support. It was also noted that Mark Day supported the Guardian in his role as Non-Executive Director Lead for Freedom to Speak Up.</p> <p>The Vice-Chair thanked the Freedom to Speak Up Guardian for his report.</p> <p>The Trust Board:</p> <ul style="list-style-type: none"> a) Noted the report; b) Was assured that any patient safety issues were raised and addressed by methods other than via the Freedom to Speak Up process; c) Supported and encouraged initiatives to address staff experience concerns, specifically those relating to bullying and harassment and those concerns which may affect Staff Network members; d) Supported and encouraged initiatives to improve a Listening Up culture so that all staff would feel more able to challenge in a positive way, to encourage positive suggestions that may improve ways of working, the patient experience or efficiencies. In turn this would make raising more traditional Freedom to Speak Up concerns easier and more a part of the culture; e) Supported assisting in minimising those barriers to communication that may prevent those wishing to speak up (in any way) from doing so; f) Supported the improved Freedom to Speak Up and Human Resources joint working to provide a more structured approach to dealing with Freedom to Speak Up cases to provide those raising concerns with better feedback.
19/244	Quality Assurance Committee – 19 November 2019 (agenda item 6.2)
	<p>a) Minutes of the Quality Assurance Committee – 19 November 2019</p> <p>David Buckle, Chair of the Quality Assurance Committee reported that his first meeting as Chair had been very useful and productive. It was noted that in addition to the Committee's standing agenda items, the Committee had also received a paper on CAMHs sustainability. Dr Buckle commented that as a retired GP and a former Commissioner, the increasing demand for CAMHs services had long been a concern for him.</p> <p>Dr Buckle stressed that the Chief Operating Officer had provided assurance that there were robust systems and processes in place to triage and to identify clinical risk and that the main impact was around reputation and patient experience and not around patient safety. Dr Buckle reported that the Committee was also assured that the Trust was doing everything it could within the available funding and staff to manage the demand for CAMHs services.</p>

The Vice-Chair pointed out that from the service user perspective, increasing waiting times was also very distressing.

The Chief Operating Officer said that the Trust recognised this and had 13 initiatives aimed at reducing waiting times, but these would take time to come to fruition. The Chief Operating Officer confirmed that service users were signposted to other organisations providing appropriate help and support whilst they waited for their appointment to CAMHS services.

Dr Buckle also reported that the Committee had received a paper from the Director of Nursing and Therapies setting out the patient safety systems and processes for assurance and commented that it was not always clear which Board sub-committee had responsibility for the various assurance processes.

The Vice-Chair reported that the Chairs of the Audit Committee, Finance, Investment and Performance Committee and the Quality Assurance Committee met once a year to review their work plans and to identify any gaps and/or overlaps. The Company Secretary agreed to set up a meeting of the three Chairs early in the New Year.

Action: Company Secretary

Dr Buckle reported that as part of his preparation for taking over the chairmanship of the Committee he had attended a meeting of the Quality Executive Committee and said that this had been useful in helping him to understand the links and information flows between the Quality Executive Committee and the Board's Quality Assurance Committee.

b) Learning from Deaths Quarter 2 Report

The Medical Director presented the paper and reported that there had been one lapse in care confirmed in Quarter 2. This related to a suicide in the Community which occurred in June 2019 and the independent investigation was concluded through the Serious Incident process.

Dr Buckle reported that he had attended a meeting of the Mortality Review Group and commented that he had been impressed by the professionalism of the meeting. Dr Buckle said that it was clear that the Trust devoted a significant amount of resources in respect of the Learning from Deaths process.

The Vice-Chair asked whether there were any reasons why the number of deaths last year had fallen.

The Director of Nursing and Therapies pointed out that the Trust was no longer providing Palliative Services in East Berkshire.

Mark Day, Non-Executive Director asked how the Trust gained assurance that the learning from deaths was acted upon and resulted in changes to practice.

The Medical Director confirmed that Clinical Directors were responsible for ensuring that any learning from deaths was disseminated and implemented. In addition, the Director of Nursing and Therapies disseminated learning as part of her "Learning Curve" newsletters.

Naomi Coxwell, Non-Executive Director referred to page 50 of the agenda pack and commented that she was surprised by the comment in the report's conclusion that the standard operating procedure introduced in Quarter 3 2018-19 for covering staff sickness in the Community Mental Health Teams had not been fully embedded.

	<p>The Medical Director reported that the issue had arisen as part of a Serious Incident investigation and steps had been taken to reinforce the process set out in the Standard Operating Procedure.</p> <p>c) Guardians of Safe Working Hours Quarter 2 Report</p> <p>The Medical Director said that the Trust did not have an issue with Junior Doctors working excessive hours and that during Quarter 2, the total number of additional hours Junior Doctors worked amounted to 3 hours and 45 minutes.</p> <p>The Vice-Chair referred to the appendix of the report (page 59 of the agenda pack) and asked whether the Trust was compliant with the requirements of the Doctors' contract refresh 2018 in respect of safety: limits and rests.</p> <p>The Medical Director confirmed that the Trust was compliant with the requirements set out in the 2018 contract refresh in respect of safety: limits and rests.</p> <p>The Trust Board: noted the reports.</p>
19/245	Executive Report (agenda item 7.0)
	<p>The Executive Report had been circulated. The following issue was discussed further:</p> <p>a) Medical Staffing</p> <p>The Chief Executive paid tribute to the Medical Director for his leadership of the medical workforce and said that it was positive that the Trust did not have an issue with medical staffing.</p> <p>b) System Working</p> <p>The Vice-Chair referred to the estates section of the Frimley Health and Care update and asked for more information about the GP transformation work. The Chief Executive reported that the Frimley Health and Care Integrated Care System was working with the Primary Care Networks to develop a care model for those patients who were jointly cared for by Primary Care and by the Trust.</p> <p>The Chief Operating Officer explained that new care models presented a challenge to the Estates Team who had to try and design buildings which would remain fit for purpose for the next 20 years.</p> <p>Naomi Coxwell, Non-Executive Director referred to NHS England's decision to award Frimley Health and Care Integrated Care System £5.2m to transform community mental health care in twelve "early implementer" areas and asked about the impact on the Trust.</p> <p>The Deputy Chief Executive and Chief Financial Officer said that around £1.6m of the £5.2m would be available to the Trust and said that it would provide a real opportunity to develop Community Services. The Deputy Chief Executive and Chief Financial Officer said that there were recruitment challenges and said that he hoped that the new model would attract staff.</p> <p>Naomi Coxwell, Non-Executive Director said that it would be helpful for the Board to have a better idea about the implications for the Trust of each of the key system projects and</p>

	<p>how they linked with the Trust's strategy.</p> <p style="text-align: right;">Action: Acting Executive Director of Strategy</p> <p>The Trust Board: noted the report.</p>
19/246	<p>Month 07 2019-20 Finance Report (agenda item 8.1)</p>
	<p>The Deputy Chief Executive and Chief Financial Officer presented the report and highlighted the following points:</p> <ul style="list-style-type: none"> • The Trust had a £0.1m year to date deficit taking the year to date deficit to £0.7m. This was in line with the Trust's NHS Improvement financial plan. • After accounting for Provider Sustainability Funding and donations, the Trust had a reported surplus of £0.4m year to date (£0.1m ahead of the financial plan year); • The Use of Resources rating had returned to a "1" overall, in line with the financial plan; • Non-pay costs fell due to a substantial reduction in the number of Out of Area Placement usage in October 2019. Costs would have been lower if not for the acuity of the patients placed; • Cash at the end of the period was £4.2m better than planned. Capital slippage and the receipt of the Provider Sustainability Funding bonus payments was driving performance; • Capital expenditure had increased but remained £1.5m behind plan, with current projections indicating a £0.6m underspend at year end which would continue to be reviewed; • The main reason for the Capital Programme slippage was the delays around seeking approval from the PFI funders for the Champion Unit's move to Jasmine Ward. The project was likely to start in Quarter 4; • The Cost Improvement Programme delivery (actual) should read: £2.7m in the report) rather than zero in the table on page 72 of the agenda pack. <p>The Deputy Chief Executive and Chief Financial Officer said that it was positive news that the Trust had successfully recruited to a number of nursing posts, but the Trust had not yet managed to reduce the costs of temporary staffing.</p> <p>Naomi Coxwell, Chair of the Finance, Investment and Performance Committee commented that the Trust's financial position was steady.</p> <p>The Trust Board noted: the following summary of the financial performance and results for Month 7 2019-20:</p> <p>(The Trust reports to NHS Improvement its "Use of Resources" rating which monitors risk monthly, "1" is the highest rating possible and "4" is the lowest).</p> <p>Year to date (Use of Resource) metric:</p> <ul style="list-style-type: none"> • The Trust's overall Use of Resources rating was "1" (the plan was "1") • Capital Service Cover rating was 2 • Liquidity days rating was 1 • Income and Expenditure Margin rating was 2 • Income and Expenditure Variance rating was 1 • Agency target rating was 1

	<p>Year to date Income Statement (including Provider Sustainability Funding) excluding donations:</p> <ul style="list-style-type: none"> • Plan: £0.3m surplus • Actual: £0.5m surplus • Variance: £0.1m better than plan <p>Year to date Cash: £25.4m versus plan of £21.2m</p> <p>Year to date Capital expenditure: £5.1m versus plan of £6.6m</p>
19/247	<p>Month 07 2019-20 “True North” Performance Scorecard Report (agenda item 8.2)</p>
	<p>The Deputy Chief Executive and Chief Financial Officer presented the paper and highlighted the following points:</p> <ul style="list-style-type: none"> • Reducing falls performance – there were 12 falls in October 2019 which was a significant reduction in the number of falls compared with previous months; • Reducing self-harm performance – staff were working hard with the design of counter-measures; • Reducing the use of prone restraint performance – based on national benchmarking data, the Trust was now in the lowest quartile; • Reducing physical assaults on staff performance – this continued to be RAG rated “red”. Staff were designing counter measures based on feedback from patients and staff; • Occupancy and length of stay at Prospect Park Hospital continued to be high and work was ongoing to address the issues. <p>The Vice-Chair referred to the metrics around reducing occupancy and length of stay at Prospect Park Hospital and asked whether it would be helpful to have incremental targets. The Deputy Chief Executive and Chief Financial Officer agreed to review how the Trust set its milestones for improvement.</p> <p style="text-align: right;">Action: Deputy Chief Executive and Chief Financial Officer</p> <p>The Vice-Chair commented that he welcomed the format of the new True North Performance Scorecard.</p> <p>Mark Day, Non-Executive Director commented that the Trust’s work to develop the Emotionally Unstable Personality Disorder pathway would hopefully help to reduce both occupancy and length of stay.</p> <p>The Vice-Chair referred to the Mental Health Clustering performance and asked what difference it would make if the Trust had achieved the 90% target.</p> <p>The Deputy Chief Executive and Chief Financial Officer said that it was particularly important that the Common Point of Entry service correctly allocated patients to the right “cluster” because of the volume of patients they assessed.</p> <p>The Trust Board: noted the report.</p>

19/248	Board Vision Metrics (agenda item 8.3)
	<p>The Deputy Chief Executive and Chief Financial Officer presented the paper and reported that the Friends and Family Test response rate had improved and was just below the 15% target. It was noted that the results of the recent Stakeholder Survey were positive and were broadly in line with the previous survey.</p> <p>The Deputy Chief Executive and Chief Financial Officer reported that following the discussion at the October 2019 Board Strategic Planning Away Day, options for linking together the True North and Vision Metrics data would be presented to the Finance, Investment and Performance Committee for consideration.</p> <p style="text-align: right;">Action: Deputy Chief Executive and Chief Financial Officer</p> <p>The Chief Executive reminded the meeting that the national Friends and Family Test was changing from April 2020 and patients would be asked to rate their last care episode. The Chief Executive commented that the new question was more appropriate for mental health in-patients. It was noted that the Trust was also currently developing its own local patient experience questions.</p> <p>The Trust Board: noted the report.</p>
19/249	Finance, Investment and Performance Committee (agenda item 8.4)
	<i>The Finance, Investment and Performance Committee did not meet in November 2019.</i>
19/250	Council of Governors Update (agenda item 10.1)
	<p>The Vice Chair reported that the December 2019 Council of Governors meeting received the Annual Report of the Audit Committee. The Vice-Chair reported that in his capacity as Chair of the Audit Committee he had presented the report which set out the key areas of focus for the Audit Committee over the last twelve months. It was noted that Mr Fisher had also explained the role of the Audit Committee as part of the Council of Governors' rolling programme of "Bite Size" learning sessions.</p> <p>The Vice-Chair reported that the Council received an excellent presentation from the Regional Director, West on the development of a consistent, evidence based, outcome measured community mental health service across Berkshire. It was noted that the Council had also received excellent presentations from the Director of Strategy and Corporate Affairs on the Trust's Staff Networks and on the Staff Health and Wellbeing initiative.</p> <p>The Vice-Chair reported that there were two particular issues which were raised at the Council:</p> <ul style="list-style-type: none"> • Waiting Times – there was a perception that waiting time data was not well summarised and understood. The Governors had challenged the Non-Executive Directors about how they assured themselves about waiting times. <p>The Vice-Chair said that he would discuss the waiting list issue with his fellow Non-Executive Directors.</p> <p style="text-align: right;">Action: Vice-Chair and Non-Executive Directors</p> <ul style="list-style-type: none"> • Local Quality Account Indicator for External Audit – the Governors had

	<p>expressed a degree of frustration about the limited choice of local indicators for external audit as part of the Quality Accounts process because two out of the three indicators had recently been audited.</p> <p>The Vice-Chair said that the Medical Director and Head of Clinical Effectiveness and Audit had explained that the choice of indicators which were suitable for auditing was very limited. It was noted that future reports would explain this in more detail.</p> <p>The Trust Board: noted the update.</p>
19/251	Any Other Business (agenda item 11)
	<p>a) Recommendation from the Appointments and Remuneration Committee – Pensions Policy</p> <p>The Vice-Chair reported that the Appointments and Remuneration Committee had met prior to the Trust Board meeting to discuss a proposed change to the Trust's Pensions Policy.</p> <p>The Vice-Chair reported that there was national concern because in some cases senior doctors were managing their pension tax liabilities by reducing their hours and/or choosing not to work additional shifts.</p> <p>The Vice-Chair reported that the Directors of Human Resources across the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System had approved a pensions policy which would enable clinicians and non-clinicians who were affected by either the annual or lifetime pension allowance to opt out of the NHS Pension Scheme and to receive 12.38% of the employer's pension contribution as part of their salaries.</p> <p>The Appointments and Remuneration Committee approved the pension contribution alternative award policy and agreed that it would be implemented from 1 January 2020.</p> <p>The Chief Executive confirmed that the full policy document would be presented to the next Public Trust Board meeting for ratification.</p> <p style="text-align: right;">Action: Company Secretary</p> <p>Mark Day, Chair of the Appointments and Remuneration Committee confirmed that the change to the Trust's pensions policy was cost neutral.</p> <p>b) Retirement of Bev Searle, Director of Strategy and Corporate Affairs</p> <p>The Vice Chair paid tribute to the work of Bev Searle, Director of Strategy and Corporate Affairs who was retiring at the end of the week. The Vice Chair said that one of Ms Searle's key qualities was around her ability to communicate complex ideas clearly through charts and the use of accessible language. On behalf of the Board, the Vice-Chair wished Ms Searle a happy retirement.</p> <p>Ms Searle thanked the Board and commented that it had been both a pleasure and a privilege to work for Berkshire Healthcare.</p>
19/252	Date of Next Meeting (agenda item 11)
	Tuesday, 11 February 2020

19/253	CONFIDENTIAL ISSUES: (agenda item 12)
	The Board resolved to exclude press and public from the remainder of the meeting on the basis that publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be conducted.

I certify that this is a true, accurate and complete set of the Minutes of the business conducted at the Trust Board meeting held on 10 December 2019.

Signed..... Date 11 February 2020
(Martin Earwicker, Chair)

Appendix 1 - Trust Board Patient Story – A 16 Year Old's Self-Harm Story

The patient story was presented to the December 2019 Trust Board meeting by the Director of Nursing and Therapies

Story of 16 year old adolescent

My journey started in late July 2018 when I was referred to CAMHS. I was experiencing issues involving severe depression, self-harm, anxiety and had an eating disorder.

I had not had any help from services before, but my anxiety was so bad that I started self – harming as a way of coping, I was not eating properly and I was even too anxious to go to school or see my friends, My parents were really worried about me and took me to see my GP.

There was clear communication between my parents, my GP and CAMHS. They seemed to work together with me which not only made me feel reassured and trusting in the system, but gave me enough hope to plod along until my CAMHS appointment. This undeniable sense of unity instigated my desire to recover from my mental illnesses because I felt that everyone was taking my issues as seriously as me.

First, me and my family were invited to attend a workshop. This helped us understand the difficulties that I was having, what they could do to help me and the types of support available. I also learnt about cognitive behaviour therapy (CBT) and what it involves. They also gave me and my parents books and the names of other organisations that we could contact for advice and support

After about 8 weeks my initial assessment took place. I felt that the clinician really got what was in my mind and how I was feeling and felt that they really understood. My first therapist was compassionate, empathetic and unconditionally validating of my situation from the first time we met until our last session.

This maternal, kind figure made me feel like I could tell her everything I was withholding and this gave me stability in my life where it really mattered. My clinician met with me and my parents together and also separately. They asked lots of questions about me, my life, what things are going well and what difficulties I was currently having. Including things like school progress and family relationships. This made me feel like they really wanted to understand and help me. Within a few sessions, we had formed a treatment and safety plan

My Treatment plan included:

- Initial referral to the crisis team (including additional signposting)
- Dialectical behaviour therapy (DBT)
- Medication
- Attendance at a Pupil referral unit to complete GCSEs

The DBT treatment allowed me to understand my illnesses and use skills to combat my struggles that seemed to be taking over my life. Alongside this, I was seen by a psychiatrist who prescribed me medication for my depression and insomnia. Earlier this year, my first therapist left and I was assigned to an advanced mental health practitioner.

Today, we continue with DBT and my medication. I am now 8 months self-harm free, I'm attending full time education. I'm genuinely happy for the first time in a long time. I am now looking forward to my bright future that was once felt very dark. Without CAMHS, I would not

be the functioning, well person I am today and will be forever appreciative of my faultless experience with them.



BOARD OF DIRECTORS MEETING 11/02/20

Board Meeting Matters Arising Log – 2020 – Public Meetings

Key:

Purple - completed
Green – In progress
Unshaded – not due yet
Red – overdue

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
10.07.18	18/136	Strategy Summary Document 2018-21	The Trust's strategy to be distilled into three or four lines of text which would be discussed at the Board's Annual Strategic Planning Away Day in October 2018.	April 2020	KM	To be considered when the three-year strategy is refreshed in April 2020.	
10.07.18	18/138	Equality Strategy Annual Report	The Director of Strategy and Corporate Affairs to include a section on gender pay equality when the Equality Strategy was refreshed.	April 2020	KM	To be reviewed as part of the Strategy Review in April 2020.	Open

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
13.11.18	18/204	Physical Health of Mental Health Patients Presentation	Improving the physical health of people with severe mental health illness to be incorporated into the Trust's strategic planning cycle.	April 2020	KM	To be incorporated into the 3-year Strategy Document refresh in April 2020.	
12.02.19	19/016	Health and Safety Annual Report	The Campion Unit to be invited to give a presentation to a future Trust Board meeting on their Quality Improvement Programme work on reducing the number of physical assaults.	Feb 2020	DT/JH	A presentation will be made to the February 2020 Trust Board meeting.	
12.02.19	19/021	Annual Trust Board Planning	The Annual Trust Board Planner to include Discursive Trust Board meetings.	Feb 2020	JH	Future Annual Trust Board Planners will include the Discursive Trust Board meetings.	
12.11.19	19/202	Six Monthly Staffing Report	The percentage of shifts with less than two registered nurses for the previous six months to be shown in future reports.	May 2020	DF		
12.11.19	19/206	Finance Report	The Finance, Investment and Performance Committee to be provided with more information about the increase in the number of admin roles and whether this resulted in greater efficiencies elsewhere in the	Jan 2020	AG	The information as provided at the January 2020 Finance, Investment and Performance Committee meeting.	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
			Trust.				
10.12.19	19/244	Quality Assurance Committee	A meeting of the Sub-Committee Chairs to be convened to discuss the work programmes of the Finance, Investment and Performance Committee, Audit Committee and Quality Assurance Committee to ensure that there were no significant gaps and/or overlaps.	Jan 2020	JH	The Chairs of the Sub Committees met on 29 January 2020.	
10.12.19	19/245	Executive Report	The Board to be informed about the implications for the work of the Trust of each key system projects and how they linked to the Trust's strategy.	Feb 2020	KM	Included in the Strategic Implementation Plan report	
10.12.19	19/247	True North Performance Scorecard	The Deputy Chief Executive and Chief Financial Officer to consider having incremental targets for reducing the length of stay and occupancy at Prospect Park Hospital.	TBC	AG	This will be reviewed in line with 20/21 annual planning and True North driver metric target refresh.	
10.12.19	19/248	Vision Metrics	The Deputy Chief Executive and Chief Financial Officer to present options for linking True North and the Vision Metrics to the Finance, Investment and Performance Committee.	March 2020	AG	Action carried forward to March Finance, Investment and Performance Committee in line with strategy and annual	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
						planning refresh.	
10.12.19	19/250	Councils of Governors Update	The Vice Chair to discuss with the other Non-Executive Directors about how they gained assurance around waiting times.	Jan 2020	CF	Discussed by the Chairs of the Sub-Committees on 29 January 2020.	
10.12.19	19/251	Any other business – Pensions Policy	The Trust Board to receive the revised Pensions Policy for ratification.	Feb 2020	JH	On the agenda for the meeting.	

Trust Board Paper

Date of Board meeting	11 February 2020
Title	Community Mental Health Team (CMHT) Annual Survey
Purpose	To inform the Board of the annual CMHT Survey results.
Business Area	Nursing & Governance
Author	Elizabeth Chapman – Head of Service Engagement and Experience
Presented by	Debbie Fulton, Director Nursing and Therapies
Relevant Strategic Objectives	True North goal of Good patient Experience
CQC Registration/Patient Care Impacts	Supports maintenance of CQC
Resource Impacts	N/A
Legal Implications	N/A
SUMMARY	<p>The Community Mental Health Survey for 2019 which is based on patients who received care between September and November 2018, was published in November 2019. It is part of the CQC survey programme, the overall experience question on the survey forms part of the NHSi Standard Oversight Framework.</p> <p>We were rated:</p> <ul style="list-style-type: none"> • Amber (about the same as other Trusts) in 9 sections • Green (better than most Trusts) for the section on ‘Reviewing care’ • Green/ Amber (between the same as and better than most Trusts) for the section on ‘overall views of care and services’. <p>The Trust achieved the highest national score in the following questions: Your Health and Social Care Workers:</p> <ul style="list-style-type: none"> • Were you given enough time to discuss your needs and treatment? <p>Reviewing your care:</p> <ul style="list-style-type: none"> • Did you feel that decisions were made together by you and the person you saw during this discussion? <p>Support and wellbeing:</p> <ul style="list-style-type: none"> • In the last 12 months, has someone from NHS mental health services supported you in joining a group or taking part in an activity? • Have NHS mental health services involved a member of your family or someone else close to you, as much as you would like? • Have NHS mental health services given you information about getting support from people with experience of the same mental health needs?

	<p>The Trust did not score the lowest out of Trusts nationally in any section or question.</p> <p>The area where the score reduced most significantly between this year and last year was the score around Crisis Care: Do you know who to contact out of office hours within the NHS if you have a crisis?</p> <p>5 other scores decreased by marginal amounts of 0.1-0.3</p>
ACTION REQUIRED	This report is for noting at the Board

Annual Community Mental Health Survey 2019

1. Introduction

The annual CQC Community Mental Health Survey for 2019 was published in November 2019 and is based on a survey of 12,551 patients who received care between September and November 2018. A sample of patients were sent the annual community mental health survey (generated at random on the agreed national protocol) from people seen between. The Trust had an overall response rate of 24% (compared to a national response rate of 27%) which shows a decrease from 33% in 2018. The survey results are shown individually as questions, and then grouped together in sections; the latter indicating whether a trust is above, below or within the expected range.

The published data set also includes a comparison with the equivalent question in the 2018. The community mental health survey is part of the CQC survey programme. And the overall experience question on the survey forms part of the NHSi Standard Oversight Framework. The results from the benchmarking reports form part of the 'insight' that feeds into monitoring quality and performance.

The survey is just one-way trusts gauge the views of people who use services.

There has been a year on year increase on the time between the survey and the published benchmarking reports. This survey is used alongside the internal patient survey, however the delay in reporting means that specific change as a result of this feedback may not be seen in the following survey.

2. Trust level results

Interpreting the results and highlights

The following questions were new questions for 2019, and it is therefore not possible to compare with previous years:

- (Health and Social Care Workers) Did the person or people you saw appear to be aware of your treatment history?
- (Medicines) Has the purpose of your medicines ever been discussed with you?
- (Medicines) Have the possible side effects of medication ever been discussed with you? *
- (Feedback) Aside from this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care?

'Feedback' is a new section within the survey, and the sections on 'changes in who people see' and 'treatments' have been removed.

A weighted score for each question is calculated out of 10. Nationally the report is coded as green when a trust is better than expected compared to other Trusts, orange when scores are about the same and grey where trusts are worse than expected compared to other Trusts. In 2018, the trust was rated about the same as other Trusts across all 11 sections. In 2019, Berkshire Healthcare were rated about the same as other Trusts in 9 sections; and Berkshire Healthcare were better than most Trusts for the section on 'Reviewing care' and between the same as and better than most Trusts for the section on 'overall views of care and services'.

The Trust achieved the highest national score in the following questions:

- **Your Health and Social Care Workers:** Were you given enough time to discuss your needs and treatment?
- **Reviewing your care:** Did you feel that decisions were made together by you and the person you saw during this discussion?
- **Support and wellbeing:**
 - In the last 12 months, has someone from NHS mental health services supported you in joining a group or taking part in an activity?
 - Have NHS mental health services involved a member of your family or someone else close to you, as much as you would like?
 - Have NHS mental health services given you information about getting support from people with experience of the same mental health needs?

When reviewing the detail of the 11 sections:

- We improved in 15 questions
- Declined in 7 questions
- Stayed the same in 3 questions

The Trust did not score the lowest out of Trusts nationally in any section or question.

The areas where the Trust saw a decrease in score and satisfaction are:

- **Organising your care:** Have you been told who is in charge of organising your care and services?
- **Crisis Care:**
 - Do you know who to contact out of office hours within the NHS if you have a crisis?
 - In the last 12 months, did you get the help you needed when you tried contacting this person or team?
- **Medicines:** Were you as involved as much as you wanted to be in decisions about which medicines you receive?
- **NHS Therapies:** Were you as involved as you wanted to be in deciding what treatments or therapies to use?

- **Overall views of care and services:** Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services? (by 0.1)
- **Overall experience:** this section consisted of one question, asking about the overall experience.

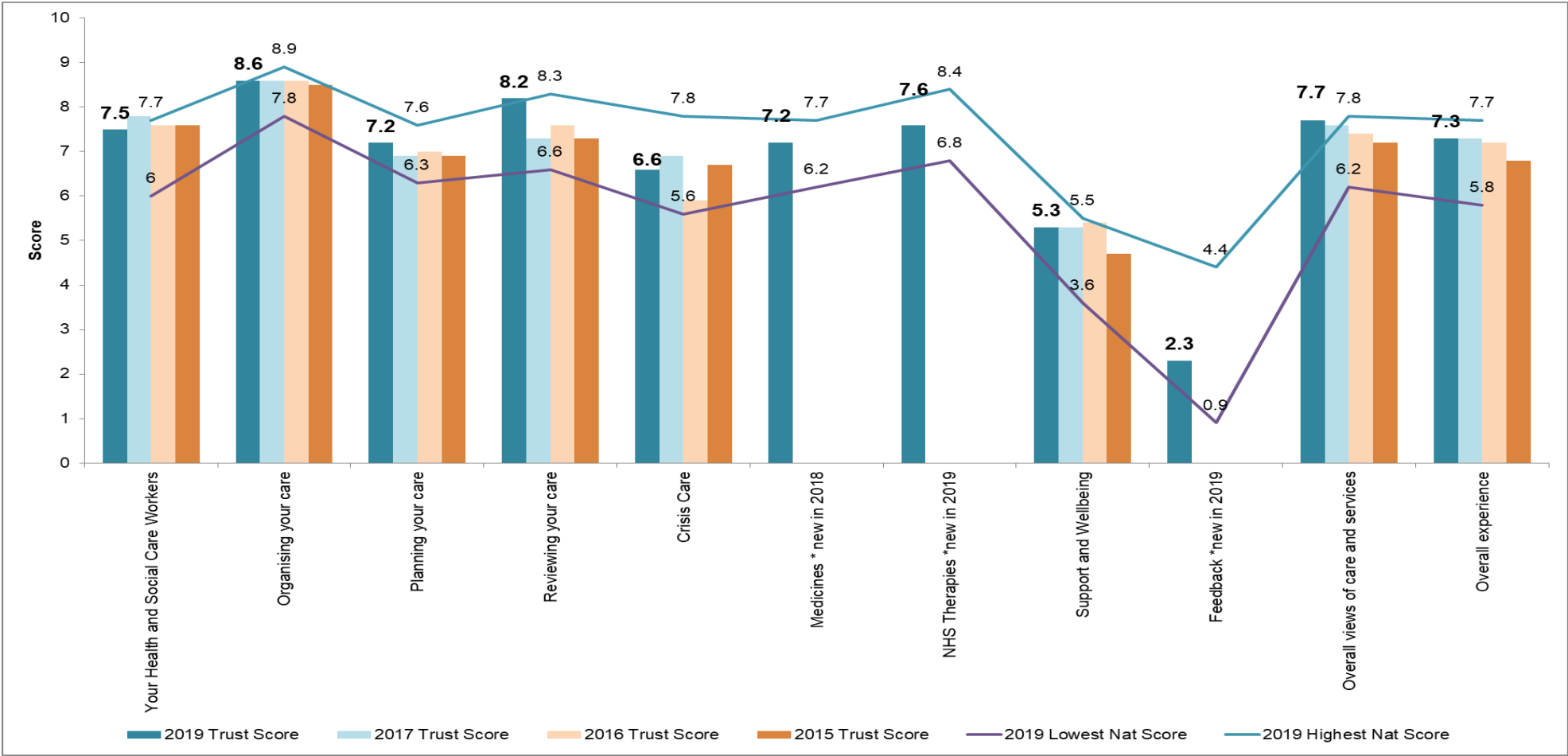
Appendix one shows a RAG rating comparison and indicates where the Trust has scored in regards to an expected range i.e. about the same (amber) is the range that the Trust can score without being significantly different to the average.

Appendix two shows that our scores (including section scores) in comparison with previous years.

2.1 How did we do – section scores

Graph one below shows the results of the sections within the 2019 survey in comparison with previous years.

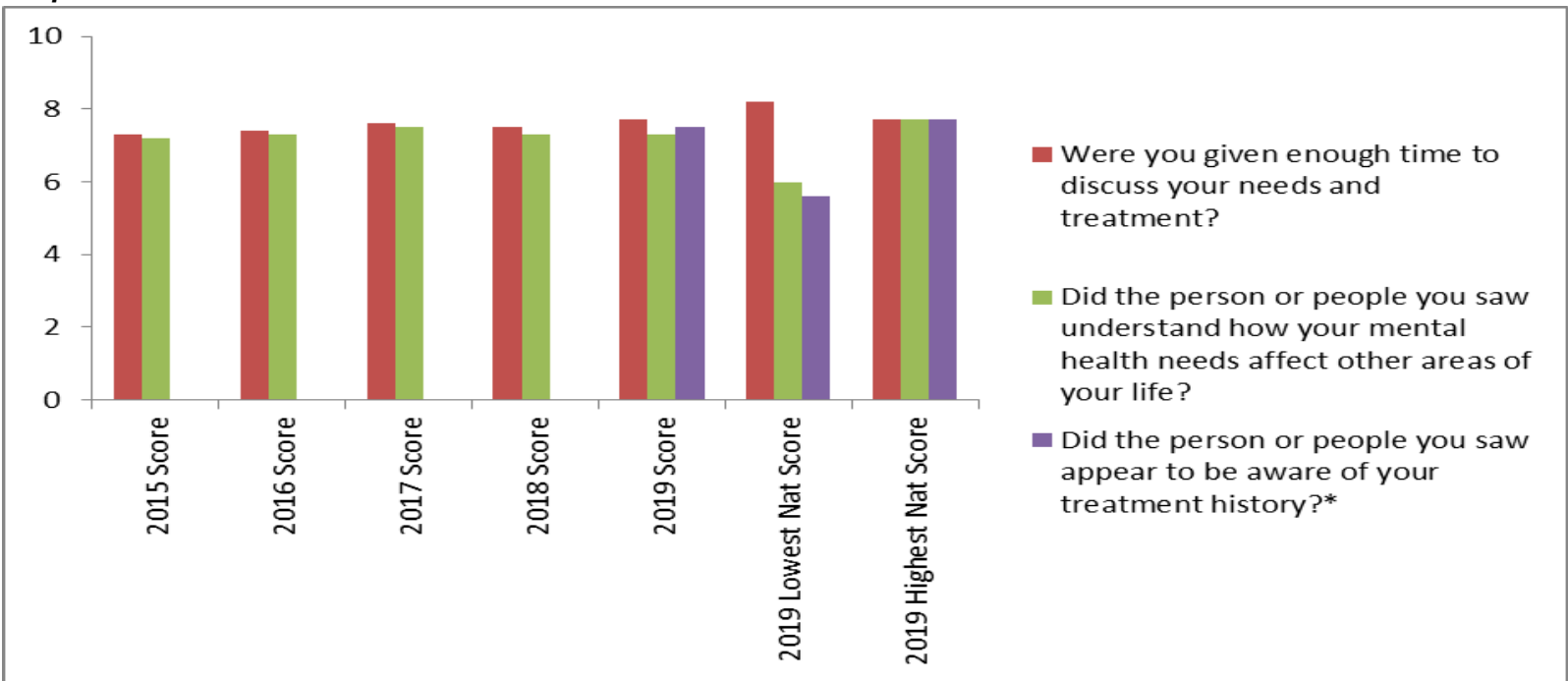
Graph One: Section Scores



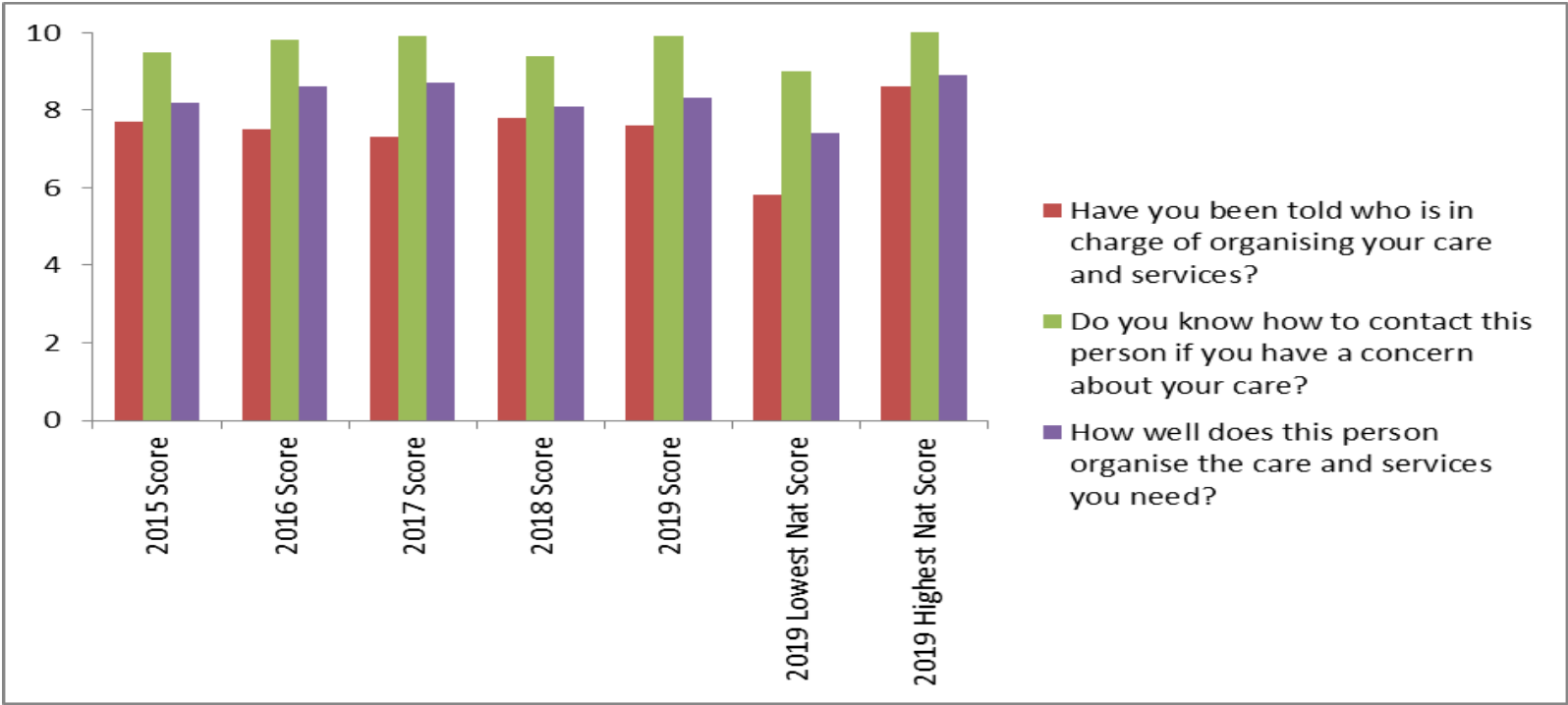
2.2 How did we do – over time

The graphs below show the results for our Trust in the 2019 survey within their respective sections against the national scores and the Trust results in 2018, 2017, 2016 and 2015.

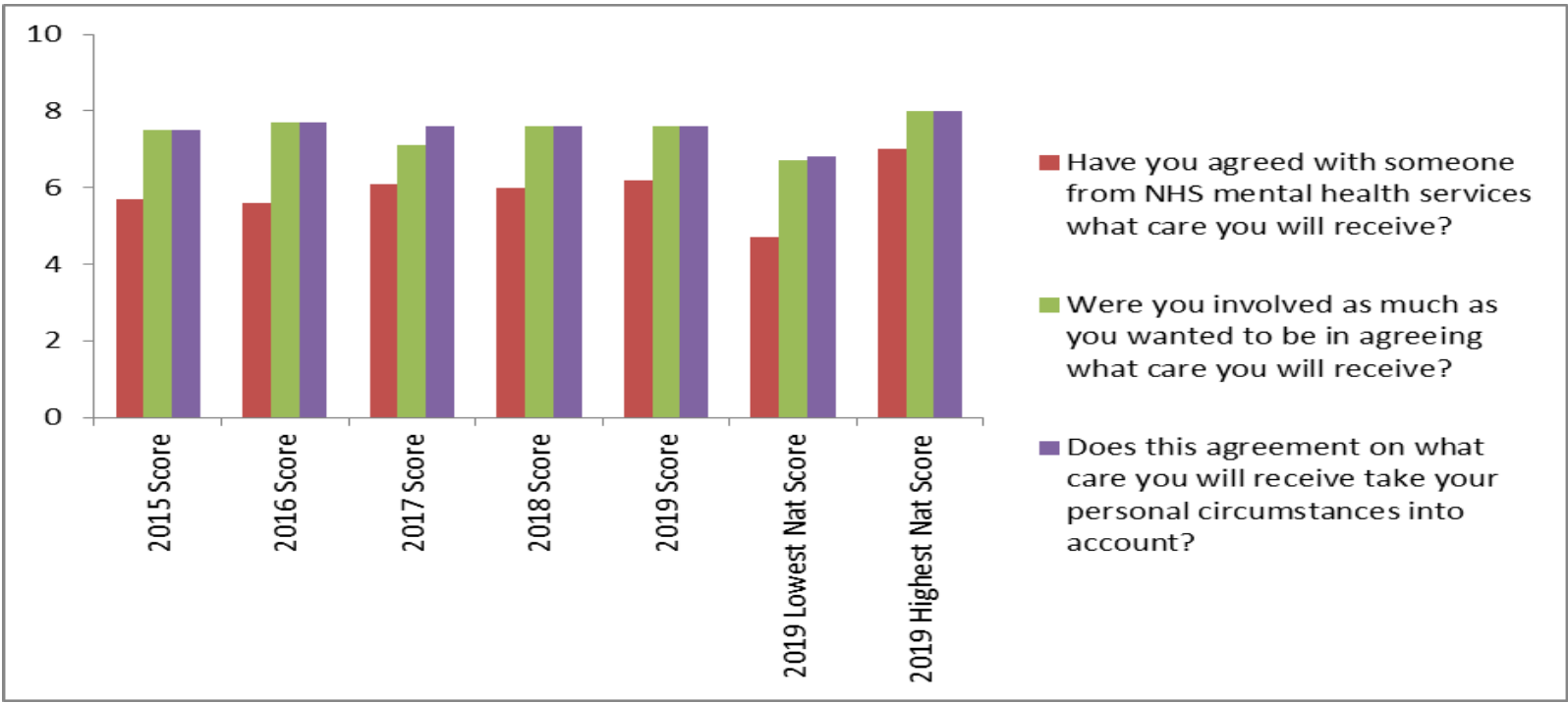
Graph Two: Health and Social Care Workers



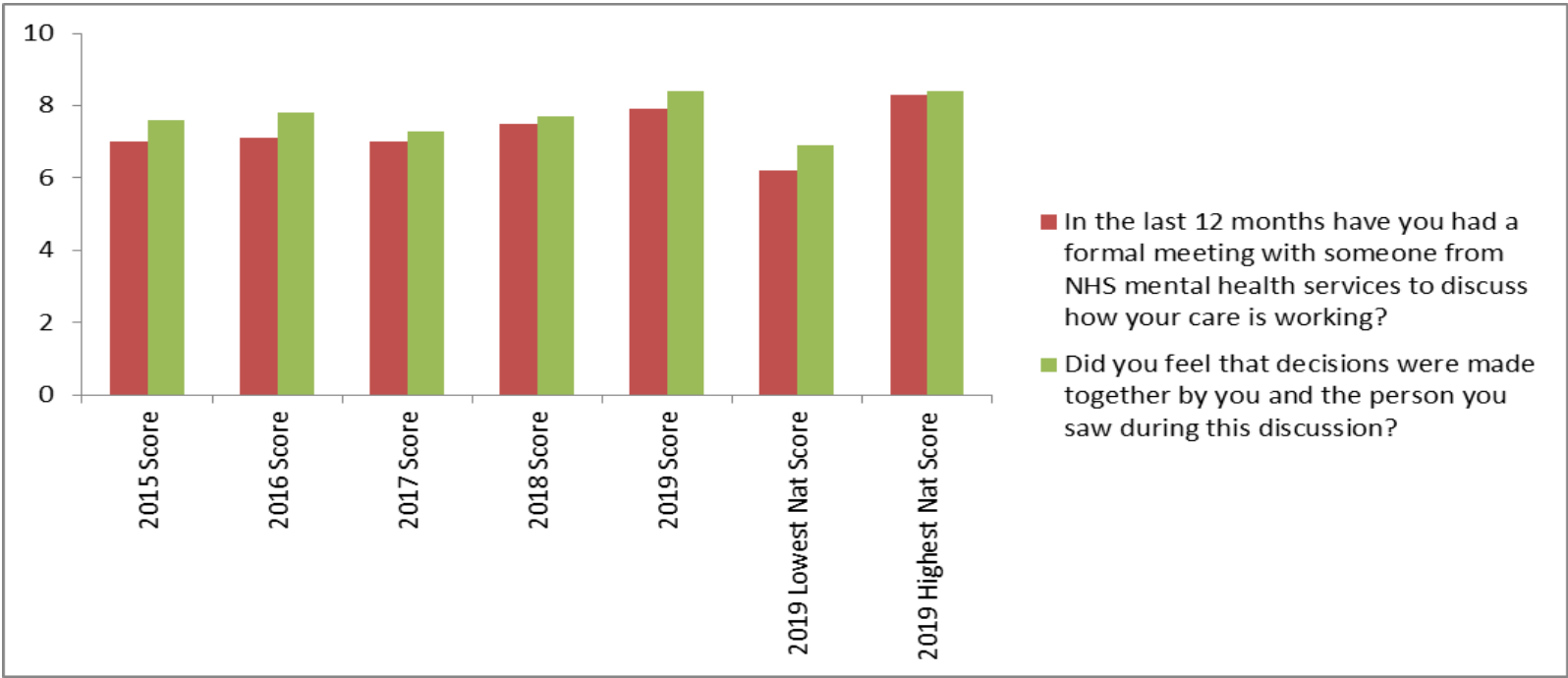
Graph Three: Organising your care



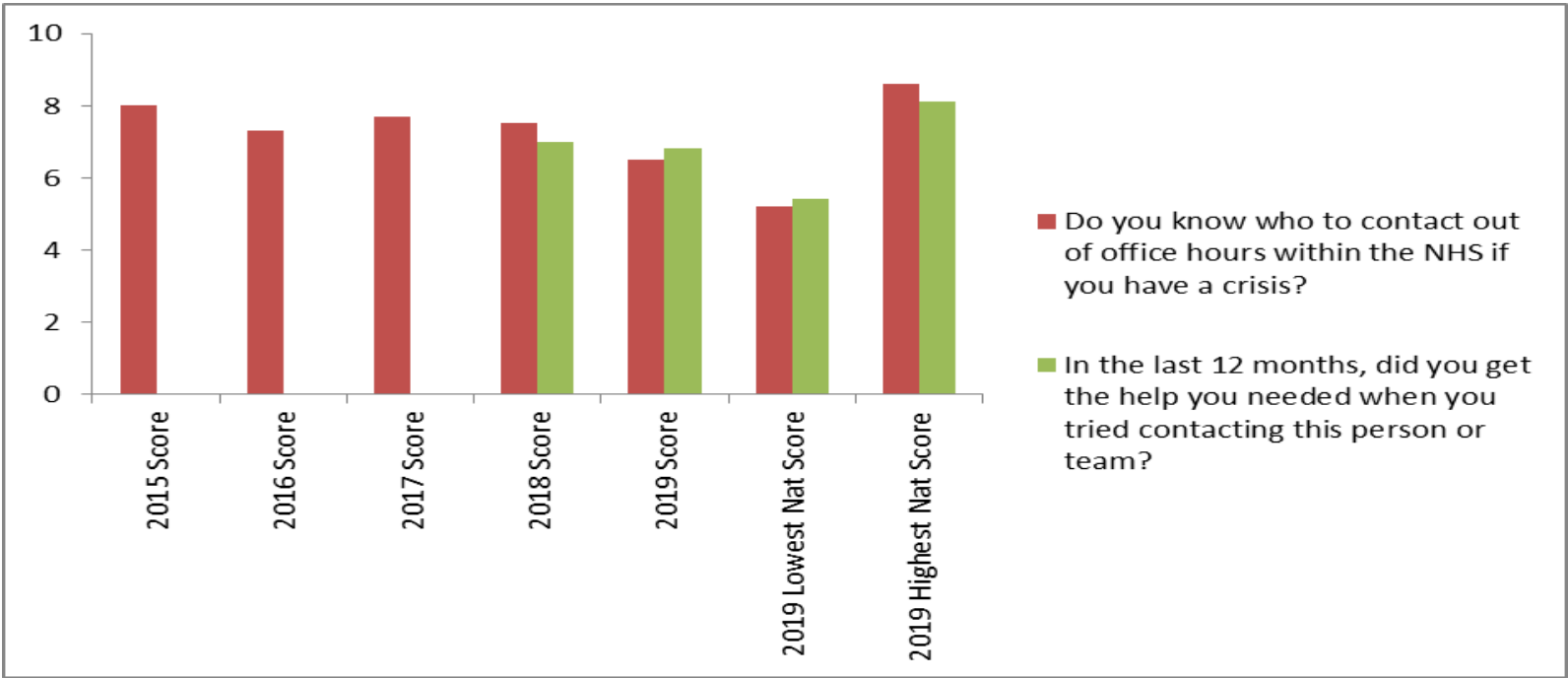
Graph Four: Planning your care



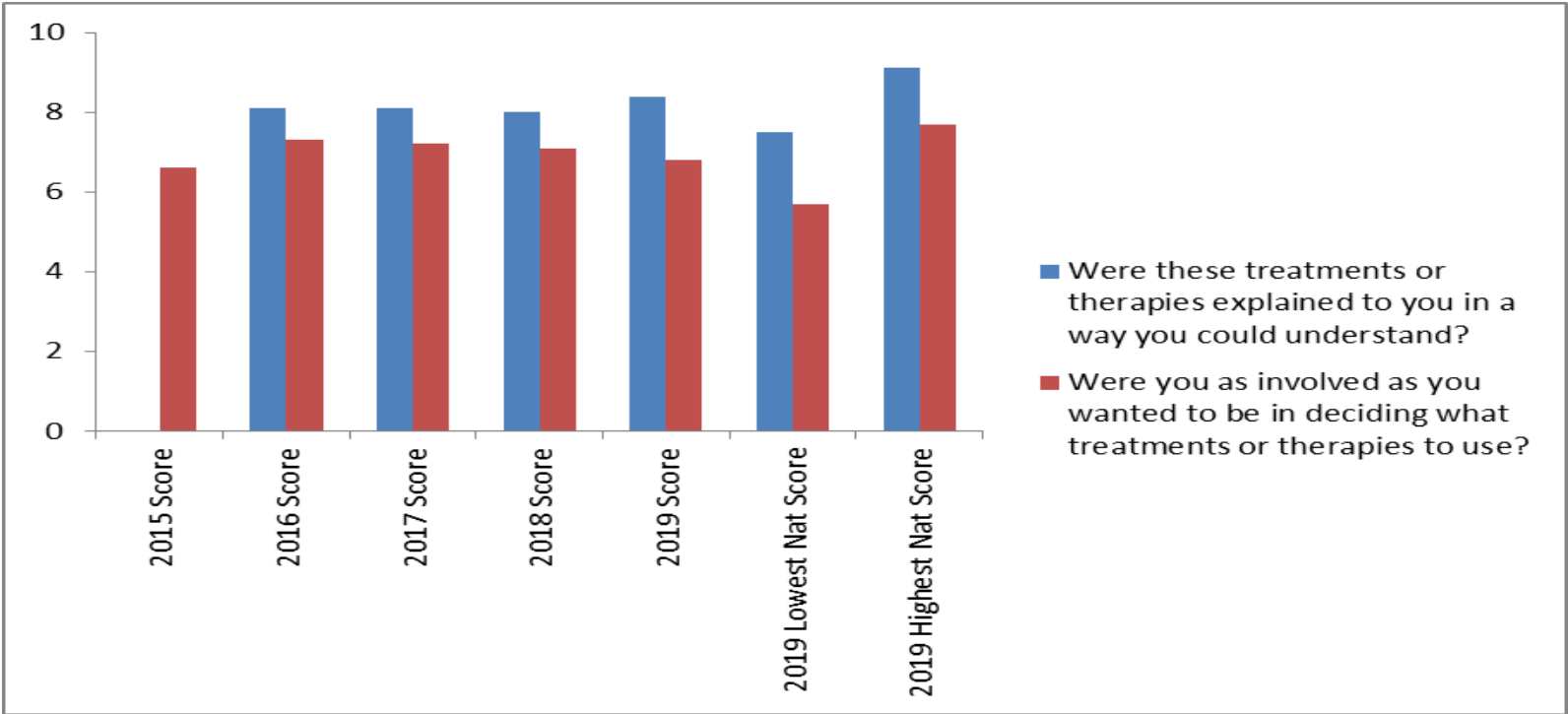
Graph Five: Reviewing your care



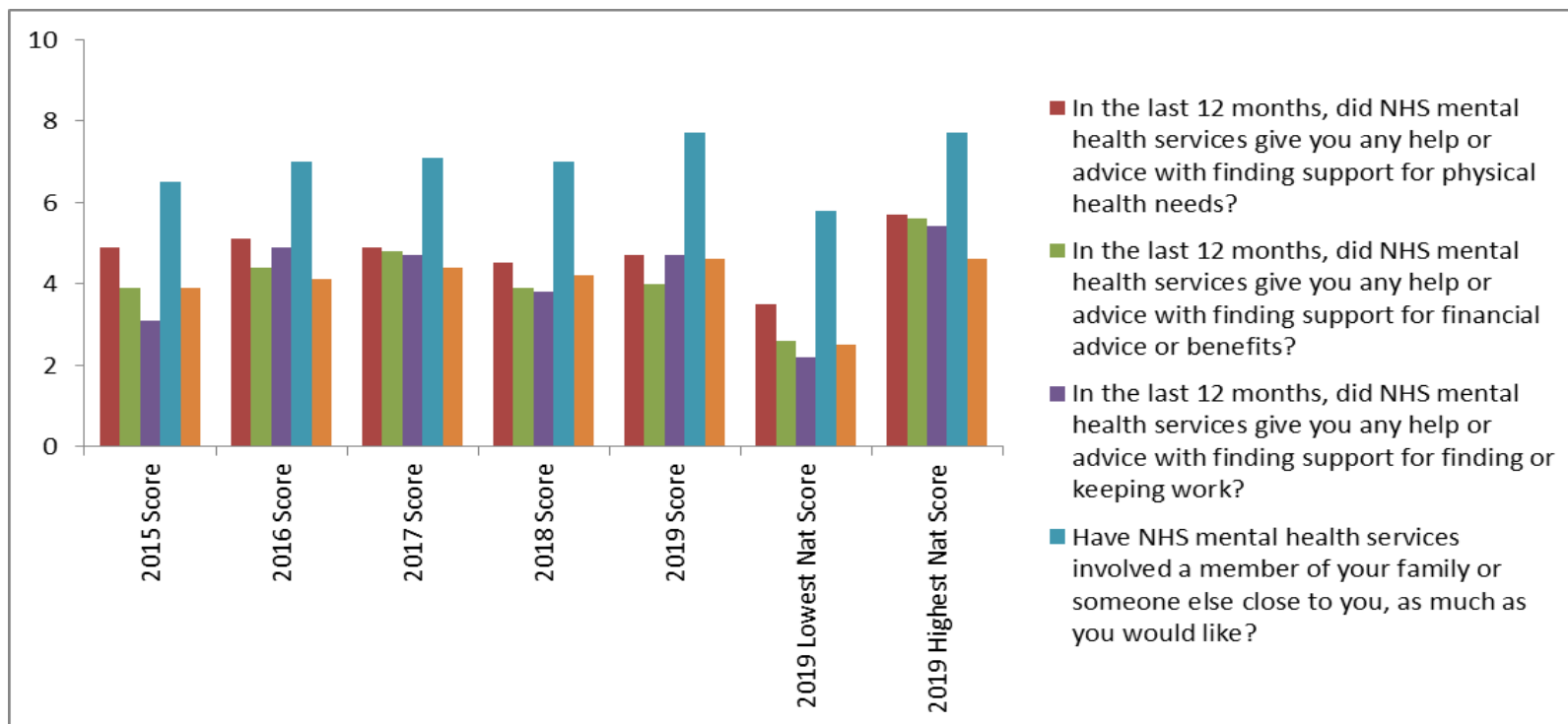
Graph Six: Crisis Care



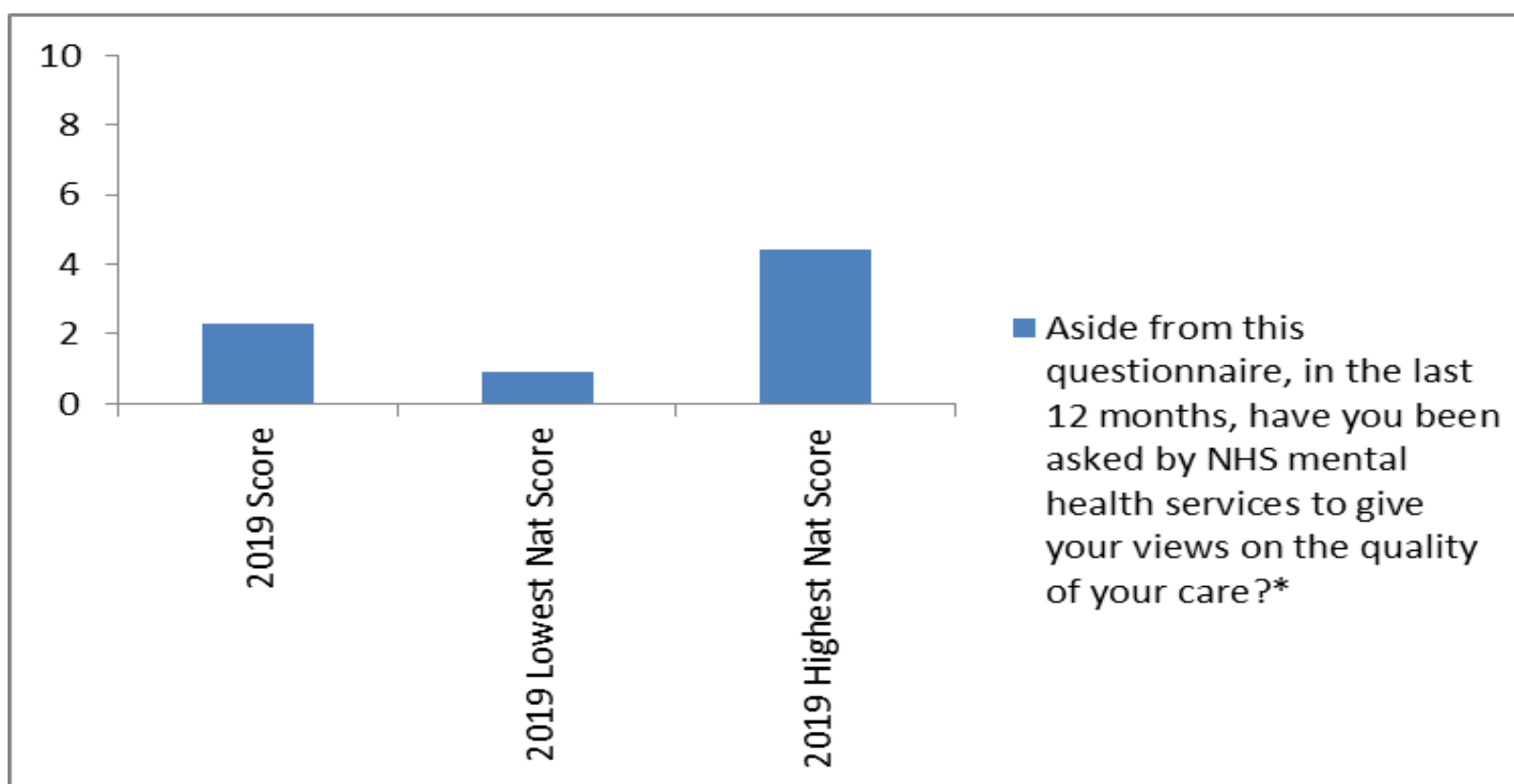
Graph Seven: NHS Therapies



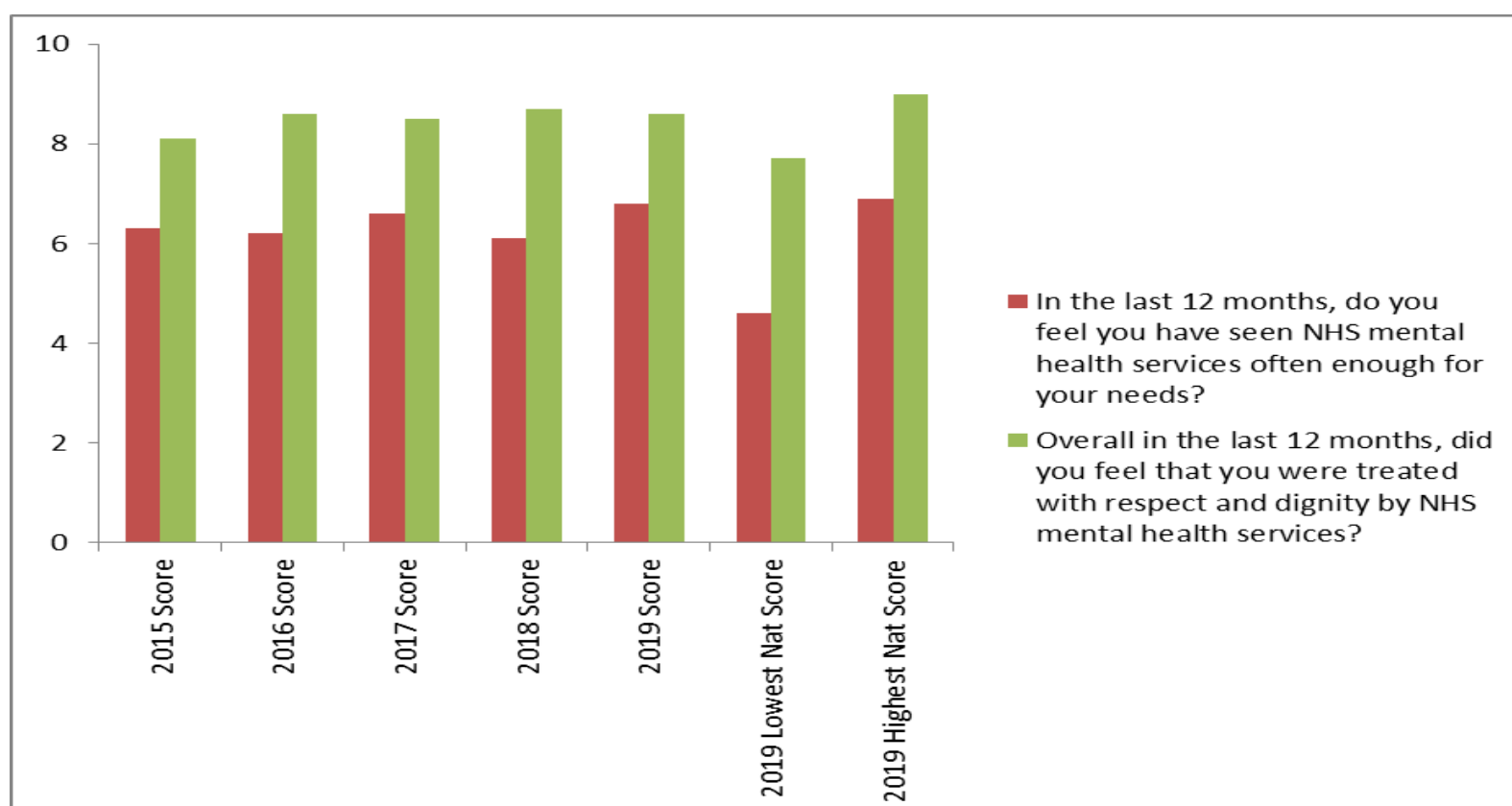
Graph Eight: Support and Wellbeing



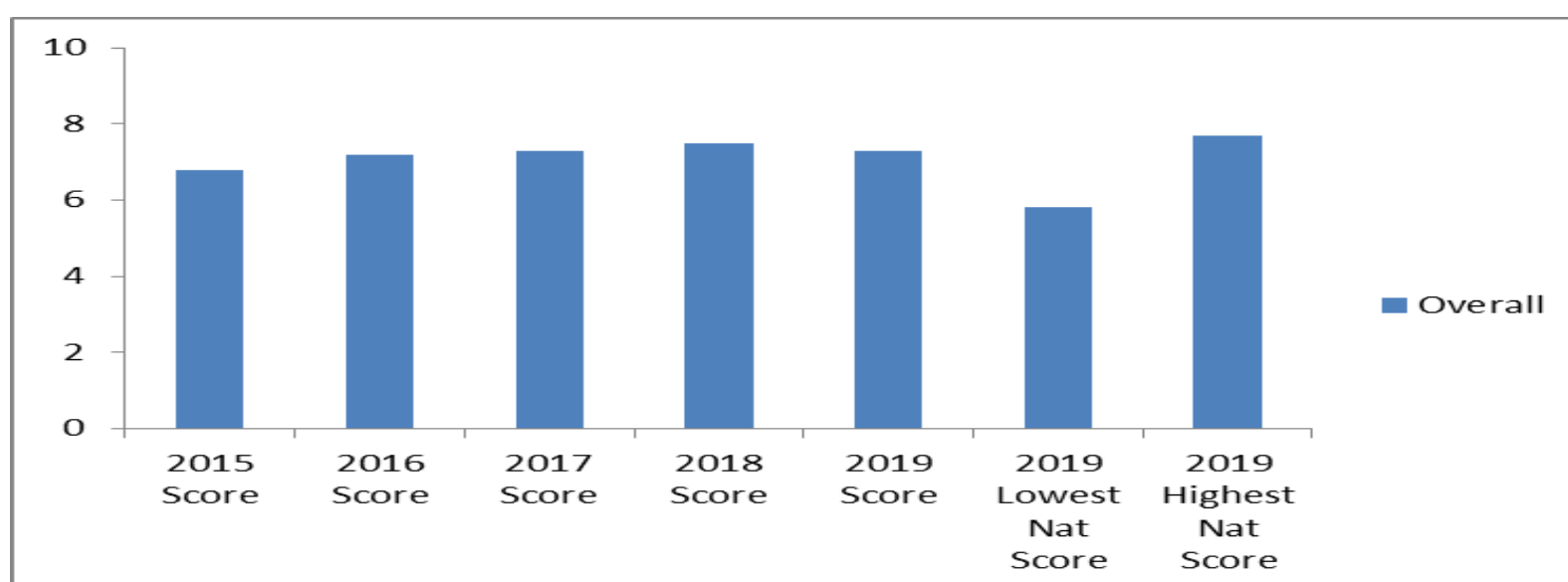
Graph Nine: Feedback



Graph Ten: Overall experience of care and services



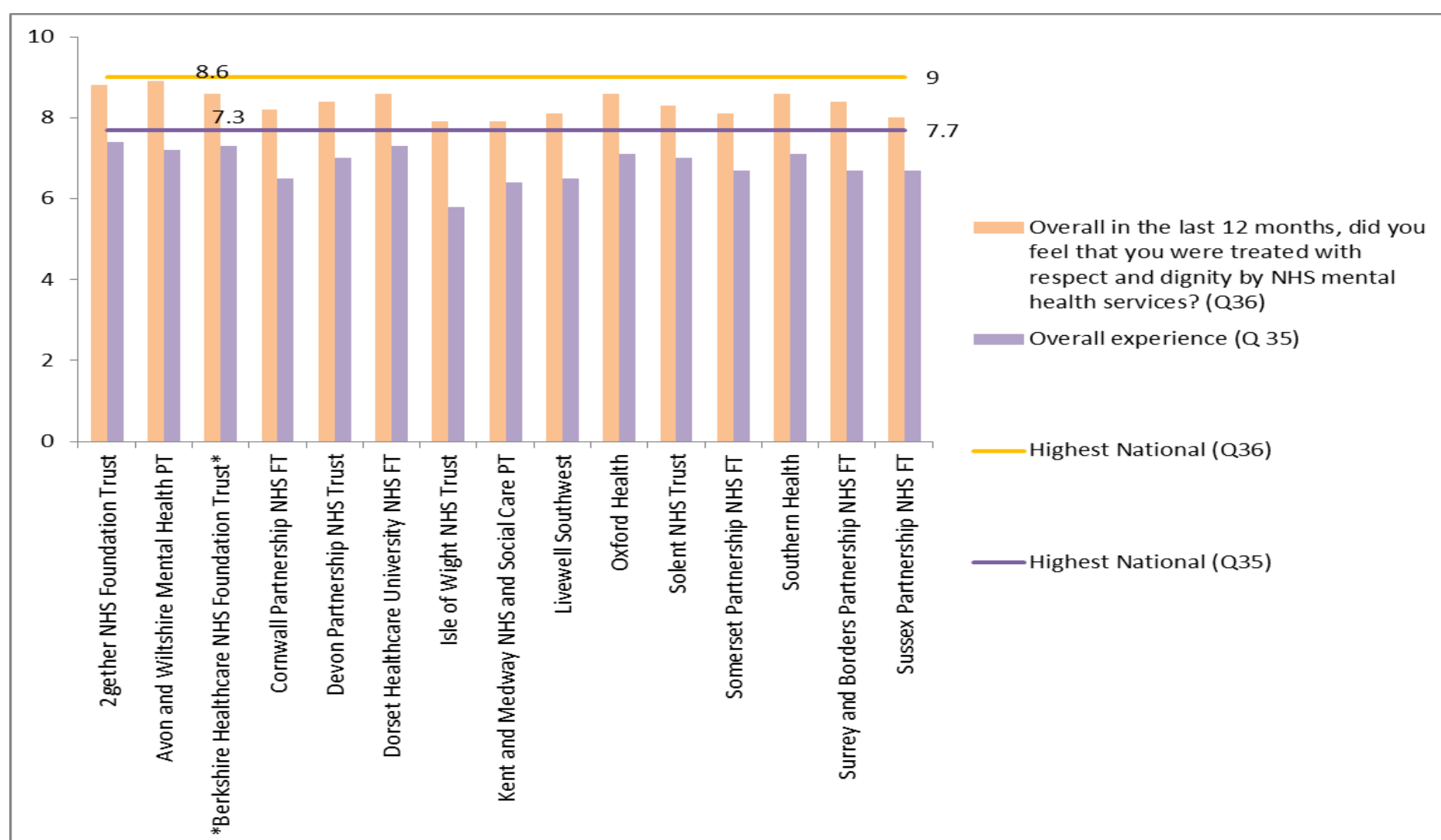
Graph Eleven: Overall



3. How did we do – compared to others

Graph twelve shows Trusts in the region compared to each other, and the highest national score for treating people with dignity and respect and the overall experience. The scores for Berkshire Healthcare and the highest achieved have been highlighted.

Graph Twelve:



Appendix three shows RAG rating of the section scores within the survey for Trusts across our region.

As crisis care was previously an area where the Trust did not score highly in the survey, a comparison against local Trust Oxford Health has been provided in table below to show scores over time.

Table One: Crisis Care responses

	2016		2017		2018				2019			
	Trust Score	Oxford Health Score	Trust Score	Oxford Health Score	Trust Score	Oxford Health Score	Lowest Nat Score	Highest Nat Score	Trust Score	Oxford Health Score	Lowest Nat Score	Highest Nat Score
Section Score	5.9	6.7	6.9	6.8	7.2	7.2	5.8	7.9	6.6	7	5.6	7.8
Do you know who to contact out of office hours within the NHS if you have a crisis?	7.3	7.1	7.7	7.3	7.5	7.5	5.2	8.7	6.5	6.5	5.2	8.6

	2019			
	Trust Score	Oxford Health Score	Lowest Nat Score	Highest Nat Score
In the last 12 months, did you get the help you needed when you tried contacting this person or team?	6.8	7.5	5.4	8.1

4. Respondent Demographics

Table Two: Response Rate

	2016	2017	2018	2019
Response Rate	28%	29%	33%	24%
Response Rate (All Trusts)	28%	26%	28%	27%

Whilst there were no significant outliers in terms of demographic characteristics which were predominantly in line with the responses received nationally. There are some areas of note:

- As with the past two years, a higher number of respondents over the age of 66 responded; 42% compared with 40% nationally
- We were above the national average of 15% of people who responded to the survey aged between 18 and 35 years old, with 18%

- As with last year, a higher percentage of our respondents are Asian or of an Asian British ethnic group; 8% compared with 5%, which is consistent with the respondents the previous two years
- 2% of respondents identified themselves as bi-sexual, the same as last year and a decrease from 3% in 2017 and compared to 1% in 2016, no respondents in 2015 and 4% in 2014

5. Next Steps

The information in this report shows that improvements have been made to the results of previous surveys. It is not proposed that any action planning specific to these results is undertaken. However clinical directors should share the survey results with teams and work with them to identify any further actions that would have a positive impact particularly on communication with patients to ensure that they are clear and confident in their safety plan and where to go for support out of hours.

Any additional actions identified should be included into the team objectives and plans on a page for 2020/21.

Liz Chapman

Head of Service Engagement and Experience

	2015 Comparison with other Trusts	2016 Comparison with other Trusts	2017 Comparison with other Trusts	2018 Comparison with other Trusts	2019 Comparison with other Trusts
Your Health and Social Care Workers					
Section Score	A	A	A	A	A
Did the person or people you saw listen carefully to you?*	A	A	A	-	
Were you given enough time to discuss your needs and treatment?	A	A	A	A	A
Did the person or people you saw understand how your mental health needs affect other areas of your life?	A	A	A	A	A
Did the person or people you saw appear to be aware of your treatment history					A
Organising your care					
Section Score	A	A	A	A	A
Have you been told who is in charge of organising your care and services? *	A	A	A	A	A
Do you know how to contact this person if you have a concern about your care?	A	A	A/G	A	G
How well does this person organise the care and services you need?	A	A	A	A	A
Planning your care					
Section Score	A	A	A	A	A
Have you agreed with someone from NHS mental health services what care you will receive?	A	A	A	A	A
Were you involved as much as you wanted to be in agreeing what care you will receive?	A	A	A	A	A
Does this agreement on what care you will receive take your personal circumstances into account?	A	A	A	A	A
Reviewing your care					
Section Score	A	A	A	A	G
In the last 12 months have you had a formal meeting with someone from NHS mental health services to discuss how your care is working?	A	A	A	A	A
Were you involved as much as you wanted to be in discussing how your care is working?*	A	A	A	-	-
Did you feel that decisions were made together by you and the person you saw during this discussion?	A	A	A	A	G
Changes in who people see					
Section Score	A	A	A	A	-
Were the reasons for the change explained to you at the time?	-	A	A	A/G	-
What impact has this had on the care you receive?	A	A	G	A	-
Did you know who was in charge of organising your care while this change was taking place?*	A	A	A	-	-
Crisis Care					
Section Score	A	A	A	A	A
Do you know who to contact out of office hours if you have a crisis?	A	A	A	A	A
When you tried to contact them, did you get the help you needed?*	A	R	A	-	-
In the last 12 months, did you get the help you needed when you tried contacting this person or team?	-	-	-	A	A
Medicines					
Section Score	-	-	-	A	A
Were you as involved as much as you wanted to be in decisions about which medicines you receive?	-	-	-	A	A
Has the purpose of your medicines ever been discussed with you?					A
Have the possible side effects of your medicines ever been discussed with you?					A
Were you given information about new medicine(s) in a way that you were able to understand?	-	-	-	A	-
In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?	-	-	-	A	A
Treatments					
Section Score	A	A	A	A	-
Were you as involved as you wanted to be in decisions about which medicines you receive?*	A	A	A	-	-
Were you given information about new medicine(s) in a way that you were able to understand? *	A	A	A	-	-
In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?*	A	A	A	-	-

	2015 Comparison with other Trusts	2016 Comparison with other Trusts	2017 Comparison with other Trusts	2018 Comparison with other Trusts	2019 Comparison with other Trusts
NHS Therapies					
Section Score	-	-	-	-	A
Were these NHS therapies explained to you in a way you could understand?	-	-	-	A	A
Were you as involved as you wanted to be in deciding what NHS therapies to use?	-	-	-	A	A
Support and wellbeing					
Section Score	A	A	A	A	A
In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs?	A	A	A	A	A
In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?	A	A	A	A	A
In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work?	A	A	A	A	A
In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping accommodation?*	R	-	-	-	-
Has someone from NHS mental health services supported you in taking part in an activity locally?*	A	A	A	-	-
In the last 12 months, has someone from NHS mental health services supported you in joining a group or taking part in an activity?	-	-	-	A	G
Have NHS mental health services involved a member of your family or someone else close to you, as much as you would like?	A	A	A	A	A
Have NHS mental health services given you information about getting support from people with experience of the same mental health needs?	A	A	A	G	G
Do the people you see through NHS mental health services understand what is important to you in your life?*	A	-	-	-	-
Do the people you see through NHS mental health services help you with what is important to you?*	A	A	A	-	-
Do the people you see through NHS mental health services help you feel hopeful about the things that are important to you?*	A	-	-	-	-
Feedback					
Section Score	-	-	-	-	A
Aside from this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care?	-	-	-	-	A
Overall views of care and services					
Section Score	A	A	A	A	A/G
In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?	A	A	A	A	G
Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	A	A	A	G	A
Overall experience					
Section Score	A	A	A	A	A
Overall	A	A	A	A	A

* not comparable to previous results due to question change

Expected range
R: worse compared with other Trusts
A: about the same as most other Trusts
G: better compared with other Trusts

Appendix two: Question score comparison report

Questions where the Trust achieved the highest national score are highlighted for 2019, as is the comparison to the 2018 survey.

	2015 Score	2016 Score	2017 Score	2018 Trust Score	2019 Trust Score	Comparison with 2018	Lowest Nat Score	Highest Nat Score
Your Health and Social Care Workers								
Did the person or people you saw listen carefully to you?	8.3	8.1	8.3	-	-	-	-	-
Were you given enough time to discuss your needs and treatment?	7.3	7.4	7.6	7.5	7.7	↑	8.2	7.7
Did the person or people you saw understand how your mental health needs affect other areas of your life?	7.2	7.3	7.5	7.3	7.3	↔	6	7.7
Did the person or people you saw appear to be aware of your treatment history?*	-	-	-	-	7.5	-	5.6	7.7
Organising your care								
Have you been told who is in charge of organising your care and services?	7.7	7.5	7.3	7.8	7.6	↓	5.8	8.6
Do you know how to contact this person if you have a concern about your care?	9.5	9.8	9.9	9.4	9.9	↑	9	10
How well does this person organise the care and services you need?	8.2	8.6	8.7	8.1	8.3	↑	7.4	8.9
Planning your care								
Have you agreed with someone from NHS mental health services what care you will receive?	5.7	5.6	6.1	6	6.2	↑	4.7	7
Were you involved as much as you wanted to be in agreeing what care you will receive?	7.5	7.7	7.1	7.6	7.6	↔	6.7	8
Does this agreement on what care you will receive take your personal circumstances into account?	7.5	7.7	7.6	7.6	7.6	↔	6.8	8
Reviewing your care								
In the last 12 months have you had a formal meeting with someone from NHS mental health services to discuss how your care is working?	7	7.1	7	7.5	7.9	↑	6.2	8.3
Were you involved as much as you wanted to be in discussing how your care is working?	7.4	7.7	7.7	-	-	-	-	-
Did you feel that decisions were made together by you and the person you saw during this discussion?	7.6	7.8	7.3	7.7	8.4	↑	6.9	8.4
Changes in who people see								
What impact has this had on the care you receive?	7.7	-	-	-	-	-	-	-
Did you know who was in charge of organising your care while this change was taking place?	5.6	-	-	-	-	-	-	-
Were the reasons for this change explained to you at the time?	-	6.9	6.7	6.9	-	-	-	7.2
What impact has this had on the care you receive?	-	6.8	8.5	6.9	-	-	-	8.2
Did you know who was in charge of organising your care while this change was taking place?	-	5.3	5.7	-	-	-	-	-
Crisis Care								
Do you know who to contact out of office hours within the NHS if you have a crisis?	8	7.3	7.7	7.5	6.5	↓	5.2	8.6
When you tried to contact them, did you get the help you needed?	5.4	4.5	6.2	-	-	-	-	-
In the last 12 months, did you get the help you needed when you tried contacting this person or team?	-	-	-	7	6.8	↓	5.4	8.1
Medicines								
Were you as involved as much as you wanted to be in decisions about which medicines you receive?	-	-	-	7.2	7.1	↓	6.2	7.7
Has the purpose of your medicines ever been discussed with you?	-	-	-	-	7.6	-	6.7	8
Were you given information about new medicine(s) in a way that you were able to understand?	-	-	-	7.1	-	-	-	-
Have the possible side effects of medication ever been discussed with you?*	-	-	-	-	5.9	-	4.6	6.9
In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?	-	-	-	7.9	8.4	↑	6.8	8.7
Treatments								
Were you as involved as you wanted to be in decisions about which medicines you receive?	6.8	6.6	7.1	-	-	-	-	-
Were you given information about new medicine(s) in a way that you were able to understand?	6.9	6.3	7.1	-	-	-	-	-
In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?	6.9	7.4	8.1	-	-	-	-	-
NHS Therapies								
Were these treatments or therapies explained to you in a way you could understand?	-	8.1	8.1	8	8.4	↑	7.5	9.1
Were you as involved as you wanted to be in deciding what treatments or therapies to use?	6.6	7.3	7.2	7.1	6.8	↓	5.7	7.7
Support and Wellbeing								
In the last 12 months, did NHS mental health services give you any help or advice with finding support for physical health needs?	4.9	5.1	4.9	4.5	4.7	↑	3.5	5.7

	2015 Score	2016 Score	2017 Score	2018 Trust Score	2019 Trust Score	Comparison with 2018	Lowest Nat Score	Highest Nat Score
In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?	3.9	4.4	4.8	3.9	4	↑	2.6	5.6
In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work?	3.1	4.9	4.7	3.8	4.7	↑	2.2	5.4
In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping accommodation?	2.9	-	-	-	-	-	-	-
Has someone from NHS mental health services supported you in taking part in an activity locally?	4.5	5.3	4.6	-	-	-	-	-
In the last 12 months, has someone from NHS mental health services supported you in joining a group or taking part in an activity?*	-	-	-	5.1	6.1	↑	3.4	6.1
Have NHS mental health services involved a member of your family or someone else close to you, as much as you would like?	6.5	7	7.1	7	7.7	↑	5.8	7.7
Have NHS mental health services given you information about getting support from people with experience of the same mental health needs?	3.9	4.1	4.4	4.2	4.6	↑	2.5	4.6
Do the people you see through NHS mental health services understand what is important to you in your life?	5.9	-	-	-	-	-	-	-
Do the people you see through NHS mental health services help you with what is important to you?	-	6.8	6.6	-	-	-	-	-
Do the people you see through NHS mental health services help you with what is important to you?	6.1	-	-	-	-	-	-	-
Do the people you see through NHS mental health services help you feel hopeful about the things that are important to you?	5.7	-	-	-	-	-	-	-
Feedback								
Aside from this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care?*	-	-	-	-	2.3	-	0.9	4.4
Overall views of care and services								
In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?	6.3	6.2	6.6	6.1	6.8	↑	4.6	6.9
Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	8.1	8.6	8.5	8.7	8.6	↓	7.7	9
Overall								
Overall	6.8	7.2	7.3	7.5	7.3	↓	5.8	7.7

* not comparable to prior surveys due to question change

Appendix three: Regional comparison – section scores

	Response Rate: 27%	Health and Social Care workers	Organising care	Planning care	Reviewing care	Crisis Care	Medicines	NHS Therapies	Support and wellbeing	Feedback	Overall views of care and services	Overall experience
2gether NHS Foundation Trust	33%	G	A/G	G	A/G	A	A	G	G	A	G	G
Avon and Wiltshire Mental Health Partnership NHS Trust	29%	G	A	G	A	A	A	A	A	A	G	A
Berkshire Healthcare NHS Foundation Trust	24%	A	A	A	G	A	A	A	A	A	A/G	A
Cornwall Partnership NHS Foundation Trust	29%	A	A	A	A	A	A	A	A	A	A	A
Devon Partnership NHS Trust	25%	A	A	A	A	A	A	A	A	A	A	A
Dorset Healthcare University NHS Foundation Trust	29%	A	A/G	A	G	A	G	A	A	A	A	G
The Isle of Wight NHS Trust	26%	R	R	R	A	A	R	A	R	R	R	R
Kent and Medway NHS and Social Care Partnership Trust	29%	A	A	A	A	A	R	A	A	A	R	A
Livewell Southwest CIC (formerly Plymouth Community Healthcare CIC)	25%	A	A	A	A	A	A	A	A	A	A	A
Oxford Health	27%	A	A	A	A	A	A	A	A	A	A	A
Solent NHS Trust	24%	A	A	A	A	A	A	A	A	A	A	A
Somerset Partnership NHS Foundation Trust	33%	A	A	A	A	A	R	A	A	A	A	A
Southern Health	30%	A	A	A	A	A	A	A	A	R	A	A
Surrey and Borders Partnership NHS Foundation Trust	26%	A	A	A	A	A	A	A	A	A	A	A
Sussex Partnership NHS Foundation Trust	25%	A	A	A	A	A	A	A	A	A	A	A



Trust Board Paper

Board Meeting Date	11 February 2020
Title	Executive Report
Purpose	This Executive Report updates the Board of Directors on significant events since it last met.
Business Area	Corporate
Author	Chief Executive
Relevant Strategic Objectives	N/A
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	None
Equality and Diversity Implications	N/A
SUMMARY	This Executive Report updates the Board of Directors on significant events since it last met.
ACTION REQUIRED	To note the report and seek any clarification.



Trust Board Meeting 11 February 2020

EXECUTIVE REPORT

1. Never Events

Directors are advised that no 'never events' have occurred since the last meeting of the Trust Board.

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

2. National Planning and Contracting Guidance

At the end of January 2020, NHS England and Improvement published Operational Planning and Contracting Guidance for the NHS for the financial year 2020/21.

The guidance sets out national expectations for progress against the NHS Long Term Plan and planning requirements for local systems.

The areas of focus for 2020/21 include access to Care; Primary and Community services; Prevention; Mental Health; Learning Disability and Autism; and Environmental impact. The deliverables need to be achieved within agreed financial trajectories that deliver productivity and efficiency improvements and reduce unwarranted variation.

The guidance introduces the 'system by default' concept emphasising the critical role of systems. It provides guidance on workforce and financial arrangements for 2020/21, as well as the need to embrace the opportunities offered by technology.

A useful summary of the document is included in the appendix.

Executive Lead: Julian Emms, Chief Executive

3. Modern Day Slavery Statement

The Modern Slavery Act 2015 is designed to consolidate various offences relating to human trafficking and slavery. The provisions in the Act create a requirement for an annual statement to be prepared that demonstrates transparency in supply chains. In line with all businesses with a turnover greater than £36 million per annum, the NHS is obliged to comply with the Act.

Summary

The legislation addresses slavery, servitude, forced or compulsory labour and human trafficking and links to the transparency of supply chains.

Section 54 of the Act specifically addresses the point about transparency in the supply chains. It states that a commercial organisation (defined as a supplier of goods or services with a total turnover of not less than £36million per year) shall prepare a written slavery and human trafficking statement for the financial year. The statement should include the steps an organisation has taken during the current financial year to ensure that slavery and human trafficking is not taking place in any part of the supply chain or its business. The statement must be approved by the Trust Board.

The Trust's Modern-Day Slavery Statement for 2019-20 is attached at appendix 1.

The Trust Board is requested to approve the Modern-Day Slavery Statement for 2019-20 which will be included as part of the Trust's Annual Report for 2019-20.

Executive Lead: Julian Emms, Chief Executive

4. System Working

The ongoing importance of system working is clearly set out in the above Operational Planning and Contracting Guidance

Updates from our two systems, Buckinghamshire, Oxfordshire and Berkshire West and Frimley are included in the appendix.

Executive Lead: Julian Emms, Chief Executive

5. Staff Flu Vaccination Campaign

Introduction

Influenza can cause a spectrum of illness ranging from mild to severe, even among people who were previously well. Seasonal flu typically causes 8,000 deaths a year in the United Kingdom with up to a third of deaths from influenza in people considered healthy. The strains of influenza circulating in the community may change each year, therefore annual vaccination is required to provide maximum protection.

Staff vaccination is about protecting staff, patients, colleagues, and their families. Up to one in four healthcare workers become infected in a mild influenza season, which is much higher than in the general population.

The CQUIN for 2019 was to achieve the target of 80% uptake of the flu vaccine in frontline clinical workers.

Current evidence shows that vaccinations available for 19/20 are well-matched to the main strain of flu circulating, and the latest surveillance data from Public Health England shows that GP consultations for Influenza-like Illness have rose steeply at the end of 2019.

The campaign for 2019/20

This year, NHS Improvement did not specifically state which areas trusts needed to focus on this year. However, as an organisation, Berkshire Healthcare identified and determined locally Children's Respite and Nursing services, Learning Disabilities, the inpatient units, Community Nursing and Health Visiting services as high risk due to the adverse outcomes flu could have on these patient groups.

Trust Boards were required to record commitment to achieving the ambition of 100% of front-line healthcare workers being vaccinated, this was achieved.

Trusts were required to report the number of healthcare workers with direct patient contact that have been offered the vaccine and opted-out. Berkshire Healthcare made a decision not to offer opt-out forms until December 2019, all staff were offered the opportunity to complete a survey monkey with the required questions included on why they had opted out of the flu vaccine.

By February 2020, Trusts need to include in their public Board papers their performance on overall vaccination uptake rates and numbers of staff declining the vaccinations. This report includes actions undertaken to deliver the 100% ambition.

Trusts are required to give a breakdown of the number of staff opting out against each of the reasons listed (I don't like needles, I don't think I'll get the flu, I don't believe the evidence, I'm concerned about side effects, I don't know how or where to get vaccinated, it was too inconvenient to get to a venue to be vaccinated, the times weren't convenient, other-please state). NHS Improvement will collate this information nationally. This data was collected from 1st December 2019.

Requirements for Trust Boards

Record their commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated. This was documented in the minutes of the November 2019 Board meeting.

- All Board members and senior managers receive their vaccinations and publicise it - this was achieved.
- A checklist regarding preparation and programme from NHS Improvement must be completed and documented in board papers - this was completed and included in the Board papers.
- The Board agreed the incentive of a Tetanus vaccine being donated to UNICEF for every member of staff that received the flu vaccination. This has been advertised and the Marketing and Communication team have liaised with UNICEF. The donation will be paid during February 2020.

As in 2018-19 campaign, the Denominator data was updated each month prior to submission to reflect the dynamic nature of the workforce being vaccinated. This was undertaken manually as there is currently no field in ESR (electronic staff record

system) to record flu vaccination. As a result, the Trusts' percentage compliance did fluctuate going down as well as up during the period of the Campaign.

Incentives and support

For this year's campaign an incentive was offered that for every flu vaccination undertaken, flu voucher given or vaccine at GP surgery vaccine recorded, a Tetanus vaccine would be donated to UNICEF. Positive feedback regarding this incentive was received from staff. A total of 2878 Tetanus vaccines will be donated.

Occupational Health clinics were available on all main sites, including some of the smaller sites. The peer vaccinators attended team meetings, service events and trust events and responded to individual requests for vaccines. Vaccinations were offered widely at varying destinations across the county, to enable flexibility to meet staff requirements. The peer vaccinators provided vaccines both in and out of routine working hours.

Staff who were needle phobic were offered the support of psychological therapies, one member of staff took up this offer.

Outcome

Flu Campaign Strategy meetings were undertaken with stakeholders throughout the campaign, this allowed updates and learning to be shared throughout the Campaign. The Campaign was delivered through a mix of Occupational Health clinics, peer vaccination in services, vouchers and recording of staff who report that they have had their vaccination at their GP practice, previous employer etc. This year we had more than 35 peer vaccinators to support delivery of the Campaign. The Occupational Health clinics were completed by mid-November, and the peer vaccinators during December focused on team meetings, events and walk-arounds to vaccinate staff.

It was noted the uptake had been slower at the beginning of the campaign because the 2019 campaign could not be front loaded due to the staggered vaccine delivery, however, the overall uptake for clinical staff for 2019 was 70.2%.

Uptake data:

The Trust total uptake is 66.8%, clinical uptake was 70.2%.

	Doctors & Dentists	Nurses	AHP's & Scientists	Other Clinical	Non-clinical
Baseline	166	1116	857	979	1075
Actual	156	756	660	555	687
Percentage	93.9%	67.7%	77.0%	56.6%	63.9%

	Corporate	CYPF	MH East	MH West	MH inpatients	CHS East	CHS West	Other health services
--	------------------	-------------	----------------	----------------	----------------------	-----------------	-----------------	------------------------------

Total clinical staff	333	97	95	454	115	286	441	104
Total Clinical uptake %	63%	74%	63.3%	63%	48.1%	59%	61.7%	68.4%

- Note there are exclusions in the baseline staff numbers as per criteria including staff 65 years and over.
- This report includes all staff who are external to the trust who work within the trust and have been vaccinated by the trust and are included in the final clinical figures e.g. Local Authority staff, NHS Professional staff and Student Nurses.

The results of the Opt-Out survey are attached at appendix 2 of the report.

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

Presented by: Julian Emms
Chief Executive
February 2020

NHS operational planning and contracting guidance 2020/21

NHS England and NHS Improvement (NHSE/I) published the operational planning and contracting guidance for 2020/21 on 30 January. This overarching document sets the delivery task for both NHS providers and commissioners for the coming financial year, covering system planning, finances, operational performance, and workforce. It details what the service will be expected to deliver in the second year of the long term plan period, including moving towards financial balance and improving access to services. The guidance can be viewed [here](#).

For any questions on this briefing please contact david.williams@nhsproviders.org or isabel.lawicka@nhsproviders.org.

Key points

- The planning guidance sets out the shared goals for the health service for 2020/21, the second year of the long term plan period.
- Systems are required to improve urgent and emergency care performance from the 2019/20 baseline. They should cut acute bed occupancy to 92% by expanding bed capacity and providing more community care. Elective care waiting lists should be reduced, while 52 week waits for planned care should be eliminated.
- Performance against cancer standards should also improve. At least 70% of people should receive a cancer diagnosis within 28 days.
- Financial recovery fund payments will be paid in-quarter to aid cashflow for providers. Half of all payments will depend on systemwide financial performance. Payments will also be tapered, meaning that some money will be available to trusts which fall short of achieving their financial improvement trajectory target.
- A “system by default” model is being introduced to strengthen system working, in preparation for all areas to become integrated care systems by April 2021.
- An additional £1.44bn is to be invested in primary medical and community services, while 100% of the population should have access to online GP consultations.

- In mental health services, improved access to psychological therapies (IAPT) should expand by 14%, while commissioners are again expected to increase the share of their allocation spent on mental health, as required by the mental health investment standard (MHIS).
- NHSX and NHSE/I, will explore a “minimum and optimal” indicative benchmark for revenue spend on digital technology.

Summary of proposals

Operational requirements

Acute

In 2020/21, providers are asked to **expand the capacity available** to meet urgent and **emergency care** demand. To achieve this, they should **reduce bed occupancy** levels to a maximum of 92% through acute bed expansions, increasing community care, investment in primary care and improvements in length of stay and admission avoidance.

Providers are also expected to at least maintain 2019/20 peak open bed capacity throughout 2020/21.

Trusts are expected to deliver a material improvement in **accident and emergency** performance on 2019/20 levels.

Alongside a range of measures to support same day emergency care services, including accurate data collection and reporting, providers are asked to focus on reducing handover delays and corridor care.

Trusts should reduce **elective waiting lists** in 2020/21: the waiting list on 31 January 2021 should be lower than that at 31 January 2020. Delivery may be managed at system level, in agreement with the regional team, with every provider expected to make a significant contribution.

During 2020/21 all providers and systems should be offering **a choice of provider** for patients still on the waiting list at 26 weeks. 52 week waits should be eradicated, and financial penalties for providers will remain in place for any patient that remains on the waiting list for more than a year.

Cancer alliances are expected to roll out rapid diagnostic centres and set out plans for full recovery against operational standards for cancer in 2020/21 – the 62 day target and the new 28-day faster

diagnosis standard which will be introduced from 1 April 2020. At least 70% of people should receive a cancer diagnosis within 28 days.

A national trajectory for **outpatient** transformation will be published in the national implementation plan in the spring. In line with the proposals set out in the 2020/21 national tariff payment system proposals, as well as the ambitions of the long term plan, providers should be implementing video consultations in major outpatient specialties from 2020/21 onwards. Guidance will be provided by NHSE/I based on the national video consultation pilot.

Mental health

All mental health long term plan deliverables have been outlined in the mental health implementation plan, so are not repeated in the guidance.

System leaders, working with a lead mental health provider, should assure that finance, activity and workforce plans are triangulated and support the delivery of key transformation programmes.

In line with the recently published community mental health framework, all providers of community mental health services for adults and older adults should put in place arrangements with local PCNs by March 2021 to work together to organise and deliver services.

National deliverables for people with a learning disability, autism or both include:

- Engagement with emerging provider collaboratives to develop discharge pathways and community alternatives to inpatient provision;
- 8 week visits for all adults and 6 week visits for all children and young people in inpatient settings out of area;
- establishing arrangements for 'host commissioner' oversight of local inpatient facilities.

Digital

NHSX, along with NHSE/I, will explore a "minimum and optimal" indicative benchmark for revenue spend on digital technology. This may be linked to future digital maturity standards and will be "partly related to the multi-year capital settlement".

Working with NHSE/I, NHSX will seek to identify areas where digital solutions can enable large productivity gains. The body will also look to negotiate central licence agreements on behalf of NHS organisations, where appropriate.

Early in 2020/21 NHSX will set out its plan to mandate technology, security and data standards across the system. There is further reference to the new digital aspirant programme, although this still lacks detail.

NHSE/I expect systems to play a central role in the digitisation of healthcare. Strategic plans should set how the “digital first primary care” commitments in the long term plan will be delivered. It is recommended that systems focus on a specific geographical area as part of a digital first primary care accelerator project. Community providers should make progress towards achieving full access to digital mobile services for their workforce.

Sustainability and public health

NHS organisations will be expected to work closely to ensure optimal delivery of screening and immunisation programmes, as well as work towards achieving sustainability ambitions in the long term plan.

The annual flu vaccination guidance letter is expected to be published in late February 2020 and will include nationally agreed ambitions for uptake for each of the patient cohorts covered by the programme. The Department of Health and Social Care (DHSC) is also considering mandatory vaccination for NHS staff.

Providers should ensure all fleet vehicles purchased or leased by 1 April 2020 support the transition to low and ultra low emission, including vehicles provided through car leasing schemes. Trusts will also be expected to end business travel reimbursement for domestic flights within England, Wales and Scotland.

NHS organisations should move to purchasing 100% renewable electricity from their energy suppliers by April 2020.

Trusts must ensure all new builds and refurbishment projects are delivered to net zero carbon standards. They should also implement the estates and facilities management stretch programme to reduce the environmental impact of their estates, replace lighting with LED alternatives during routine maintenance activities, and sign up to the “plastics pledge” to phase out avoidable single-use plastic items.

There are a range of recommendations for reducing the environmental impact of clinical practices.

Finances

Financial improvement trajectories (FITs)

These will be updated “shortly” to reflect the impact of changes to costs and the national tariff. Any changes to FITs will need to be net neutral at a system level and should be agreed with regional directors.

As with the previous control totals regime, trusts that do not agree to and hit their FITs will not be eligible for financial recovery funding (FRF), capital and revenue funding allocated to systems. Agreeing to and delivering on FITs will enable trusts to qualify for the suspension of some contractual sanctions. The guidance also states that trusts that reject or miss their FITs will not be eligible for a process for the writing off of historic debts, although no further detail on this is given.

Financial recovery fund

The rules governing FRF will be changed in 2020/21:

- To improve cashflow, FRF will be paid quarterly, during that quarter, rather than after quarter-end as now. Payments will depend on current performance and forecast out-turn. If trusts do not deliver against FIT, any FRF paid out during the year that turns out not to have been “earned” by year-end performance will be converted into public dividend capital.
- 50% of FRF will be paid based on the organisation’s own performance against its FITs. The other 50% will depend on local system performance against the aggregate system FIT.
- FRF payments will be tapered, meaning some FRF may still be earned if FITs are not met. Trusts and CCGs will lose £1 of FRF for every £1 of underperformance. This applies to both the organisational and the system elements of FRF.
- In every system, all organisational FRF will be released if the system as a whole meets its FIT.

Breakeven and surplus trust scheme

Reward payments worth 0.5% of turnover will be available to trusts that either:

- Deliver a breakeven or surplus control total (before sustainability funding) in 2019/20 and remain in the black in 2020/21; or
- Move from deficit to breakeven between 2019/20 and 2023/24 and maintain that position for another year.

Capital and estates

To improve the planning and approval process, the guidance states that a portion of funding may be released earlier on, to streamline the documentation required where bids for capital are conducted competitively, and to triage projects depending on whether central support is needed or fast-tracking is appropriate.

As leases will score against capital spend from 2020/21, the national capital spending limit will be uplifted.

Cost improvement plans

The guidance states that provider cost improvement plans should be fully developed before the start of 2020/21, and agreed with commissioners. System leaders should ensure activity, finance, performance and workforce assumptions are mutually consistent.

Mental health investment standard (MHIS)

For 2020 every CCG is required to increase spend by at least their overall budget growth, plus an additional increment reflecting extra mental health funding included in CCG allocations.

CCGs are required to follow the priorities of the [mental health implementation plan](#), and should increase the share of mental health spend that goes to mental health providers and the share spent on children and young people's mental health.

CCG spending on mental health will be reviewed by local system leaders, including a nominated lead mental health provider, to ensure its credibility. NHS England will consider regulatory action, including imposing directions, on CCGs that do not comply with the MHIS.

Other financial guidance

Historic debt and cash support: NHSE/I are considering reforms to the cash support regime for trusts. CCGs that have overspent in previous years will have their overspends, which were previously repayable to NHS England, written off, where the total cumulative debt is worth more than 4% of the CCG's allocation.

Better care fund: Guidance will be published next month. On average CCG contributions will grow by 5.3%, which is consistent with cash growth in NHS funding overall. This will fund more social care packages than 2019/20.

Local authority commissioned services: One-off payments made in 2019/20 will not be repeated: therefore contracts should be increased to fund the full rate of increase due to the 2018 Agenda for Change pay award. DHSC will confirm how this will be funded “in due course”.

Marginal rate emergency tariff payments: These will be the same in 2020/21 as 2019/20.

Employer contributions to **pensions** will be handled in the same way in 2020/21 as 2019/20.

System planning

The guidance covers new operational planning requirements for STPs/ICSs. It builds on the long term plan ambition of all STPs becoming ICSs by April 2021 by introducing a “system by default” operating model in 2020/21. Little detail is provided on how this will work in practice, but NHSE/I now clearly define two key roles for ICSs: system transformation, and collective management of system performance. The guidance notes that NHSE/I will consult on a combined system oversight framework for providers and CCGs shortly; we understand this consultation will open at the end of February.

NHSE/I expect the following operating arrangements to be put in place during 2020:

- System-wide governance arrangements, including a system partnership board;
- A system leadership model, including an STP/ICS lead with sufficient capacity and a non-executive chair, in line with NHSE/I guidance;
- System capabilities including population health management, and a sustainable model for resourcing those functions (NHSE/I will contribute part-funding in 2020/21);
- Agreed cross-system financial governance and collaboration;
- Streamlined commissioning arrangements, typically one CCG per system, in advance of the 1 April 2021 deadline; and
- System-level capital and estates plans, including technology.

Providers and commissioners’ operational plans are expected to deliver the first year of system-wide strategic plans, which STPs/ICSs developed during 2019. System leaders are expected to produce:

- A submission on 12 March which confirms alignment of organisational plans with system-wide goals, assumptions and trajectories;
- A short operational narrative by 5 March to highlight any risks or variations from their strategic plan, and system partners' mitigating actions during 2020/21; and
- Proposals to use revenue transformation or capital funds where they have been allocated.

System planning - specialised

Throughout the year NHSE/I anticipates a number of systems to express interest in delivering specialised services as locally as possible, with a focus on joined up pathways, improved patient outcomes and experience. There will be a review of the underpinning financial architecture for specialised commissioning.

As first announced in the NHS Mental Health Implementation Plan, from April 2020 providers will be allowed to join together under NHS-led provider collaboratives that will be responsible for managing specialised budgets as well as patient pathways for specialised mental health, learning disability and autism care.

Workforce

The workforce guidance addresses some of the key themes and asks that are expected to feature in the final people plan. It focuses on the government's recent commitments to ensure 50,000 more nurses will be working in the NHS by 2025, and to invest an additional £150 million in continuing professional development (CPD), alongside advice around primary care and system level workforce planning.

Recruitment and staff development:

To help meet this target a "significant expansion of ethical international recruitment" will be needed, "driven by a new national programme" to be established in the coming months. This is expected to provide centralised support for provider collaboration – likely within systems – on international recruitment. More details will follow in the people plan.

An additional £150 million will be available for staff development, enabling a £1,000 training/development budget for each registered nurse, midwife and allied health professional (AHP) over the next three years.

This funding will be divided into two allocations in 2020/21:

- The first tranche (50%) received automatically in April 2020
- The second tranche issued in quarter three, subject to the approval of provider investment plans submitted to Health Education England by July 2020.

The planning guidance emphasises the need for the NHS to make improvements in workforce diversity and inclusion. All trusts are asked to work towards their bespoke targets for better black and minority ethnic representation at board level and throughout their organisations.

System workforce planning

The final people plan will emphasise the need for better alignment between local and system workforce plans, based on “realistic projections for improvements in recruitment, retention and skill mix”. Providers are asked to either re-confirm or update their own local plans and are specifically asked to set out actions to:

- Ensure an inclusive and compassionate working culture
- Provide a safe and healthy working environment
- Create predictable but flexible working patterns for staff
- Ensure effective use of e-rostering and e-job planning
- Support recruitment and retention of nurse associates (alongside the nursing recruitment priorities outlined above)
- Ensure “high quality” clinical placement capacity is in place for September 2020 and January 2021 student intakes
- Increase the relative use of bank staff compared to agency staff.

Providers developing system level workforce plans are asked to support the creation of detailed primary care workforce plans, taking into account “multi-disciplinary workforce needs”. The guidance asks STPs/ICSs to actively support where PCNs are unable to recruit additional roles specified in the PCN direct enhanced services contract, which is currently being revised through negotiations between NHSE/I and the BMA. The related forthcoming national GP contract update will “set out arrangements” for system primary care workforce plans, which should indicate how the “additional roles reimbursement scheme will be fully used, indicating firm intentions for 2020/21 and indicative intentions for the subsequent three years.”

The planning guidance calls for a leadership model that includes an STP/ICS leader “with sufficient capacity”, though no more details are included around this expectation, or how this capacity could be created.

Primary care and community health services

Primary care networks (PCNs) will continue to develop and expand with further investment in 2020/21. Details of new service requirements will be set out once GP contract negotiations have concluded. STPs/ICSs are expected to invest their share of £45m into PCN development in 2020/21. STPs/ICSs and CCGs are also expected to support primary care workforce planning and recruitment.

Regarding community health services, STPs/ICSs should ensure the continued implementation of Lord Carter recommendations, comprehensive data returns to the community health services dataset and improved responsiveness to deliver crisis response services within two hours of referral and reablement care within two days of referral.

Process and timetable

NHSE/I have set a timetable for the development of local plans. They emphasise the importance of joint working, and ensuring commissioner and provider plans match up.

Key milestones include:

First submission of draft operational plans	5 March 2020
First submission of system-led narrative plans	5 March 2020
2020/21 STP/ICS led contract/plan alignment submission	12 March 2020
Deadline for 2020/21 contract signature	27 March
Parties entering arbitration to present themselves to NHSE/I national directors (or their representatives)	6 April – 10 April 2020
Submission of appropriate arbitration documentation	15 April 2020
Final submission of operational plans	29 April 2020
Final submission of system-led narrative plans	29 April 2020
Publication of the people plan and national implementation plan for the long term plan	March/April 2020

Arbitration panel and/or hearing (with written findings issued to both parties within two working days after panel)	16 April – 1 May 2020
Contract and schedule revisions reflecting arbitration findings completed and signed by both parties	7 May 2020

NHS Providers view

This planning guidance broadly aligns with the sector's expectations and brings much needed clarity to planning for the year ahead.

Overall the document highlights the difficulty of balancing 'business as usual' annual operating cycles with longer term system transformation. The sector is still awaiting a number of policy decisions to land in the coming months – the clinical review of standards, people plan, new single oversight framework and capital settlement – all of which will determine exactly what the years ahead look like in terms of requirements, accountability and tools for the task. Added to this, the clear signal to move to a "system by default" approach, but without full clarity on what this means, makes it very difficult for trusts to understand the environment they will be operating in next year.

Although the guidance is somewhat restrained in its performance ask for the sector, without additional resources, or a resolution to some of the workforce challenges facing providers, the task of halting decline in the constitutional standards, stabilising and then improving performance cannot be underestimated.

The instruction for trusts to at least maintain peak 2019/20 open bed numbers throughout the next year is a step towards creating much needed capacity. In some places providers will need capital investment and support to translate temporary winter capacity to permanent bed stock. Any expansion to the year-round bed base will also require an increase in staff to ensure these beds can be used routinely and safely. This will in turn have a financial impact. We acknowledge there are plans underway to increase the number of nurses, but we are concerned that staffing more beds in 2020/21 will be particularly challenging for trusts in the year ahead.

The task of halting decline in the constitutional standards, stabilising and only then improving performance, on the funding available, should not be underestimated

We are also wary of too rapid a move to peg providers' financial allocations to system performance. Given the still varied picture of STP/ICS development, there is a risk of limiting access to vital funds or providers feeling pressured to sign up to unrealistic targets, resulting in a distorted picture of actual delivery.

The 'system by default' approach signals a step change in NHSE/I's expectations of system working and raises a number of questions which we hope will be answered in the forthcoming publication of a national implementation plan in the spring and through wider engagement with the sector. We remain unclear about how the concept of STPs/ICSs playing a role in performance management will work in practice. Tensions are inevitable for NHSE/I over the coming months in achieving the right balance between a permissive, enabling approach to system development and ensuring clarity of vision and expectations about what is required. We look forward to continuing to work with NHSE/I in navigating this path, drawing on the experiences of our members.

We welcome the progression of mental health provider collaboratives following the successes of the new care model pilots, although would emphasise that these must be properly resourced. The focus on transparency around the mental health investment standard (MHIS) is also very welcome but we need to ensure that action is taken if the funding is not reaching the frontline.

In conclusion, the planning guidance provides some reassurance about the expectations on trusts for the year ahead and some signals as to how the role of systems will evolve. There are, however, many parts of the jigsaw still missing which are much needed if providers, and their partners, are to plan effectively for the medium and longer term.

Press release

NHS planning guidance is rightly ambitious, but presents big challenges

Responding to the NHS Operational Planning and Contracting Guidance 2020/21, the chief executive of NHS Providers, Chris Hopson said:

"The planning guidance issued today provides more important detail about how the NHS will deliver the long term plan and make the required transition to integrated care, system working and a

broader range of priorities than the old set of narrow acute hospital waiting time targets, important though these are.

"It's right that the NHS is ambitious for patients. But we also need to recognise the context. This winter we have seen performance fall to the lowest levels recorded while the waiting list for routine surgery grows. There are over 105,000 vacancies in trusts alone, and each year we are seeing demand and the need for more complex care grow. And whilst we welcome the extra NHS funding the government has committed, this comes after the longest and deepest financial squeeze in NHS history and does not reflect a return to the long term trend: it's no bonanza. In this context, improving waiting list performance, recovering financial deficits, starting to deliver the new priorities in the long term plan and the people plan, and taking the next steps in transforming the NHS is, collectively, a very big ask.

"We particularly welcome the emphasis on prevention and wellbeing and health inequalities within this guidance and the recognition that mental health, community and ambulance services all have a vital role to play in providing great care to patients, alongside acute hospitals.

"While this guidance will enable trusts to plan for 2020/21, we still need to see the detail of the final people plan, the long-term plan implementation plan, the results of the clinical review of standards, and the new NHS England and Improvement operating model and oversight framework. We also need a full multi year capital settlement and multi year education, training and public health revenue budgets. These will all follow over the next few months. Taken together, we will then have the complete new strategic framework the NHS frontline needs to underpin the long term plan.

"Workforce challenges remain a top priority for trusts. We welcome the ambition to increase nursing numbers, but the NHS will also need to be properly supported to deliver the other key commitments in the people plan – making the NHS a great place to work, investing in leadership and training and enabling the NHS workforce to take full advantage of technology.

"Trusts will welcome changes to the financial system intended to support the provider sector to reduce its overall deficit. But we need to recognise that these are stretching targets. It is becoming clear the 20/21 starting point will be worse than envisaged even a few months ago, and that there are still a small number of trusts who are concerned they are being asked to deliver the impossible. We must avoid pressurising providers to sign up to unrealistic targets, or we risk revisiting the problems we had with the previous financial framework".

Modern Day Slavery Statement

This statement is made pursuant to Section 54 of the Modern Slavery Act 2015 and sets out the steps that Berkshire Healthcare NHS Foundation Trust has taken, and is continuing to take, to make sure that modern slavery or human trafficking is not taking place within our business or supply chain during the year ending 31 March 2020.

Modern slavery encompasses slavery, servitude, human trafficking and forced labour. Berkshire Healthcare has a zero-tolerance approach to any form of modern slavery. We are committed to acting ethically and with integrity and transparency in all business dealings and to putting effective systems and controls in place to safeguard against any form of modern slavery taking place within the Trust or our supply chain.

Our Policies on Slavery and Human Trafficking

Berkshire Healthcare is aware of our responsibilities towards patients, service users, employees and the local community and expects all suppliers to the Trust to adhere to the same ethical principles. We are committed to ensuring that there is no modern slavery or human trafficking in our supply chains or in any part of our business. Our internal policies replicate our commitment to acting ethically and with integrity in all our business relationships.

Standard NHS Contracts and the Trust's contract specifications contain a provision around Good Industry Practice to ensure each supplier's commitment to anti-slavery and human trafficking in their supply chains; and that they conduct their businesses in a manner that is consistent with Berkshire Healthcare's anti-slavery policy. In addition, an increasing number of suppliers are implementing the Labour Standards Assurance System (LSAS) as a condition of contract for tenders within high risk sectors and product categories and indeed this has been referenced in the Government's Modern Slavery Strategy. Many aspects of the LSAS align to the seven reporting areas that the Government has outlined and should appear within any slavery and human trafficking statement.

We operate a number of internal policies which ensure that we are conducting business in an ethical and transparent manner. These include:

- **Recruitment** - We operate a robust recruitment policy, including conducting eligibility to work in the United Kingdom checks for all directly employed staff. Agencies on approved frameworks are audited to provide assurance that pre-employment clearance has been obtained for agency staff, to safeguard against human trafficking or individuals being forced to work against their will
- **Equal Opportunities** - We have a range of controls to protect staff from poor treatment and/or exploitation, which complies with all respective laws and regulations. These include provision of fair pay rates, fair terms and conditions of employment, and fair access to training and development opportunities
- **Safeguarding** - We adhere to the principles inherent within both our safeguarding children and adults' policies. These are compliant with the Berkshire multiagency agreements and provide clear guidance so that our employees are clear on how to raise safeguarding concerns about how colleagues or people receiving our services are being treated, or about practices within our business or supply chain.

- **Whistleblowing** - We operate a whistleblowing/raising concerns policy so that everyone in our employment knows that they can raise concerns about how colleagues or people receiving our services are being treated, or about practices within our business or supply chain, without fear of reprisals, and the various ways in which they can raise their concerns.
- **Standards of business conduct** - This code explains the manner in which we behave as an organisation and how we expect our employees and suppliers to act.

Our approach to procurement and our supply chain includes:

- Ensuring that our suppliers are carefully selected through our robust supplier selection criteria/processes
- Requiring that the main contractor provides details of its sub-contractor(s) to enable the Trust to check their credentials
- Randomly request that the main contractor provide details of its supply chain
- Ensuring invitation to tender documents contain a clause on human rights issues
- Ensuring invitation to tender documents also contains clauses giving the Trust the right to terminate a contract for failure to comply with labour laws
- Using the standard Supplier Selection Questionnaire that has been introduced (which includes a section on Modern Day Slavery)
- Trust staff must contact and work with the Procurement department when looking to work with new suppliers so appropriate checks can be undertaken.
- Supplier adherence to our values. We are zero tolerant to slavery and human trafficking and thereby expect all our direct and indirect suppliers/contractors to follow suit.
- Where it is verified that a subcontractor has breached the child labour laws or human trafficking, then this subcontractor will be excluded in accordance with Regulation 57 of the Public Contracts Regulations 2015. The Trust will require that the main contractor substitute a new subcontractor.

Training

Advice and training about modern slavery and human trafficking is available to staff through our mandatory safeguarding children and adults training programmes, our safeguarding policies and procedures, and our safeguarding leads. It is also discussed at our corporate induction training which is mandatory for all our new starters. We are looking at ways to continuously increase awareness within our organisation, and to ensure a high level of understanding of the risks involved with modern slavery and human trafficking in our supply chains and in our business.

Our Performance Indicators

We will know the effectiveness of the steps that we are taking to ensure that slavery and/or human trafficking is not taking place within our business or supply chain if there are no reports received from our staff, the public, or law enforcement agencies to indicate that modern slavery practices have been identified.

Approved by the Trust Board: 11 February 2020

Next review: February 2020

Signed: Julian Emms, Chief Executive



Message from Andrew Lloyd, Chair of the Frimley Health and Care ICS Board and Fiona Edwards, Frimley Health and Care ICS Lead

Dear all,

As we approach Christmas and the New Year we would firstly like to thank you all for your commitment to and support for the Frimley Health and Care ICS throughout, what has without doubt, been an exciting year. Over the last year we have demonstrated that working together enables us to think in an integrated way, be creative, flexible, innovative and ambitious. Through the development of our **'Creating Healthier Communities'** strategy we have proved that the strength in our relationships provides us with an opportunity to reshape what we can do to ensure that local people can stay well, have the right access to good quality care and treatment, and remain out of hospital.

You can find a copy of the 'Creating Healthier Communities' strategy on our website <https://www.frimleyhealthandcare.org.uk/about/our-plans/creating-healthier-communities/>

We are now having a real impact on how we commission and deliver services and are embracing new ways of working that will benefit our residents, patients and staff alike. Through our strategy we want to drive a change in the way we spend our time and energy listening to what people say and better understanding how their experiences can drive how we work to address broader health, care and wellbeing, and health inequalities. There is a growing sense of excitement about what we want to achieve and we are keen to start the delivery of the strategy in 2020.

At a meeting with NHS leaders, led by Simon Stevens this week, there was a recognition that we are working in challenging times. Winter is here and along with it pressure on our services. We have strength in the culture within the NHS to rise to the challenge and continue to drive good quality safe services for our local people. Locally we know how critical our relationships are with our Local Authority Partners, the voluntary sector and our residents. Using the strength of the public's support for the NHS to develop our joint work and integrating with our partners will continue to be a key focus for our work.

We have experienced an unprecedented year in 2019, but one that has brought together one clear message throughout – that there is an agreement that the NHS is important, does a great job and is made up of people who really want to make a difference. Locally we need to build an approach that recognises the strength and value of people who work across the public and voluntary sectors within our system

We still have lots of work to do as we start the next phase of our journey to implement our strategy. There is a large degree of honesty about all our respective challenges across Frimley Health and Care, and we will start the new year with one strategy that aligns our ambitions and vision for what we collectively want to achieve, to be delivered in a way that is tailored and targeted to our local 'place based' populations.

Our job is to make 2020 another ground breaking year. To do this we need staff from across health, social care, local authority, the voluntary sector, and our other partners to come together to deliver the strategy, taking the opportunities that the ICS provides to see beyond organisations and out to local people and communities. We want to collectively make a real

Frimley Health and Care



difference to people's lives. We're looking forward to working on this exciting challenge with you.

Thank you again for your support and commitment and we wish you all a very merry festive season and best wishes for the New Year.

Andrew and Fiona

News: See the latest news on our website: Frimleyhealthandcare@org.uk



NEWS BULLETIN

Buckinghamshire Oxfordshire and Berkshire West Integrated Care System

January 2020

Future NHS Commissioning Arrangements: Engagement Report Published

An engagement report has been published, following the recent engagement exercise to gather views on future commissioning arrangements in Buckinghamshire, Oxfordshire and Berkshire West. Views were invited on three proposals:

- The delivery of more joined up and integrated health and care through three, locally focused Integrated Care Partnerships (ICPs) – alliances of NHS and Local Government organisations working together to plan and deliver care through a joint approach
- The streamlining of commissioning arrangements through a single Clinical Commissioning Group (CCG) – a more strategic organisation to support ICPs and also commission services at scale as appropriate, such as NHS 111 or specialised services
- Changes to the current CCG management arrangements to create a single Accountable Officer and ICS Executive Lead role, supported by a shared management team working across the Buckinghamshire Oxfordshire and Berkshire West CCGs

Engagement activity was carried out at place level within Buckinghamshire, Oxfordshire and Berkshire West (BOB) to gather the views on these proposals. A BOB ICS survey was also made available through the platform Survey Monkey and was open for comment between the 10th of October 2019 and the 1st of December 2019.

A total of 224 responses were received from members of the public, NHS organisations, clinicians, local councils, voluntary and community groups and NHS Staff. All feedback received will be taken into consideration as leaders within the BOB ICS develop proposals.

A full [engagement report](#) has been produced and is available on our website. Also available is the [Board paper](#) which is being considered by the three CCG Governing Bodies in January. The board paper contains much of the content of the engagement report, includes [summary of local engagement activities](#) during the engagement period, a [table](#) setting out mitigating actions to address feedback relating to the proposed joint AO/ICS post, and the [draft job description](#) for this role.

To date, the Bucks CCG and Berkshire West CCG Governing Bodies have met and have agreed the principle of a single Accountable Officer/ICS Lead role, supported by a single management team. The Oxfordshire CCG Governing Body will meet on 30th January 2020.

The next steps regarding a possible single CCG will be considered in the coming months. Any options for future CCG configuration would be subject to consultation with CCG members later in 2020.

System Leaders Group Considers ICS Next Steps and Financial Planning

The BOB ICS System Leaders Group (SLG) met earlier in January. As part of their discussions, SLG members reflected on local progress to develop the ICS and recent feedback from NHS England/NHS Improvement (NHSEI) on national proposals to develop what is being called a “system by default” model.

The model would support the Long Term Plan ambition that the whole of England is covered by Integrated Care Systems by 2021.

National proposals are in the early stages of development. They will consider how best to facilitate a “system by default” model to allow for greater collaboration and co-ordinated action between all system partners, including regulators. Further details are expected in the spring.

The other main item for discussion at the January SLG was the continued work to bring the system back into financial balance. An SLG workshop, including Directors of Finance, will be held on 24th January 2020.

Appendix 2

Flu Campaign Opt out Survey Results:

An opt out survey was offered via survey monkey to enquire how those who were not vaccinated made their decision. The opt out survey was advertised via Comms, on Team Brief and on the flu intranet pages.

There were 28 responses to the opt out survey and freetext comments written.

Answer choices	Percentage	Total number
I don't like needles	10.71%	3
I don't think I'll get the flu	14.29%	4
I don't believe the evidence that being vaccinated is beneficial	32.14%	9
I'm concerned about positive side effects	32.14%	9
I don't know how or where to get vaccinated	0	0
It was too inconvenient to get to a place where I could be vaccinated	7.14%	2
The times when the vaccination is available were not convenient	7.14%	2
Other comments (freetext)	<p>I am under 18 and the trust won't let us have the jab. Contains egg, unnecessary use of animal products. The campaign is too pushy.</p> <p>When I receive the Flu jab every year, I then have a high rate of sickness from having the Flu. When I don't take the Flu jab I feel much better in the winter and I don't get the Flu. My Bradford score is high and I cannot risk taking it and being off sick. I understand your statistics and it is the NHS and if staff are patient facing. However it is not for everyone and this needs to be taken into consideration like all other factors and please be more flexible. I think there is too much pressure for staff to have the flu jab and being constantly reminded, it can put staff off. Also being the Flu champion has added to me not having the Flu jab. Please understand this matter.</p> <p>I have a very good immune system (haven't had a day off in years) and I'm a bit superstitious that if I mess with it I'll suddenly become more illness prone. I know it sounds irrational but that is the reason.</p> <p>I think that given the work I do that occasionally I am allowed to be sick.</p> <p>I do not work with patients and I do not take any types of medicines unless absolutely necessary. I also have multiple allergies, so it is not worth the risk. At the small chance I'd have flu, I'd rather have it. I have no medical conditions, it's not going to kill me. The pressure you put on</p>	

Answer choices	Percentage	Total number
	<p>staff to have a flu vaccine and fill your quota and constant reminders is wrong.</p> <p>The vaccination is based on the previous years strain which means there is no guarantee like other vaccinations that it would have any affect on this years strain which continues to adapt each year, science is always on the back foot. I find it difficult to see the benefit with the vaccine being such a shot in the dark. You have no idea of the content of the vaccine and I am reluctant to take medication when I have no need for it which is another drive of the NHS regarding antibiotics etc. I find the attitude of staff promoting the flu vaccine (infection control/ managers etc) to be on the verge of bullying, they are pushy and are resistant against my own views/ beliefs of if I want it for me, I am often threatened that should I get flu that I will not be paid sickness, I have had an infection control nurse argue with me when I have said no thankyou and demand a reason from me. I have left clinical work now and work in an office which I have to say is vile in respect to infection control and common colds spread very quickly throughout the office as people cough and splutter and don't stay at home when sick causing the office as a whole to have a large sickness rate through it spreading from person to person which seems to be missed as a staff message each year. Office staff also continue to go to meetings where clinical staff are present when they have a cold or chest infection etc which I will not do as this may pass it on to the clinical staff and then patients. perhaps there is a pressure to keep working when sick because its seen as "just a cold" etc.</p> <p>It's my choice if I want to have the flu jab. I don't think it's right the pressure the Trust but on employees to have the flu jab.</p>	

During January an audit was undertaken of the peer vaccinators adherence to the written directive.

The audit of 70 consent forms demonstrated very positive adherence to the written directive. Two areas identified for improvement for the next campaign are:

1. Documenting the brand, this question was added into the audit since there are other manufacturers that make the Quadrivalent product, although the majority of peer vaccinators did not appear to write "Sinofi" in front of the sticker with all of the vaccine details, as Berkshire Healthcare only procure from one manufacturer. Although it was included in this audit, it was probably not so pertinent but good practice
2. The dose on three of the audit forms was written as pre-filled syringe, it should have been written as 0.5ml, anything else was not really a proper dose, this will be re-iterated during next years training.

A round up meeting will take place in February and a review of this year's campaign will be undertaken to provide learning for next year's campaign, including the procurement of the 2020 flu vaccine.



Trust Board Paper

Board Meeting Date	11 February 2020
Title	Financial Summary Report – M9 2019/20
Purpose	To provide the Month 9 2019/20 financial position to the Trust Board
Business Area	Finance
Author	Chief Financial Officer
Relevant Strategic Objectives	3. - Strategic Goal: To deliver financially sustainable services through efficient provision of clinical & non-clinical services
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Meeting regulatory requirements
Equalities and Diversity Implications	N/A
SUMMARY	The Financial Summary Report provides the Board with summary of the M9 2019/20 financial position.
ACTION REQUIRED	<p>The Board is invited to note the following summary of financial performance and results for Month 9 2019/20 (December 2019):</p> <p>The Trust reports to NHS Improvement its 'Use of Resources' rating, which monitors risk monthly, 1 is the highest rating possible and 4 is the lowest.</p> <p>YTD (Use of Resource) metric:</p> <ul style="list-style-type: none">• Overall rating 1 (plan 1)<ul style="list-style-type: none">○ Capital Service Cover rating 2○ Liquidity days rating 1○ I&E Margin rating 2○ I&E Variance rating 1

	<ul style="list-style-type: none"> ○ Agency target rating 1 <p>YTD Income Statement (including PSF Funding; excluding donations):</p> <ul style="list-style-type: none"> • Plan: £1.6m surplus • Actual: £1.4m surplus • Variance: £0.2m better than plan. <p>YTD Cash £26.8m vs Plan £23.8m.</p> <p>YTD Capital expenditure: £6.4m vs Plan £9.2m.</p>
--	---

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Finance Report
Financial Year 2019/20
Month 9 (December 2019)

Purpose

To provide the Board and Executive with a summary of the Trusts financial performance as at 31st December 2019.

Document Control

<i>Version</i>	<i>Date</i>	<i>Author</i>	<i>Comments</i>
1.0	13/01/20	Bharti Bhoja	1st Draft
2.0	20/01/20	Paul Gray	Final

Distribution

All Directors

All staff needing to see this report.

Confidentiality

Where indicated by its security classification above, this document includes confidential or commercially sensitive information and may not be disclosed in whole or in part, other than to the party or parties for whom it is intended, without the express written permission of an authorised representative of Berkshire Healthcare NHS Foundation Trust.

Contents

Section	Content	Page
1.0	Key Messages	3
2.0	Income & Expenditure	4-11
3.0	Divisional Summary	12
4.0	Cost Improvement Programme	13
5.0	Balance Sheet & Cash	14-15
6.0	Capital Programme	16

1.0 Key Messages

Key Metric	Actual £'m	YTD Plan £'m	Variance £'m	vs Last Mth	vs Prior Year
Surplus / (Deficit) for PSF	(0.0)	(0.1)	0.1	▲	▲
PSF - Trust	1.0	0.9	0.1	▼	▼
PSF - System	0.6	0.6	0.0		
Control Total Surplus / (Deficit)	1.6	1.4	0.2	▼	▼
Statutory Surplus / (Deficit)	1.6	1.3	0.3	▲	▲
CIP Delivery	3.5	2.9	0.6	▼	▼
Agency Spend	3.8	3.7	0.1	▼	▼
OAPs - Specialist Placements (incl LD)	5.9	6.1	(0.1)	▲	▼
OAPs - Out of Area Placements	1.8	1.2	0.6	▼	▲
Capital Expenditure	6.4	9.2	(2.8)	▲	▼
Cash	26.8	23.8	3.0	▲	▲

NHSI Compliance

	Actual	Plan
Capital Service Cover	2	2
Liquidity	1	1
I&E Margin %	2	2
I&E Variance From Plan %	1	1
Agency vs Target	1	1
Use Of Resources Rating	1	1

Key Messages & Actions

- The Trust reported a surplus of £0.8m for December and a breakeven position YTD before PSF. This is £0.1m ahead of our NHSI plan, and the Trust has there delivered its Q3 financial 'Control Total'. After accounting for PSF and donations, the Trust reported a surplus of £1.6m YTD, £0.3m ahead of plan.
- The Trust has retained its NHSI forecast commitment to deliver it's £1.9m Control Total. Use of Resources rating is a "1" overall, in line with plan.
- Pay costs reduced by £0.1m, although costs remain higher than planned. The YTD overspend vs our recruitment assumptions rose to £2m.
- Non Pay expenditure increased by £0.1m, but remains contained within budget.
- Cash is £3.0m higher than planned with CapEx slippage and PSF bonus payments driving performance. CapEx spend is £2.8m behind plan YTD.

Key Risks

- The current pay costs remain ahead of our mid year forecast, despite a fall in numbers this month. The reduction in agency costs was welcome, but as we head into Q4, we must ensure that we continue to minimise avoidable costs and challenge agency usage. Where we are operationally able, and especially in areas where we have seen permanent increases, we must continue to hold or reduce non permanent staff usage.
- Whilst Non Pay costs are being controlled within budget, we must ensure that costs continue to be minimised, held in line with forecast and not increase to budgeted levels.

2.0 Income & Expenditure

Income Statement	In Month			YTD			FY	Prior Year YTD		
	Act	Plan	Var	Act	Plan	Var	Plan	Act	Var	
	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	+/-	%
Operating Income	20.3	20.2	0.1	181.7	181.9	(0.2)	242.4	171.4	10.3	6.0%
DoH Pay Award	0.0	0.0	0.0	0.4	0.0	0.4	0.0	1.8	(1.4)	(79.8)%
Other Income	2.4	2.4	0.1	15.1	14.9	0.2	19.4	15.0	0.1	0.6%
Total Income	22.8	22.5	0.2	197.2	196.8	0.4	261.7	188.2	8.9	4.7%
Staff In Post	14.1	13.8	0.2	125.6	125.8	(0.2)	167.5	115.8	9.8	8.5%
Bank Spend	1.4	1.1	0.3	11.6	9.5	2.1	12.8	10.4	1.2	11.9%
Agency Spend	0.3	0.4	(0.1)	3.8	3.7	0.1	5.0	4.3	(0.4)	(10.2)%
Total Pay	15.8	15.4	0.4	141.0	139.1	2.0	185.2	130.4	10.6	8.1%
Purchase of Healthcare:										
- Placement Costs	0.8	0.8	(0.0)	7.7	7.5	0.2	9.8	9.7	(2.0)	(20.6)%
- All Other P. of Healthcare	0.4	0.4	(0.0)	3.5	3.3	0.2	4.4	2.9	0.5	18.2%
Drugs	0.5	0.6	(0.1)	4.1	5.1	(1.0)	6.7	4.5	(0.4)	(9.7)%
Premises	1.3	0.6	0.7	12.2	11.3	0.9	15.1	11.2	1.0	8.6%
Other Non Pay	1.7	2.5	(0.8)	14.7	16.6	(1.8)	21.9	15.5	(0.7)	(4.6)%
PFI Lease	0.6	0.6	(0.0)	4.9	5.1	(0.2)	6.7	4.8	0.1	1.5%
Total Non Pay	5.2	5.4	(0.3)	47.1	48.7	(1.7)	64.7	48.7	(1.6)	(3.2)%
Total Operating Costs	21.0	20.8	0.2	188.1	187.8	0.3	249.9	179.1	9.0	5.1%
EBITDA	1.8	1.7	0.1	9.1	9.0	0.1	11.8	9.2	(0.1)	(1.2)%
Interest (Net)	0.3	0.3	(0.0)	2.7	2.7	(0.0)	3.6	2.6	0.0	1.7%
Impairments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.0)	(89.1)%
Disposals	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.0)	0.0	(100.0)%
Depreciation	0.6	0.6	(0.0)	4.9	4.9	(0.0)	6.6	3.5	1.4	40.1%
PDC	0.2	0.2	0.0	1.5	1.5	0.0	2.0	1.2	0.3	22.5%
Total Financing	1.0	1.0	(0.0)	9.1	9.1	(0.0)	12.3	7.4	1.7	23.1%
Surplus/ (Deficit) for PSF	0.8	0.7	0.1	(0.0)	(0.1)	0.1	(0.4)	1.8	(1.8)	(100.6)%
PSF - Trust	0.1	0.1	(0.0)	1.0	0.9	0.1	1.4	1.6	0.0	1.7%
PSF - System	0.1	0.1	0.0	0.6	0.6	0.0	0.9			
PSF - Subtotal	0.2	0.2	(0.0)	1.6	1.5	0.1	2.3	1.6	0.0	
Surplus/ (Deficit) for CT	1.0	0.9	0.1	1.6	1.4	0.2	1.9	3.4	(1.8)	(52.8)%
Donated Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Donated Depreciation	(0.0)	(0.0)	(0.0)	(0.1)	(0.1)	(0.0)	(0.1)	0.0	0.1	(255.1)%
Impact of Donations	1.0	0.9	0.1	1.6	1.3	0.3	0.0	3.4	(1.9)	(54.2)%
Impairments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.0)	(0.0)%
Surplus/ (Deficit) Statutory	1.0	0.9	0.1	1.6	1.3	0.3	1.8	3.4	(1.9)	(54.2)%

Key Messages

The Trust reported a pre PSF surplus of £0.8m move the Trust to breakeven YTD. The Trust has delivered its financial Control Total at Q3, securing £690k of PSF funding. After accounting for PSF and the impact of donations, the Trust is reporting a YTD surplus of £1.6m, £0.3m better than planned.

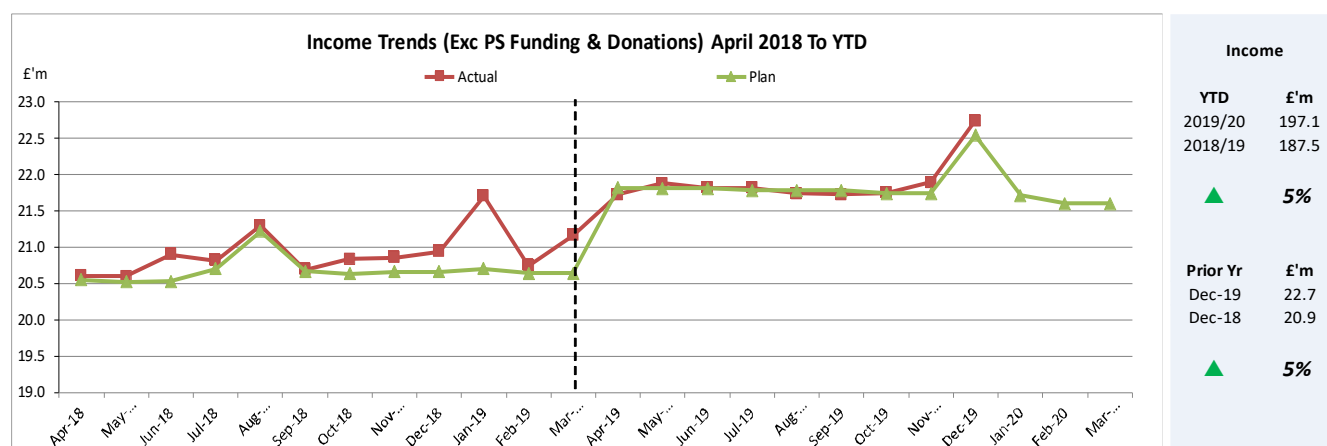
Overall income, excluding pass through income, increased by £0.9m. This increase includes planned £0.8m GDE revenue support from NHS Digital.

Overall staff costs reduced by £0.1m, although they remain higher than planned. Substantive costs fell, with non permanent costs also falling after adjusting for one-offs and holiday payments. Whilst this reduction has eased the forecast risk, non permanent costs must continue to be tightly controlled to ensure control total delivery.

Non pay spend increased this month by £0.1m, but remained with budget. A reduction in placement costs driven by lower usage was offset by various one off charges, the most of material of which were UoR IBER project costs, which were funded.

Income & Contracts

Income Statement	In Month			YTD			FY			Prior YTD		
	Act	Plan	Var	Act	Plan	Var	Forecast	Plan	Forecast Var	Act	Var	
	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	+/-	%
Block Income	18.0	17.7	0.2	160.7	160.0	0.7	213.9	213.2	0.8	149.2	11.5	7.7%
Tariff Income	0.1	0.2	(0.0)	1.5	1.5	0.0	2.0	2.0	0.1	2.0	(0.5)	(25.7)%
Pass Through Income	0.3	0.4	(0.1)	2.8	3.6	(0.8)	3.8	4.8	(1.0)	3.1	(0.3)	(9.5)%
DoH Pay Award	0.0	0.0	0.0	0.4	0.0	0.4	0.5	0.0	0.5	1.8	(1.4)	(79.8)%
Other Income	4.3	4.2	0.0	31.8	31.8	0.0	42.0	41.8	0.2	31.5	0.3	0.8%
Total Operating Income	22.8	22.5	0.2	197.1	196.8	0.3	262.2	261.7	0.5	187.6	9.5	5.0%
PSF - Trust	0.1	0.1	(0.0)	1.0	0.9	0.1	1.5	1.4	0.1	0.9	0.0	82.0%
PSF - System	0.1	0.1	0.0	0.6	0.6	0.0	0.9	0.9	0.0	0.6	0.0	
Donated Income	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.0	
Total Reportable Income	23.0	22.8	0.2	198.7	198.3	0.4	264.7	264.0	0.7	189.2	9.5	5.0%



Key Messages

Overall income was £0.2m ahead of plan in month and £0.4m YTD. The under-recovery of pass through income is offset by various smaller contract variations.

Commissioner Focus

The first tranche of LTP funding awards have been varied into the main commissioner contracts, and represent the majority of the funding expected for 19/20. Due to the timing of the awards, spending to allocations is not viable and therefore it is likely that the majority will be deferred until 20/21, with commissioner agreement being sought.

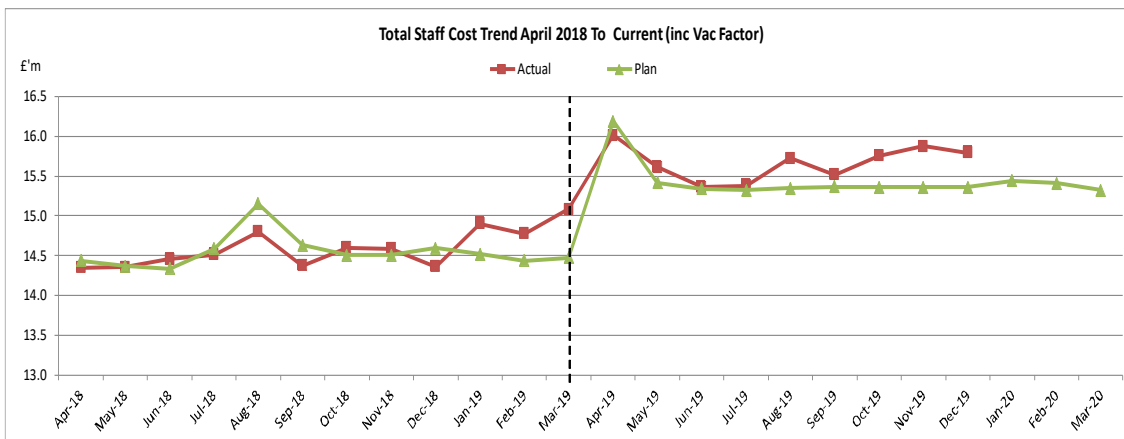
Initial contract discussions for 20/21 are due to begin before the end of January, with the key being the agreement of contract growth and how much demand growth can be contained within existing allocations.

System Focus

Frimley ICS continue to forecast deliver of system control total.

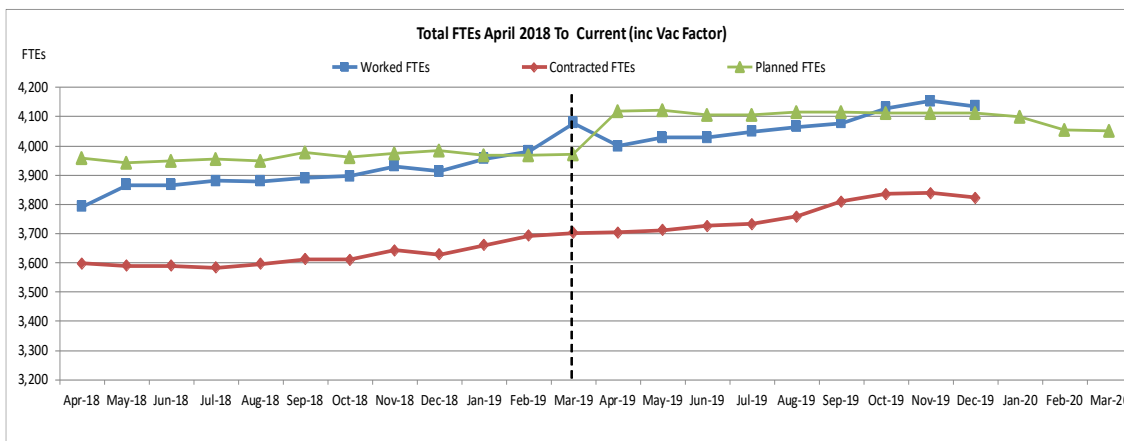
Berkshire West ICP continues to report financial risk, and will miss its system Control Total. RBH have submitted a deteriorating forecast to NHSI at Q3, and Berkshire West CCG continue to forecast a deficit. The Trust does not have any PSF linked to system Control Total delivery in the West or BOB, so this deterioration does will not impact the Trusts PSF allocation. At a BOB system level, increasing pressure is being applied nationally to bring the system in-line with required trajectory, and this work will continues.

Workforce



Staff Costs

YTD	£'m
2019/20	141.0
2018/19	130.4
	▲ 8%
Prior Yr	£'m
Dec-19	15.8
Dec-18	14.4
	▲ 10%



FTEs

Prior Yr	CFTE	WFTE
Dec-19	3,822	4,135
Dec-18	3,628	3,912
	▲ 5%	▲ 6%
Prior Mth	CFTE	WFTE
Dec-19	3,822	4,135
Nov-19	3,839	4,153
	▼ 0%	▼ 0%

Key Messages

Overall staff costs fell in December, although they remain higher than planned, with the YTD overspend increasing to £2.0m. This reduction has reduced the forecast pressure, but costs will still need to be controlled to ensure delivery of the forecast.

It is recognised that in the short term this presents a challenge given the operational pressures being experienced, particularly in the West of the county. This has led to the temporary additional resourcing of some team to support patient flow at the Royal Berkshire Hospital.

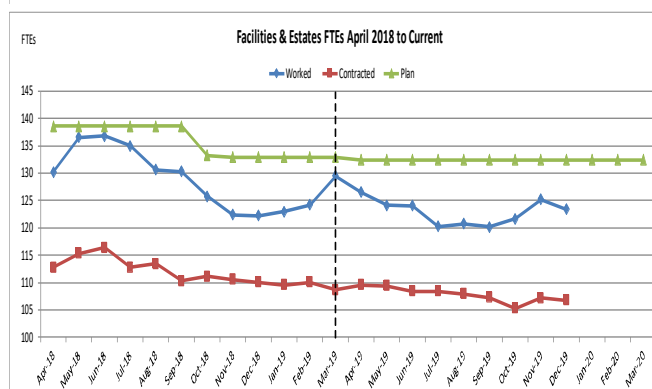
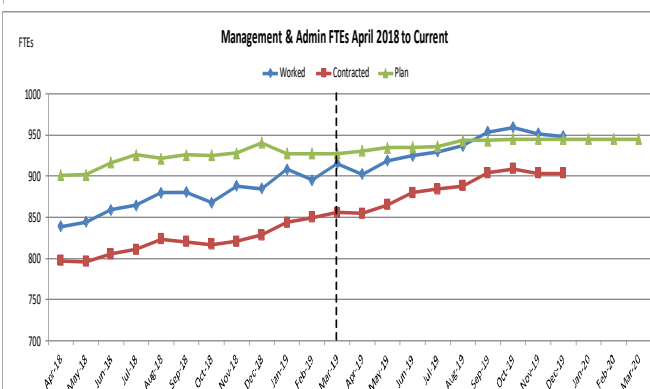
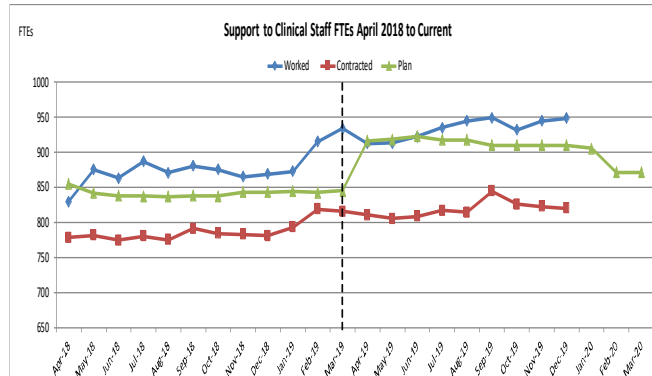
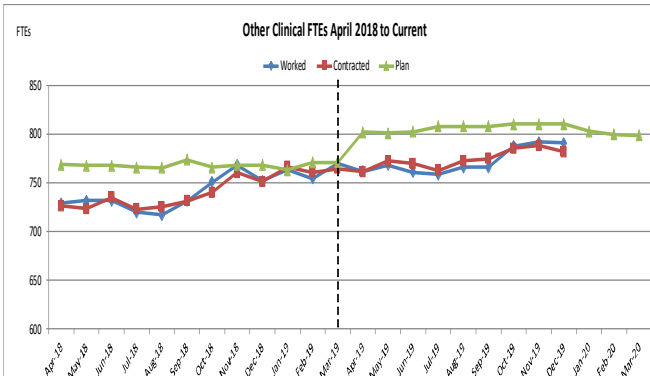
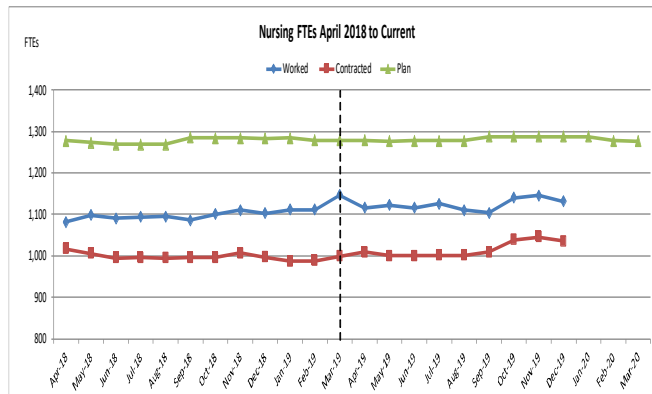
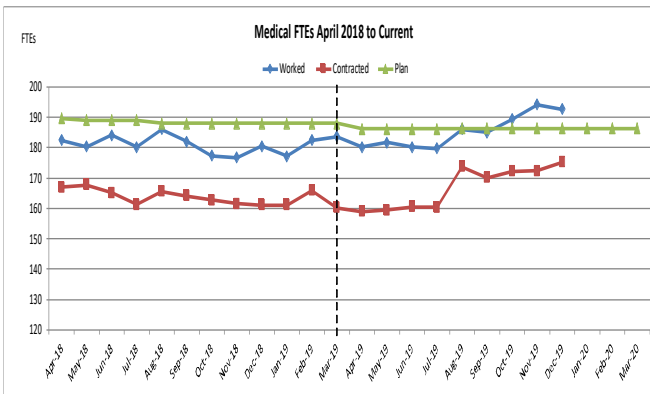
December saw an in month reduction in substantive staffing the first time in over a year, with contracted FTEs falling by 16; this reduced costs by £0.1m. This is not assumed to be a permanent change in trend, with a number of new starters expected in the coming months, particularly in our District Nursing service.

Temporary staffing costs remained at £1.7m, but this include holiday enhancements. Bank costs rose by £0.1m, but this reflected a YTD adjustment for unaccrued charges. Following the focussed discussion on agency usage and work to highlight usage, agency costs fell in December, with spend down £0.1m to £330k, the lowest monthly spend seen this year. Spend was reduced across all clinical categories, offset by a small increase in non clinical roles.

Despite the fall in contracted staff, year on year, the Trust has added 194 additional contracted FTEs, representing a 5% annual increase.

There remain a number of areas where costs were higher than planned in month including Health Inpatients £0.2m, with a number of new recruits remaining supernumery and pressure from observations, Community Health East Inpatients £0.1m due to sickness and vacancies cover, and Physiotherapy experiencing high levels of maternity cover.

Workforce: Staff Groups



Key Messages

The above graphs do not include the assumed vacancy factor incorporated into the overall plan.

Medical Staffing contracted FTE increase due to the recruitment of 2 FTEs consultants in Community Services. Worked FTEs fell as a result of fewer additional sessions worked by Junior Doctors in December.

Nursing worked FTEs fell follow several months of successful recruitment, with small reduction across several areas, which incorporated substantive leavers as well as a reduction in non permanent usage.

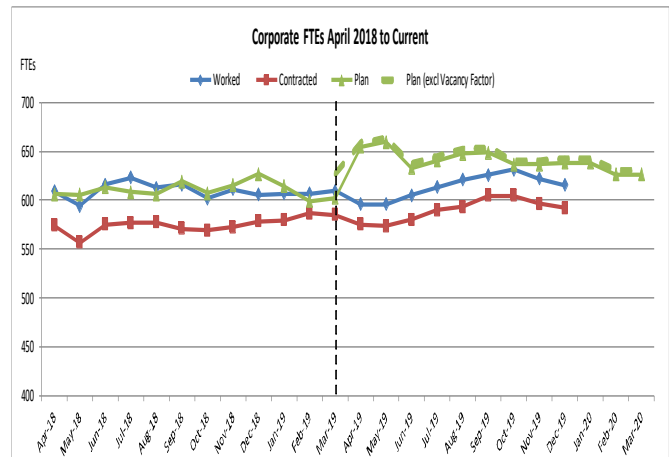
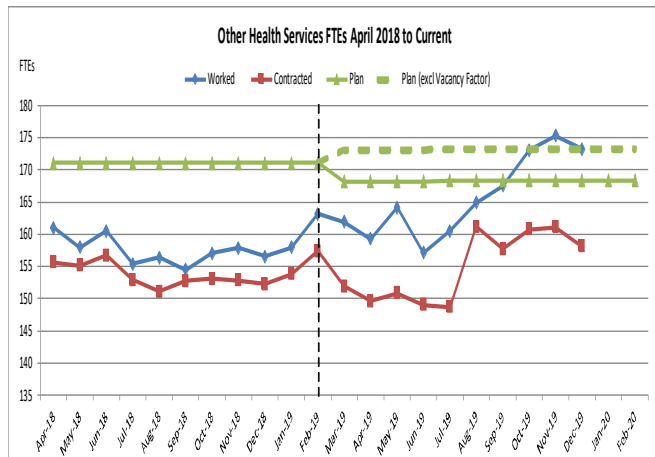
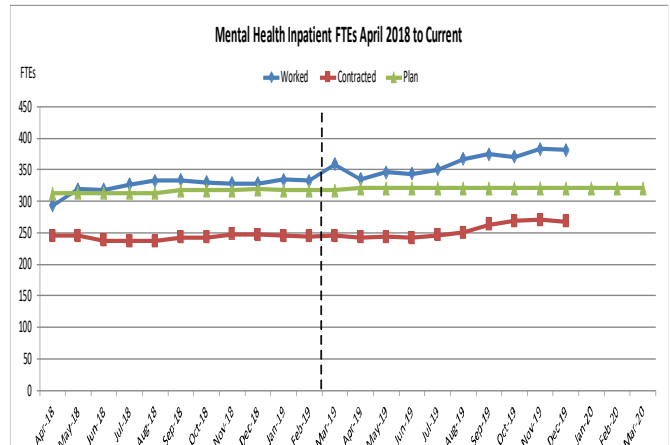
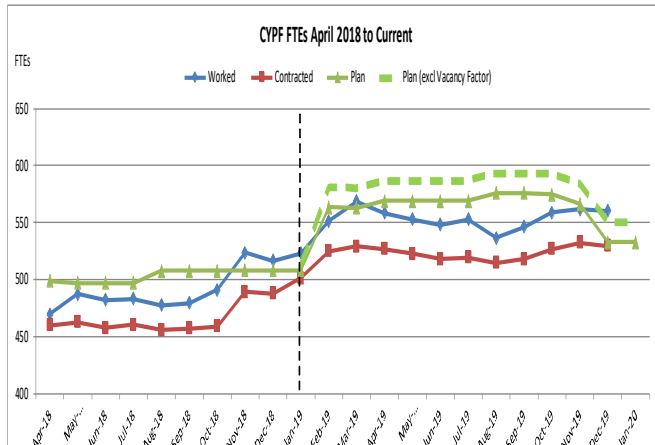
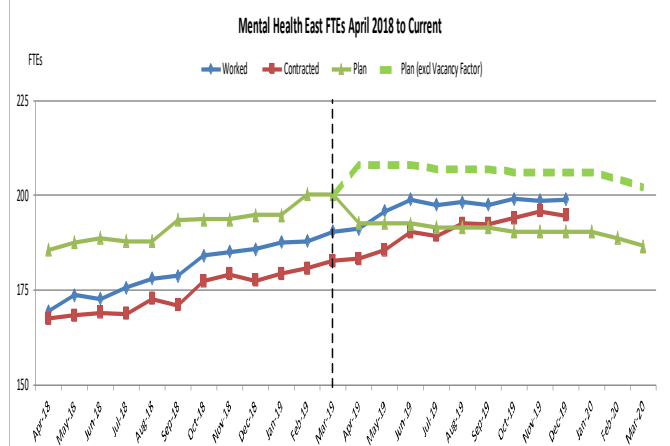
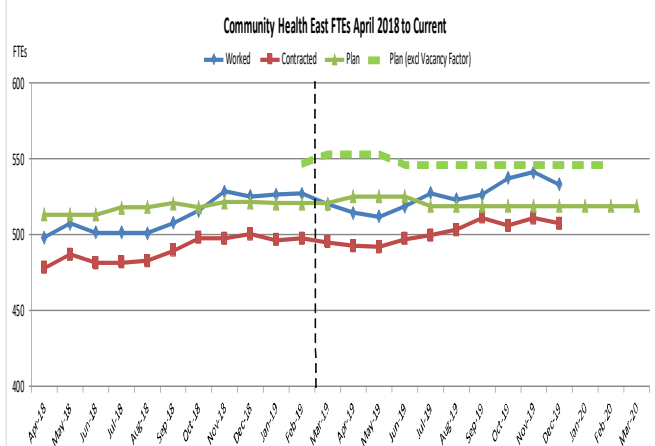
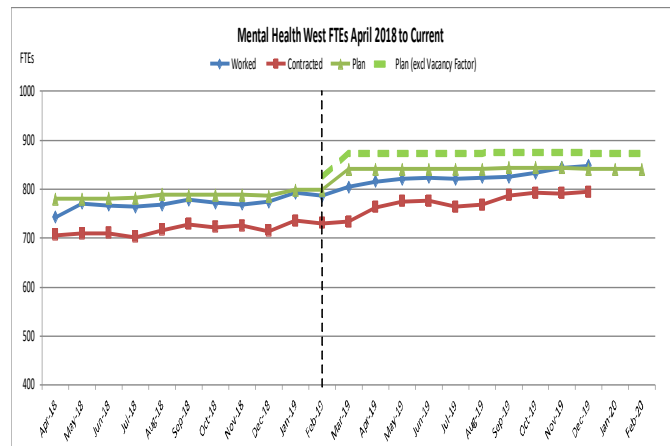
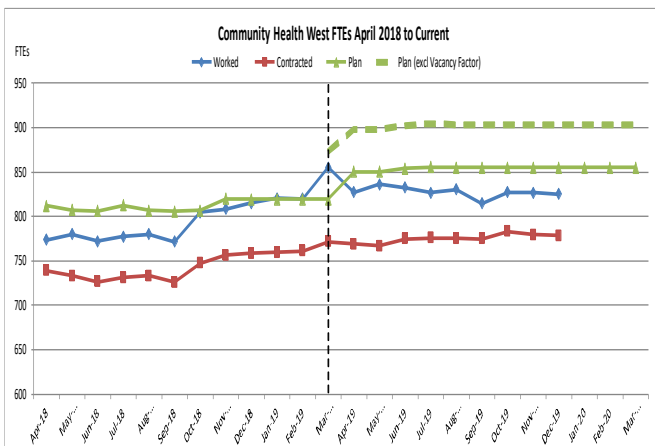
Despite a reduction in contracted staff, there was an increase in worked hours Other Clinical Staff. This include an increase in bank shifts at PPH predominantly.

Management & Admin overall worked FTEs fell due the reduction in use of temporary staffing over the Christmas period.

Facilities & Estates FTE reduced due to leavers in Wokingham Catering and Domestic.

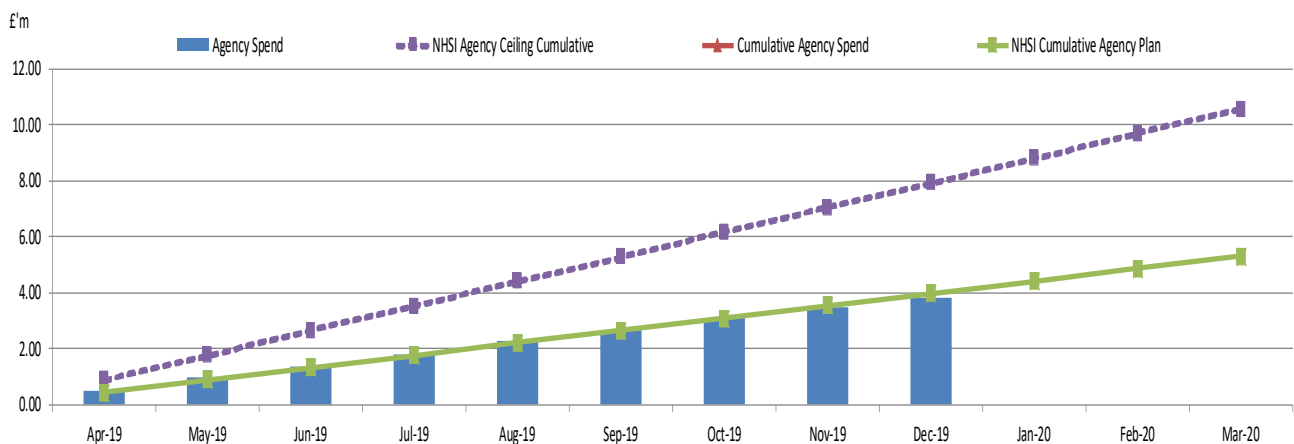
Support to Clinical Staff worked FTEs increased due to the increase in use of temporary staffing in MH Inpatients due to escorted leave, sickness and annual leave. Contracted numbers reduced due to leavers.

Workforce: Divisional

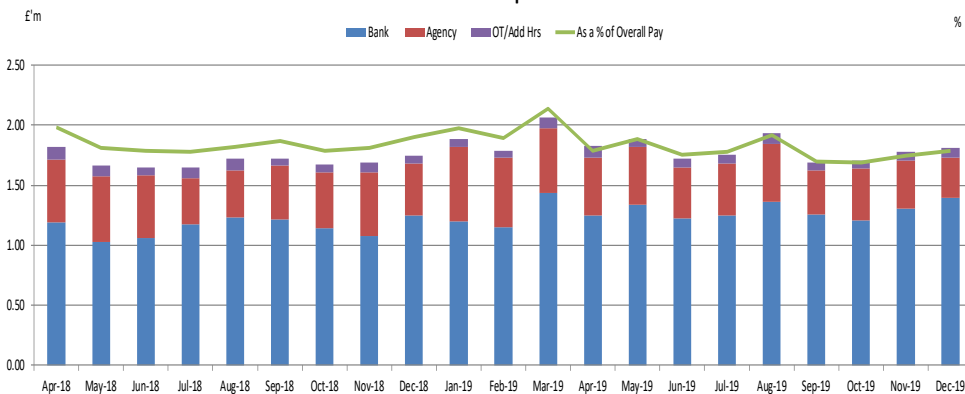


Non Permanent Pay

Agency Spend vs NHSI Agency Ceiling & Plan



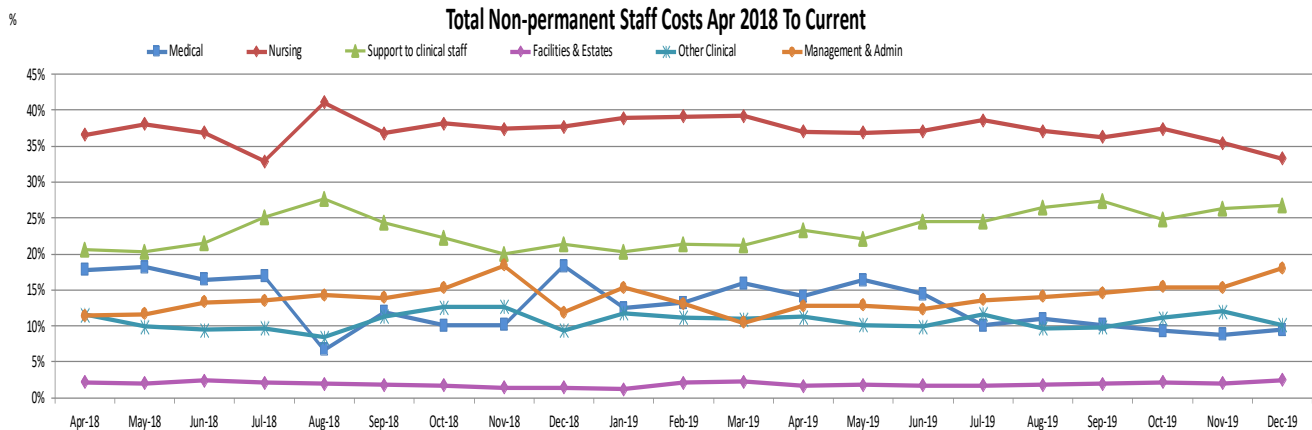
Non Permanent Staff April 2018 To Current



Non Permanent Pay

YTD	Bank	Agency	OT/Add Hrs
2019/20	11.6	3.8	0.7
2018/19	10.4	4.3	0.7
	11%	-11%	-7%
Prior Yr	Bank	Agency	OT/Add Hrs
Dec-19	1.4	0.3	0.1
Dec-18	1.3	0.4	0.1
	7%	-20%	9%

Total Non-permanent Staff Costs Apr 2018 To Current



Key Messages

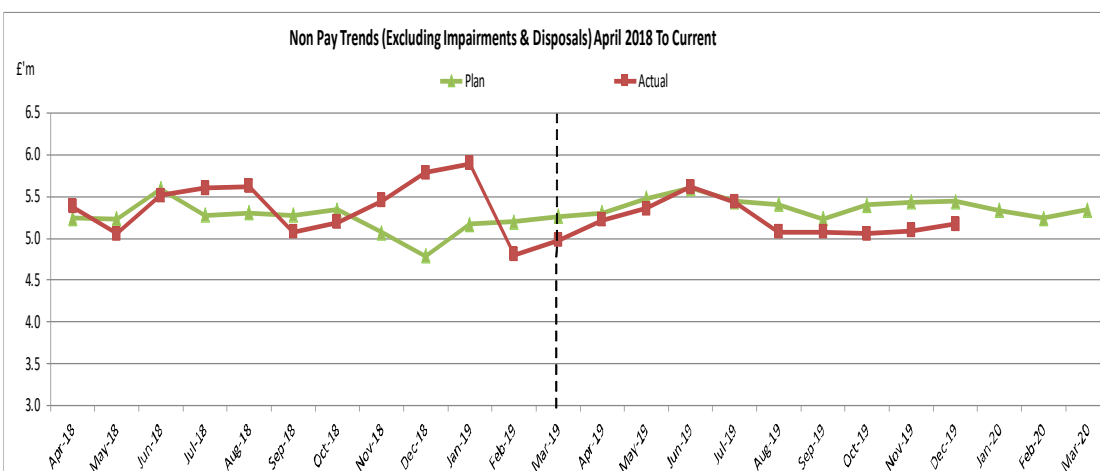
Overall non permanent staffing costs held at £1.7m. Despite the YTD increase in contracted staff, non permanent staffing costs are £0.7m higher than the same period last year.

In month Bank cost increased by £92k, including holiday payments and adjustment for prior period billing. Adjusting for these items the overall Bank increase was minimal with reduction in Schedule Services including Podiatry and Audiology offset by small increases across a number of services.

Agency costs fell by £67k, with notable reduction in WestCall linked to medical availability over the Christmas period.

Non Pay Expenditure

Non Pay	In Month			YTD			FY			Prior YTD		
	Act	Plan	Var	Act	Plan	Var	Forecast	Plan	Forecast Var	Act	Var	
	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	£'m	+/-	%
Purchase of Healthcare:												
- Placement Costs	0.8	0.8	0.0	7.7	7.5	(0.2)	0.8	9.8	(9.0)	9.7	(2.0)	(20.6)%
- All Other P. of Healthcare	0.4	0.4	0.0	3.5	3.3	(0.2)	13.8	4.4	(0.0)	2.9	0.5	18.2%
Drugs	0.5	0.6	(0.1)	4.1	5.1	(1.0)	5.5	6.7	(1.2)	4.5	(0.4)	(9.7)%
Premises	1.3	0.6	0.7	12.2	11.3	0.9	16.4	15.1	1.3	11.2	1.0	8.6%
Supplies and services – clinical	0.4	0.4	(0.0)	3.4	3.7	(0.3)	4.7	4.9	(0.2)	3.5	(0.2)	(4.8)%
Transport	0.3	0.3	(0.0)	2.4	2.6	(0.2)	3.2	3.5	(0.2)	2.3	0.1	4.4%
Establishment	0.3	0.3	0.0	2.6	2.4	0.2	3.4	3.2	0.2	2.8	(0.3)	(9.0)%
Other Non Pay	0.8	1.6	(0.8)	6.4	7.9	(1.5)	7.9	10.4	(2.5)	6.8	(0.4)	(5.8)%
PFI Lease	0.6	0.6	(0.0)	4.9	5.1	(0.2)	6.6	6.7	(0.2)	4.8	0.1	1.5%
Total Non Pay	5.2	5.4	(0.3)	47.1	48.7	(1.7)	62.4	64.7	(2.2)	48.7	(1.6)	(3.2)%



Non Pay	
YTD	£'m
2019/20	47.1
2018/19	48.7
	▼ -3%
Prior Yr	£'m
Dec-19	5.2
Dec-18	5.8
	▼ -11%

Key Messages

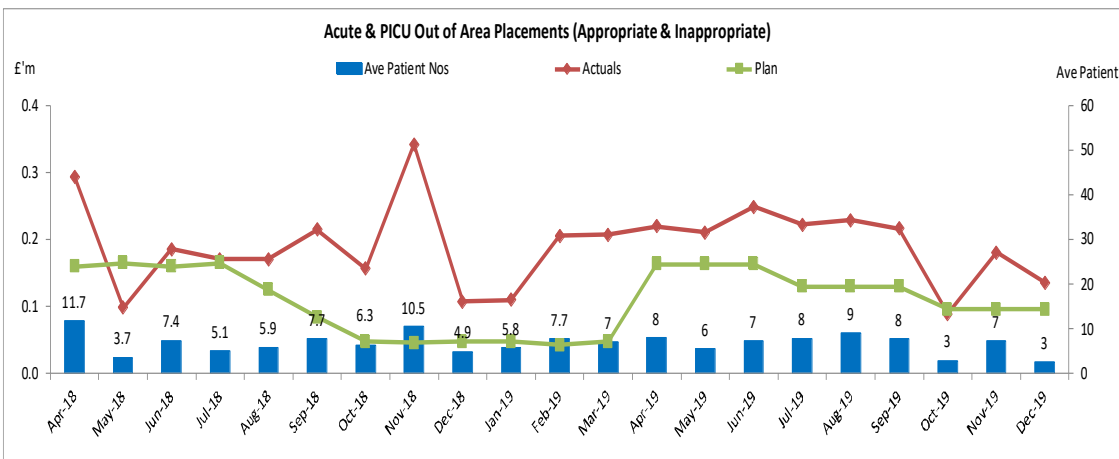
Non Pay costs were £0.3m below plan overall, taking the YTD underspend to £1.7m. Excluding the drug underspend which is predominantly offset by income under recovery, our YTD costs, including contingency release is £0.7m better than planned.

Costs have remained broadly flat over recent months and in order to achieve our forecast we must ensure control over non pay spend remains tight, and that spend remains inline with run rate irrespective of local budget underspends.

There was an overall reduction of £0.1m in Out of Area Placement costs in December due to the reduction in the number of patients placements. The average number of placements fell from 7.3 to 2.6, against a planning assumption of 4. Whilst number has remained low in early January, there has been a recent increase but overall they are expected to remain below planning assumptions for the month.

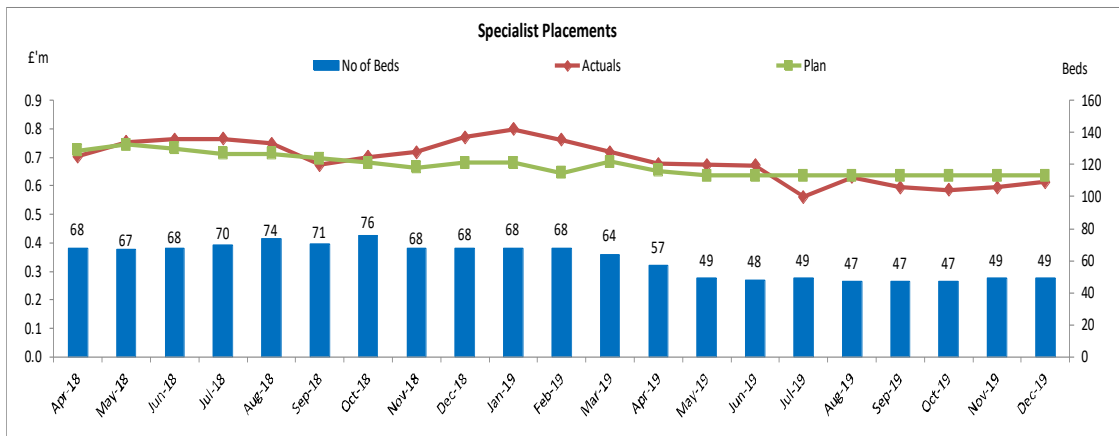
There were £0.1m of non recurrent research costs from University of Reading for Imagery Based Emotion Regulation (IBER) project, which were offset by release of deferred income. Aside from this there were no significant movements of concern in month.

Non Pay Expenditure - Placement Costs



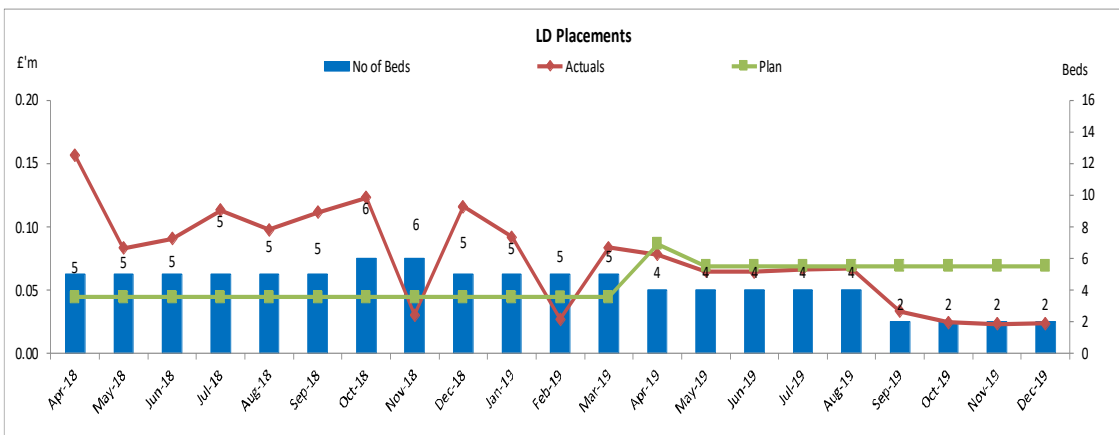
Non Pay

YTD	£'m
2019/20	1.8
2018/19	1.7
	▲ 1%
Prior Yr	£'m
Dec-19	0.1
Dec-18	0.1
	▲ 26%



Non Pay

YTD	£'m
2019/20	5.6
2018/19	6.6
	▼ -15%
Prior Yr	£'m
Dec-19	0.6
Dec-18	0.8
	▼ -20%



Non Pay

YTD	£'m
2019/20	0.4
2018/19	1.5
	▼ -70%
Prior Yr	£'m
Dec-19	0.0
Dec-18	0.2
	▼ -87%

Key Messages

Out of Area Placement. Following the increase in November, placement usage fell in December, with an average of 3 over the month, in line with the lowest levels seen in October. This has resulted in a reduction in cost of £45k compared however spend remains above plan as the majority of usage is expensive PICU placements.

Specialist Placement costs were £22k below plan as patient numbers in the Cloisters and Rosebank reduced to 12, which has offset an increase in costs in long-term placements. YTD costs are £1.0m lower than 18/19.

LD Placement costs continue to be lower than planned levels driven by lower placement numbers. Spend is currently £0.2m below plan YTD and £0.5m lower than 18/19 YTD.

3.0 Divisional Summary

Income Statement	In Month			YTD			Full Year			Prior YTD		
	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m	Forecast £'m	Plan £'m	Var £'m	Act £'m	+/-	Var %
Community Health West												
Income	0.3	0.4	(0.1)	3.4	3.9	(0.5)	4.6	5.2	(0.7)	3.7	(0.3)	(7.9)%
Pay	3.0	3.0	0.0	27.1	26.9	0.2	35.8	35.9	(0.1)	25.1	1.9	7.7%
Non Pay	0.4	0.5	(0.1)	4.2	4.4	(0.3)	5.6	5.9	(0.3)	4.2	0.0	0.4%
Net Cost	3.1	3.0	0.1	27.8	27.4	0.4	36.9	36.6	(0.3)	25.6	2.2	8.7%
Mental Health West												
Income	0.2	0.2	0.0	1.4	1.4	(0.0)	1.8	1.9	(0.1)	2.2	(0.8)	(35.5)%
Pay	3.2	3.1	0.0	28.0	28.1	(0.1)	37.3	37.5	(0.2)	25.1	2.9	11.4%
Non Pay	0.5	0.5	0.0	4.9	4.5	0.4	6.2	5.8	0.3	5.5	(0.6)	(10.1)%
Net Cost	3.5	3.4	0.0	31.5	31.2	0.3	41.6	41.4	0.2	28.4	3.1	10.9%
Community Health East												
Income	0.2	0.2	(0.0)	1.4	1.6	(0.3)	1.9	2.2	(0.2)	2.3	(1.0)	(41.6)%
Pay	1.9	1.8	0.1	17.2	16.8	0.4	23.0	22.3	0.7	16.0	1.2	7.5%
Non Pay	0.5	0.6	(0.1)	4.3	5.0	(0.6)	5.9	6.6	(0.7)	4.8	(0.4)	(9.2)%
Net Cost	2.2	2.2	(0.0)	20.2	20.2	(0.0)	27.0	26.8	0.2	18.4	1.7	9.4%
Mental Health East												
Income	0.1	0.1	0.0	1.2	1.2	(0.0)	1.5	1.6	(0.1)	1.3	(0.1)	(10.1)%
Pay	0.8	0.7	0.0	6.8	6.7	0.1	9.1	8.9	0.2	6.1	0.7	11.4%
Non Pay	0.7	0.8	(0.0)	6.6	6.8	(0.2)	8.7	9.0	(0.3)	7.5	(0.9)	(12.5)%
Net Cost	1.3	1.4	(0.0)	12.2	12.3	(0.1)	16.3	16.3	(0.0)	12.3	(0.1)	(1.0)%
CYPF												
Income	0.4	0.3	0.0	3.4	3.1	0.3	4.8	3.9	0.8	1.9	1.6	83.1%
Pay	2.0	2.1	(0.1)	17.7	18.5	(0.8)	23.7	24.6	(0.9)	15.8	1.9	11.8%
Non Pay	0.1	0.1	(0.0)	1.3	1.2	0.1	1.7	1.6	0.1	1.2	0.0	0.6%
Net Cost	1.7	1.8	(0.1)	15.5	16.5	(1.0)	20.7	22.3	(1.6)	15.2	0.3	2.1%
Mental Health Inpatients												
Income	0.0	0.0	0.0	0.1	0.0	0.1	0.1	0.0	0.1	0.0	0.1	2,002.0%
Pay	1.2	1.0	0.2	10.1	8.7	1.3	13.4	11.6	1.7	8.9	1.2	13.2%
Non Pay	0.1	0.1	(0.0)	0.8	0.7	0.0	1.0	1.0	0.0	0.7	0.1	11.0%
Net Cost	1.2	1.0	0.1	10.8	9.5	1.3	14.3	12.6	1.7	9.6	1.2	12.1%
Other Health Services												
Income	0.3	0.3	(0.0)	2.2	2.4	(0.1)	3.0	3.2	(0.2)	2.0	0.2	10.7%
Pay	1.3	1.3	(0.0)	12.2	12.1	0.1	16.2	16.1	0.1	11.2	1.0	9.2%
Non Pay	0.1	0.2	(0.0)	1.4	1.6	(0.2)	1.8	2.1	(0.3)	1.2	0.1	9.9%
Net Cost	1.2	1.2	(0.0)	11.4	11.3	0.1	15.0	15.0	(0.0)	10.4	0.9	9.0%
Corporate												
Income	2.1	1.9	0.2	12.3	11.7	0.6	16.0	15.2	0.8	12.6	(0.3)	(2.1)%
Pay	2.5	2.4	0.1	22.0	21.2	0.9	29.5	28.3	1.2	22.2	0.1	(0.6)%
Non Pay	2.7	2.8	(0.1)	23.7	24.6	(0.9)	31.4	32.6	(1.2)	23.5	(0.1)	0.6%
Net Cost	3.2	3.2	(0.1)	33.4	34.0	(0.6)	44.9	45.6	(0.7)	33.1	(0.3)	0.8%
Corporate Income & Financing												
Income	19.4	19.4	0.1	173.4	172.9	0.4	231.0	230.8	0.2	163.4	10.0	6.1%
Financing	1.039	1.055	(0.0)	9.138	9.2002	(0.1)	12.4	12.4	0.0	7.4	1.7	23.2%
Surplus/ (Deficit) Statutory	1.0	0.9	0.1	1.6	1.3	0.3	1.9	1.8	0.2	2.9	(1.3)	(46.1)%

Key Messages

Community Health West Income and non-pay variances relate to ED Streaming discontinued service.

Community Health East: Pay variances mainly relate to the use of temporary staffing in inpatients and physio to cover vacancies, maternity and sickness and non-pay to Sexual Health drugs underspend.

Mental Health Inpatients: reflects the recruitment of new staff combined with higher than planned bank and agency cover for sickness, patient observations and planned preceptorship period as well as escorted leave in December.

4.0 Cost Improvement Programme

Scheme	In Month			YTD			Full Year		
	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m	Forecast £'m	Plan £'m	Var £'m
<u>Placement Projects</u>									
Inappropriate Out of Area Placements	0.06	0.10	(0.04)	0.69	0.60	0.09	0.82	1.00	(0.18)
Long Term Specialist Placement Contracts	0.10	0.09	0.01	0.80	0.76	0.03	1.07	1.02	0.04
Total OAPS Saving	0.16	0.19	(0.02)	1.49	1.36	0.13	1.89	2.02	(0.14)
<u>Operations</u>									
CRHTT	0.00	0.01	(0.01)	0.00	0.08	(0.08)	0.00	0.10	(0.10)
Total Service Line Savings	0.00	0.01	(0.01)	0.00	0.08	(0.08)	0.00	0.10	(0.10)
<u>Procurement</u>									
Procurement Spend	0.00	0.03	(0.03)	0.14	0.21	(0.07)	0.20	0.30	(0.10)
NHS Supply Chain	0.01	0.02	(0.01)	0.04	0.18	(0.15)	0.05	0.25	(0.20)
Medicine Optimisation	0.01	0.00	0.00	0.06	0.04	0.02	0.07	0.05	0.02
Total Procurement Savings	0.02	0.05	(0.04)	0.23	0.43	(0.20)	0.32	0.60	(0.28)
<u>Contracts</u>									
Sexual Health	0.00	0.04	(0.04)	0.00	0.32	(0.32)	0.00	0.43	(0.43)
Liaison & Diversion Hampshire	0.05	0.05	0.00	0.63	0.52	0.11	0.79	0.62	0.17
Veterans	0.01	0.02	(0.01)	0.26	0.23	0.03	0.30	0.27	0.03
Total Other Savings	0.06	0.10	(0.04)	0.89	1.07	(0.18)	1.09	1.32	(0.23)
Total CIP Delivery (NHSi Plan)	0.24	0.35	(0.11)	2.61	2.94	(0.33)	3.29	4.04	(0.74)
<u>Internal Stretch</u>									
Long Term Placements (LD)	0.07	0.03	0.04	0.42	0.20	0.22	0.61	0.30	0.31
Immunisations Technology	(0.03)	0.02	(0.04)	0.14	0.10	0.05	0.19	0.14	0.04
Contract - SLT	0.01	0.01	0.00	0.05	0.05	0.00	0.06	0.06	0.00
Corporate Benchmarking	0.00	0.02	(0.02)	0.00	0.09	(0.09)	0.00	0.15	(0.15)
Temporary Staffing	0.01	0.02	(0.01)	0.12	0.14	(0.02)	0.17	0.20	(0.03)
NHSPS VAT	0.00	0.06	(0.06)	0.00	0.43	(0.43)	0.35	0.62	(0.27)
PFI Benchmarking Review	0.00	0.01	(0.01)	0.00	0.08	(0.08)	0.00	0.13	(0.13)
Carter - eRoster	0.00	0.02	(0.02)	0.00	0.05	(0.05)	0.00	0.10	(0.10)
New Contract - Community Health West	0.01	0.00	0.01	0.12	0.00	0.12	0.17	0.17	0.00
New Contract - Community Health East	0.00	0.00	0.00	0.02	0.00	0.02	0.03	0.03	0.00
New Contract - Mental Health West	0.00	0.00	0.00	0.00	0.00	0.00	0.03	0.03	0.00
New Contract - CYPF	0.01	0.00	0.01	0.03	0.00	0.03	0.07	0.07	0.00
Unidentified	0.00	0.05	(0.05)	0.00	0.15	(0.15)	0.00	0.01	(0.01)
Total CIP Delivery (Internal Stretch)	0.08	0.24	(0.16)	0.91	1.29	(0.38)	1.66	2.00	(0.34)
Total CIP Delivery	0.32	0.59	(0.27)	3.511	4.22	(0.71)	4.96	6.04	(1.08)

Key Messages

The Trust has delivered £3.5m of savings against a year to date plan of £2.9m and a stretch target of £4.2m.

The full year forecast is £5.0m against a NHSi plan target of £4.0m and an internal stretch target of £6.0m. This is a small decrease from last month reflecting a reduction in forecast Procurement savings, reflecting the current view of tenders which will have been completed by the YE and ongoing under-delivery from the national supply chain model.

In month the savings delivered of £0.32m, were marginally less than assumed within the NHSi plan at £0.35m.

Whilst we continue to review opportunities for this year, the focus is shifting to schemes to achieve the anticipated £6m programme in 20/21. This will include a review of unachieved schemes in the current plan as well as opportunities for the coming year. It is expected that reducing placement costs will continue to feature as the key efficiency, but that in order to achieve £6m, there will be a greater number of small value schemes reflecting a reduction in high value opportunities.

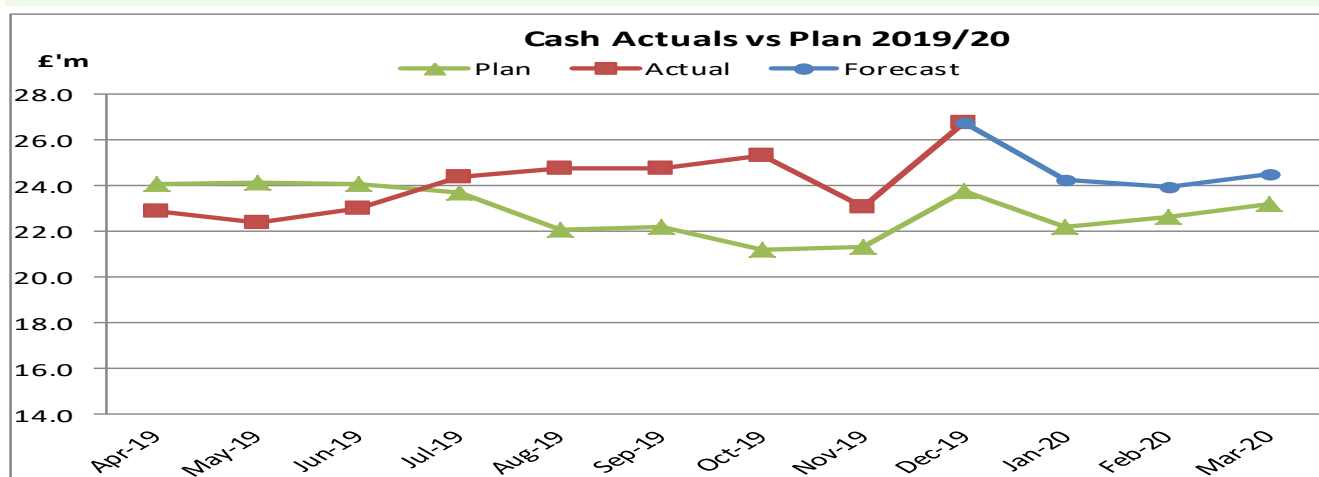
5.0 Balance Sheet & Cash

Balance Sheet	18/19	Current Month			YTD			19/20
	Actual £'m	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m	Plan £'m
Intangibles	5.2	5.5	6.1	(0.6)	5.5	6.1	(0.6)	6.3
Property, Plant & Equipment (non PFI)	37.7	38.5	35.7	2.8	38.5	35.7	2.8	36.4
Property, Plant & Equipment (PFI)	59.8	60.2	65.3	(5.2)	60.2	65.3	(5.2)	65.4
Total Non Current Assets	102.7	104.1	107.1	(3.0)	104.1	107.1	(3.0)	108.1
Trade Receivables & Accruals	11.8	10.0	10.8	(0.8)	10.0	10.8	(0.8)	10.8
Other Receivables	0.2	0.2	0.3	(0.1)	0.2	0.3	(0.1)	0.3
Cash	25.6	26.8	23.8	3.0	26.8	23.8	3.0	23.2
Trade Payables & Accruals	(23.9)	(22.6)	(28.0)	5.5	(22.6)	(28.0)	5.5	(28.1)
Current PFI Finance Lease	(1.2)	(1.4)	(1.4)	(0.0)	(1.4)	(1.4)	(0.0)	(1.5)
Other Current Payables	(2.7)	(4.2)	(2.3)	(1.9)	(4.2)	(2.3)	(1.9)	(2.3)
Total Net Current Assets / (Liabilities)	9.6	8.7	3.2	5.6	8.7	3.2	5.6	2.4
Non Current PFI Finance Lease	(28.5)	(27.4)	(27.4)	0.0	(27.4)	(27.4)	0.0	(27.0)
Other Non Current Payables	(1.5)	(1.5)	(1.6)	0.1	(1.5)	(1.6)	0.1	(1.6)
Total Net Assets	82.4	83.9	81.3	2.6	83.9	81.3	2.6	81.9
Income & Expenditure Reserve	28.1	29.7	26.2	3.5	29.7	26.2	3.5	26.6
Public Dividend Capital Reserve	18.0	18.0	18.1	(0.1)	18.0	18.1	(0.1)	18.3
Revaluation Reserve	36.2	36.2	37.0	(0.8)	36.2	37.0	(0.8)	37.0
Total Taxpayers Equity	82.4	83.9	81.3	2.6	83.9	81.3	2.6	81.9

Cashflow		18/19	Current Month			YTD			19/20
		Actual £'m	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m	Plan £'m
Operating Surplus/(Deficit)	+/-	11.8	2.1	1.4	0.7	5.8	5.5	0.2	7.5
Depreciation and Impairments	+	5.5	1.2	0.6	0.6	5.0	5.0	(0.1)	6.8
Operating Cashflow		17.3	3.2	2.0	1.4	10.7	10.5	0.2	14.3
Net Working Capital Movements	+/-	(0.2)	1.9	(0.2)	2.2	2.0	(0.4)	2.4	(0.1)
Proceeds from Disposals	+	0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Donations to fund Capital Assets	+	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Donated Capital Assets	-	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Capital Expenditure (Net of Accruals)	-	(10.3)	(2.9)	(0.5)	(2.5)	(6.8)	(8.6)	1.8	(11.3)
Investments		(9.5)	(2.9)	(0.5)	(2.5)	(6.8)	(8.6)	1.8	(11.3)
PFI Finance Lease Repayment	-	(1.0)	(0.2)	(0.1)	(0.1)	(0.9)	(0.9)	(0.0)	(1.2)
Net Interest	+/-	(3.6)	(0.5)	(0.3)	(0.2)	(2.7)	(2.8)	0.1	(3.7)
PDC Received	+	2.1	0.0	1.6	(1.6)	0.0	1.6	(1.6)	1.7
PDC Dividends Paid	-	(1.7)	(0.0)	0.0	(0.0)	(1.1)	(1.0)	(0.0)	(2.0)
Financing Costs		(4.3)	(0.7)	1.2	(1.9)	(4.7)	(3.2)	(1.5)	(5.2)
Other Movements	+/-	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Net Cash In/(Out) Flow		3.3	1.5	2.5	(1.0)	1.2	(1.7)	2.9	(2.3)
Opening Cash		22.3	25.4	21.4	4.0	25.6	25.6	0.0	25.6
Closing Cash		25.6	26.8	23.8	3.1	26.8	23.8	3.0	23.2

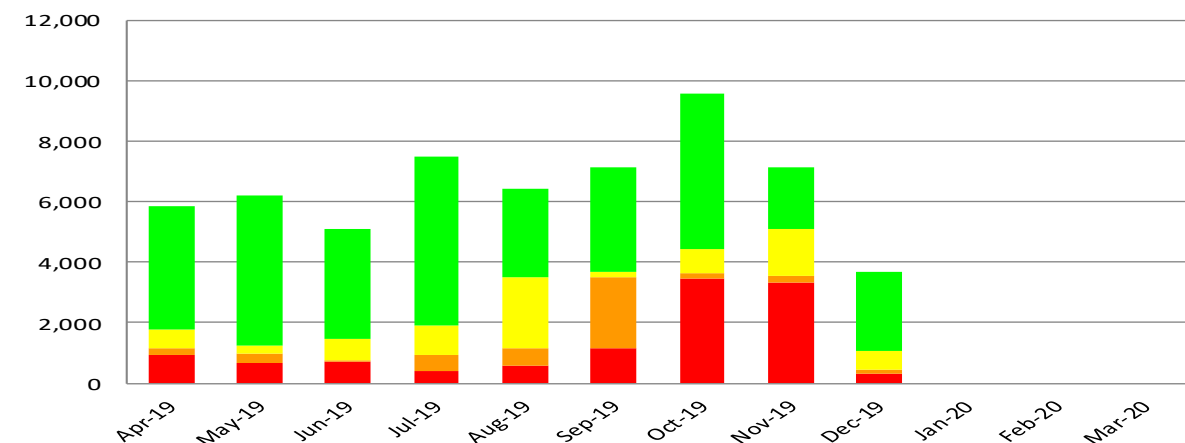
Key Messages

The cash balance at the end December was £26.8m, £3.0m above the plan. Cash is higher than plan following the receipt of £2.1m unplanned PSF bonus from the end of 18/19 and capital slippage. GDE drawdown of £1.6m is now expected in January, as the sign off from NHS Digital was too late for the earlier than usual PDC drawdown process in December. This shortfall to plan is being offset higher working capital relating to the timing of VAT payments due to the delayed settlement of NHSPS invoices.



Cash Management

Trade Payables 2019/20

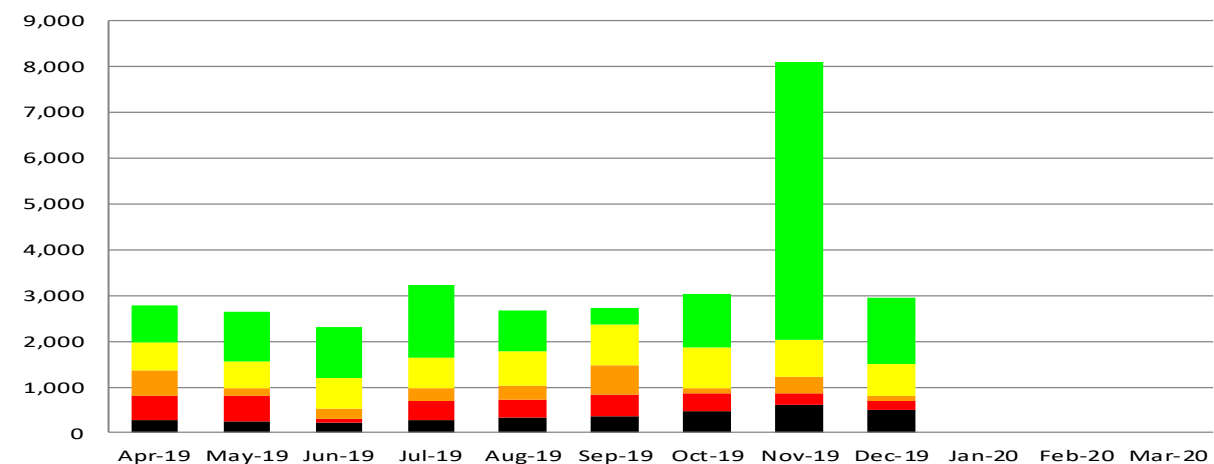


	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
<30 Days	4,086	4,962	3,621	5,590	2,894	3,481	5,124	2,038	2,610			
>30 <60 Days	593	299	700	952	2,372	191	804	1,584	629			
>60 <90 Days	231	305	73	530	584	2,310	183	216	120			
>90 days	933	653	706	406	562	1,173	3,443	3,312	309			

Key Message

Overall Payables decreased by £3.5m, mainly due repayment of outstanding NHSPS invoices in December, £4.4m. This was offset by increase in current payables by £0.6m. Balances over 60 days has now reduced with a small number of aged payments due, with £0.2m due to Frimley Health being the largest balance.

Trade Receivables 2019/20



	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
<30 Days	800	1,088	1,117	1,599	892	352	1,168	6,061	1,453			
>30 <60 Days	604	579	644	663	755	880	872	787	689			
>60 <90 Days	557	185	226	278	305	659	112	358	113			
>90 <180 Days	545	551	83	403	381	464	398	265	197			
>180 Days	264	250	229	287	336	359	476	606	493			

Key Message

Receivables decreased by £5.1m with the settlement of NHSPS debt. Current balances decreased by £4.6m, 30-60 days by £0.1m and >60 days by £0.4m. The largest balances remaining over 60 days are with Royal Berkshire Hospital (£0.1m), Reading Borough Council (£0.1m) and combined remaining CCG debt of £0.3m.

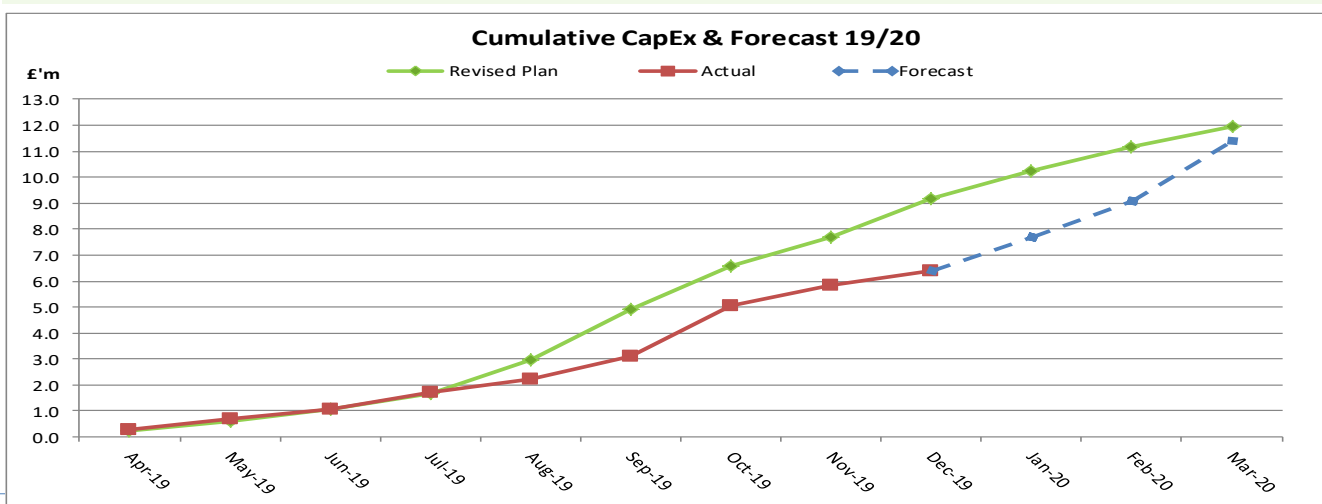
6.0 Capital Programme

Schemes	Current Month			Year to Date			FY
	Actual	Plan	Variance	Actual	Plan	Variance	Plan
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<u>Estates Maintenance & Replacement Expenditure</u>							
STC Phase 3/Erlegh House	240	350	(110)	1,059	2,200	(1,141)	3,200
LD to Jasmine	0	319	(319)	8	614	(606)	1,533
Abel Gardens - Mobility Relocation	27	0	27	291	394	(102)	388
Wokingham Willow House Projects	1	0	1	1	0	1	0
PPH Ligature Removal Works	0	0	0	254	250	4	250
PPH Willow House	1	0	1	182	0	182	0
Trust Owned Properties	4	0	4	134	135	(1)	147
Leased Non Commercial (NHSPS)	(3)	0	(3)	345	388	(44)	382
Leased Commercial	0	0	0	2	0	2	0
Statutory Compliance	1	70	(69)	6	177	(171)	200
PFI	18	105	(87)	38	490	(452)	580
Subtotal Estates Maintenance & Replacement	288	844	(556)	2,320	4,648	(2,328)	6,680
<u>IM&T Expenditure</u>							
IM&T Business Intelligence and Reporting	0	0	0	43	40	3	320
IM&T System & Network Developments	304	160	144	1,980	2,415	(435)	2,415
IM&T Other	3	40	(37)	17	30	(13)	30
IM&T Locality Schemes	60	0	60	357	55	302	55
HSLI Community Mobile Working	18	35	(17)	181	169	12	239
HSLI Bed Management	0	0	0	0	0	0	0
HSLI Ward Digitalisation	0	0	0	0	0	0	0
Subtotal IM&T Expenditure	386	235	151	2,578	2,709	(131)	3,059
<u>GDE Expenditure</u>							
GDE Trust Funded	0	0	0	795	795	0	795
GDE Trust Funded	113	333	(17)	566	928	(363)	1,258
Subtotal GDE Expenditure	113	333	(17)	1,361	1,723	(363)	2,053
Other Locality Schemes	0	43	(43)	119	108	11	150
Total Capital Expenditure	787	1,455	(465)	6,378	9,188	(2,811)	11,942

Key Message

The Trust has spend £6.4m on CapEx YTD, £2.8m less than planned. The vast majority of the slippage, £2.3m relates to Estates projects, which in turn is driven by slippage on Phase 3 Erlegh House and LDs move to Jasmine. Phase 3 Erlegh House is expected to complete by the end of the year, LD to Jasmine has slipped and will be included in the 20/21 capital programme.

The Trust has once again engaged the District Valuer to provide an annual update of the Trust's property valuations. The full report is due at the end of January, but initial feedback suggests that the Trust is facing a c£2m impairment on the STC development at the Reading University. This is working to understand and mitigate this risk and it is unclear yet how other adjustments will combine to impact the revenue position. Impairments in valuation do not count against Control Total.



Trust Board Paper

Board Meeting Date	11 ^h February 2020
Title	True North Performance Scorecard Month 9 (December 2019) 2019/20
Purpose	To provide the Board with the new True North Performance Scorecard, aligning divisional driver metric focus to corporate level (Executive and Board) improvement accountability against our True North ambitions, and QI break through objectives for 2019/20.
Business Area	Trust-wide Performance
Author	Deputy Chief Executive and Chief Financial Officer
Relevant Strategic Objectives	2 - To provide safe, clinically effective services that meet the assessed needs of patients, improve their experience and outcome of care and consistently meet or exceed the standards of CQC and other stakeholders.
CQC Registration/Patient Care Impacts	All relevant essential standards of care.
Resource Impacts	None.
Legal Implications	None.
Equality and Diversity Implications	None.
Summary	<p>The new True North Performance Scorecard for Month 9 2019/20 (December 2019) is included.</p> <p>Individual metric review is subject to a set of clearly defined “business rules” covering how metrics should be considered dependent on their classification for driver improvement focus, and how performance will therefore be managed.</p>

	<p>The business rules apply to three different categories of metric:</p> <ul style="list-style-type: none"> • Driver metric: the few key improvement drivers with target performance and will be the focus of meeting attention. • Tracker Level 1 metric: no attention required if within set threshold for the period. Threshold performance usually defined by regulator / external body and relates to “must do” national standards or areas of focus. Update required if threshold performance is missed in one month. • Tracker metric: no attention required unless performance is deteriorating from threshold for a defined period (over four months). Threshold set internally, where sustained underperformance will trigger a review of threshold level or need to switch to a driver metric dependent on capacity. <p>Month 9</p> <p>2019/20 business rule exceptions, red rated with the True North domain in brackets:</p> <p>Driver Metrics</p> <p>Context and update to driver performance to be provided in discussion of counter measure action and development:</p> <ul style="list-style-type: none"> • Falls incidents in Community & Older Adult Mental Health Inpatient Wards (Harm-free care) • Self-harm incidents on Mental Health Inpatient Wards (excluding LD) (Harm-free care) – reduced target based on review. • Patient FFT Recommend rate (Patient Experience) • Patient FFT Response rate (Patient Experience) • Mental Health Clustering (Patient Experience) – Problem statement, A3 and counter measures being developed. Further detail of highest contributors shared with Operational teams. • Mental Health Acute Occupancy Rate (excluding home leave) - (Money Matters) - QI Project in development, linked to the Length of Stay Project. • Mental Health Acute Average Length of Stay (Money Matters) - QI Project in development using Get It Right First Time (GIRFT) methodology.
--	--

	<p>Tracker Level 1 Metrics</p> <ul style="list-style-type: none"> • Mental Health Delayed Transfers of Care (NHSI target) (Money Matters) – monthly and quarterly target in place, focus from NHSI is on the quarterly target. • Ensure that Cardio Metabolic assessment and treatment for people with psychosis is delivered routinely in inpatient wards (Regulatory Compliance) – it was agreed to defer the review of this metric until the output of a Rapid Improvement Event, where more meaningful metrics would be defined. No longer part of the Oversight Framework or Quality Schedule. • Ensure that Cardio Metabolic assessment and treatment for people with psychosis is delivered routinely in EIP (Regulatory Compliance) – as above • Ensure that Cardio Metabolic assessment and treatment for people with psychosis is delivered routinely in the Audit of Community Health Services (people on CPA) (Regulatory Compliance) – as above • Sickness Rate (Regulatory Compliance) – this is not a compliance focus with NHSI but is tracked. <p>Tracker Metrics</p> <ul style="list-style-type: none"> • Uptake of at least one patient outcome measure (ReQoL) in adult Mental Health for new referrals from April 2019 (Harm-free care) – indicator reviewed and proposed new target of 15% by March 2020, then 20% by June 2020. • Statutory Training – Fire (Supporting Our Staff) – the Executive have agreed to hold this as a tracker as it is so close to the target. • Community: Delayed Transfers of Care (NHSI target) Monthly and Quarterly (Money Matters) – target to be reviewed at system meeting before action taken. Improved visibility of reporting to services.
Action	<p>The Board is asked to note the new True North Scorecard and provide feedback to support development.</p>

True North Performance Scorecard – Business Rules & Definitions

The following metrics are defined as and associated business rules applied to the True North Performance Scorecard:

Driver - True North / break through objective that has been prioritised by the organisation as its area of focus	Tracker Level 1 - metrics that have an impact due to regulatory compliance	Tracker - important metrics that require oversight but not focus at this stage in our performance methodology
---	---	--

Rule #	Metric	Business Rule	Meeting Action
1	Driver is Green in current reporting period	Share success and move on	No action required
2	Driver is Red in current reporting period	Share top contributing reason , the amount this contributor impacts the metric, and summary of initial action(s) being taken	Standard structured verbal update
3	Driver is Red for 2+ reporting periods	Produce full structured countermeasure summary	Present full written countermeasure analysis and summary
4	Driver is Green for 6 reporting periods	Retire to Tracker level status	Standard structured verbal update and retire to Tracker
5	Tracker 1 (or Tracker) is Green in current reporting period	No action required	No action required
6	Tracker is Red in current reporting period	Note metric performance and move on unless they are a Tracker Level 1	If Tracker Level 1 , then structured verbal update
7	Tracker is Red for 4 reporting periods	Switch to Driver metric	Switch and replace to Driver metric (decide on how to make capacity i.e. which Driver can be a Tracker)

Performance Scorecard - True North Drivers (December 2019)

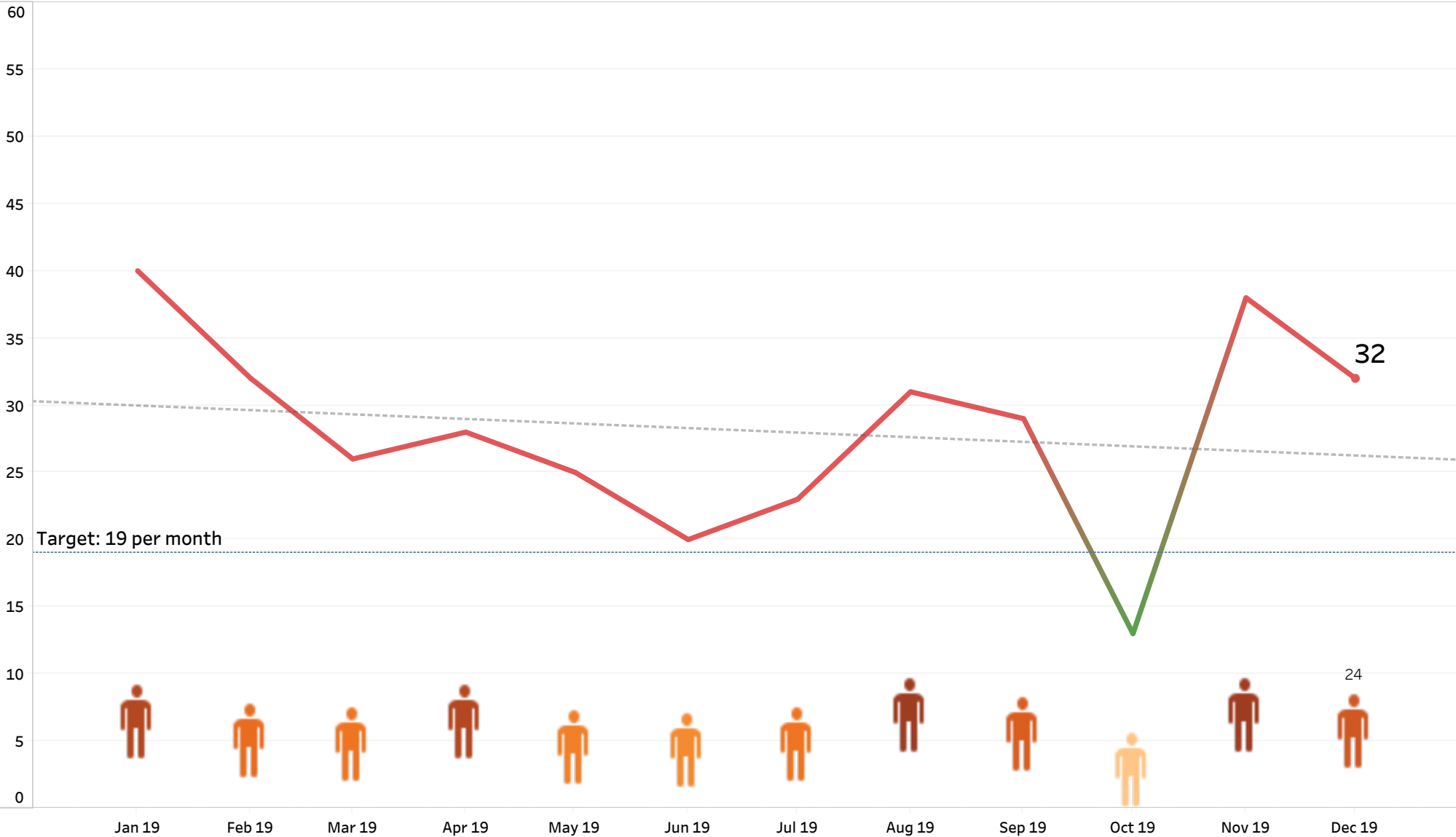
		Harm Free Care										
Metric	Target	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19
Falls incidents in Community & Older Adult Mental Health Inpatient Wards	19 per month	41	36	32	26	22	28	35	33	12	39	32
Self-Harm Incidents on Mental Health Inpatient Wards (excluding LD)	42 per month	36	40	35	94	71	44	20	23	48	65	66
Pressure ulcers acquired at BHFT due to lapse in care - Grade 3 & 4 (Cumulative YTD)	<18 per year	0	0	4	5	7	7	8	8	8	8	8
Number of suicides (per month)	Equal to or less than 3 per month	2	2	3	2	2	2	2	0	4	1	3
Gram Negative Bacteraemia	1 per ward per year			0	1	0	0	0	0	0	0	0
		Patient Experience										
Mental Health: Prone (Face Down) Restraint	2 per month	3	3	2	2	3	6	13	5	2	1	2
Patient FFT Recommend Rate: %	95% compliance	92%	89.7%	93%	92.2%	90.6%	92.4%	91.7%	94.1%	93.2%	93.4%	92.4%
Patient FTT response rate: %	15% compliance	25.1%	20%	11%	12.5%	12.4%	12%	9.15%	10.9%	14.6%	12.1%	8.5%
Mental Health Clustering within target: %	90% compliance	78.0%	78.7%	80.2%	79.3%	78.9%	77.7%	80.5%	80%	81.3%	81%	79.7%

Performance Scorecard - True North Drivers (December 2019)

Metric	Target	Supporting our Staff										
		Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19
Physical Assaults on Staff	44 per month	27	18	34	38	56	36	50	56	49	39	30
Staff Engagement Score (Annual Staff Survey)	Score of 4		3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93	3.93
Money Matters												
CIP target (£k): (Cumulative YTD)	£4m (annual)			£0.25M	£0.46M	£1.17M	£1.63M	£2.02M	£2.36M	£2.66M	£3.19M	£3.51M
Financial surplus £k (excl. STF): (Cumulative YTD to plan)	-£0.4m			£0.49M	£0.56M	£0.70M	£0.70M	£0.76M	£0.60M	£0.68M	£0.81M	£0.01M
Mental Health: Acute Occupancy rate (excluding Home Leave): %	85% Occupancy	98.5%	93.3%	95.9%	94.5%	97.8%	98.7%	97.0%	95.7%	94.4%	94.3%	91.9%
Mental Health: Acute Average Length of Stay (bed days)	30 days	39	41	37	39	36	38	41	42	45	35	39
Staff turnover: %	<16% per month	17.1%	17.5%	17.4%	17.1%	16.7%	16.3%	16.1%	15.8%	15.9%	15.1%	15.6%
Inappropriate Out of Area Placements	386 bed days (cumulative for Qtr)	173	317	136	207	288	109	266	412	29	163	177

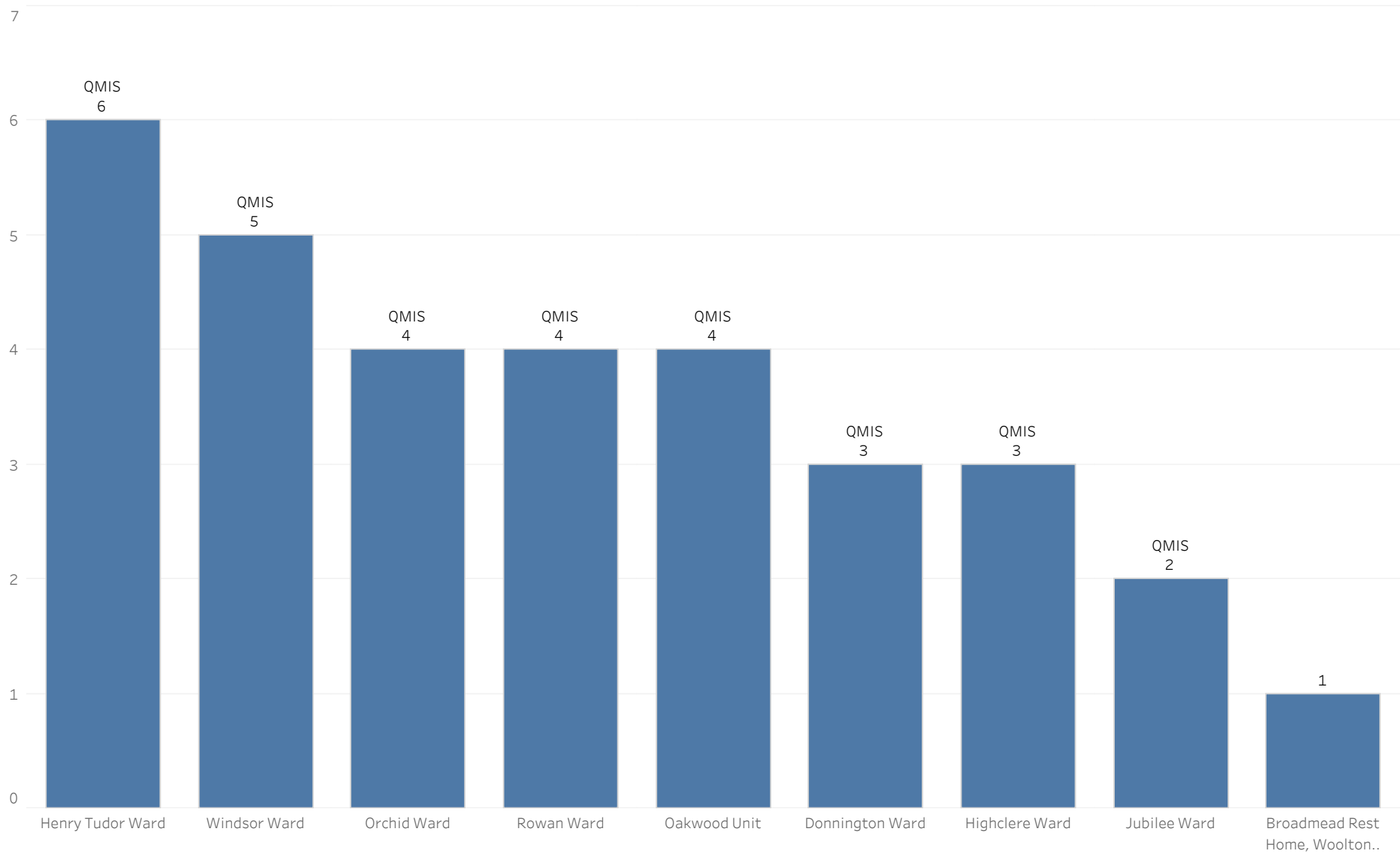
Harm Free Care Driver: Fall incidents in Community & Older Adult Mental Health Inpatient Wards (Jan 19 to Dec 19)

Any incident (all approval statuses) where sub-category = fall from chair/bed, level surface, found on floor/unwitnessed fall, Location exact excluding Patient/staff home and incident type = patient



Harm Free Care Driver: Fall incidents in Community and Older Adult Mental Health Inpatient Wards (December)

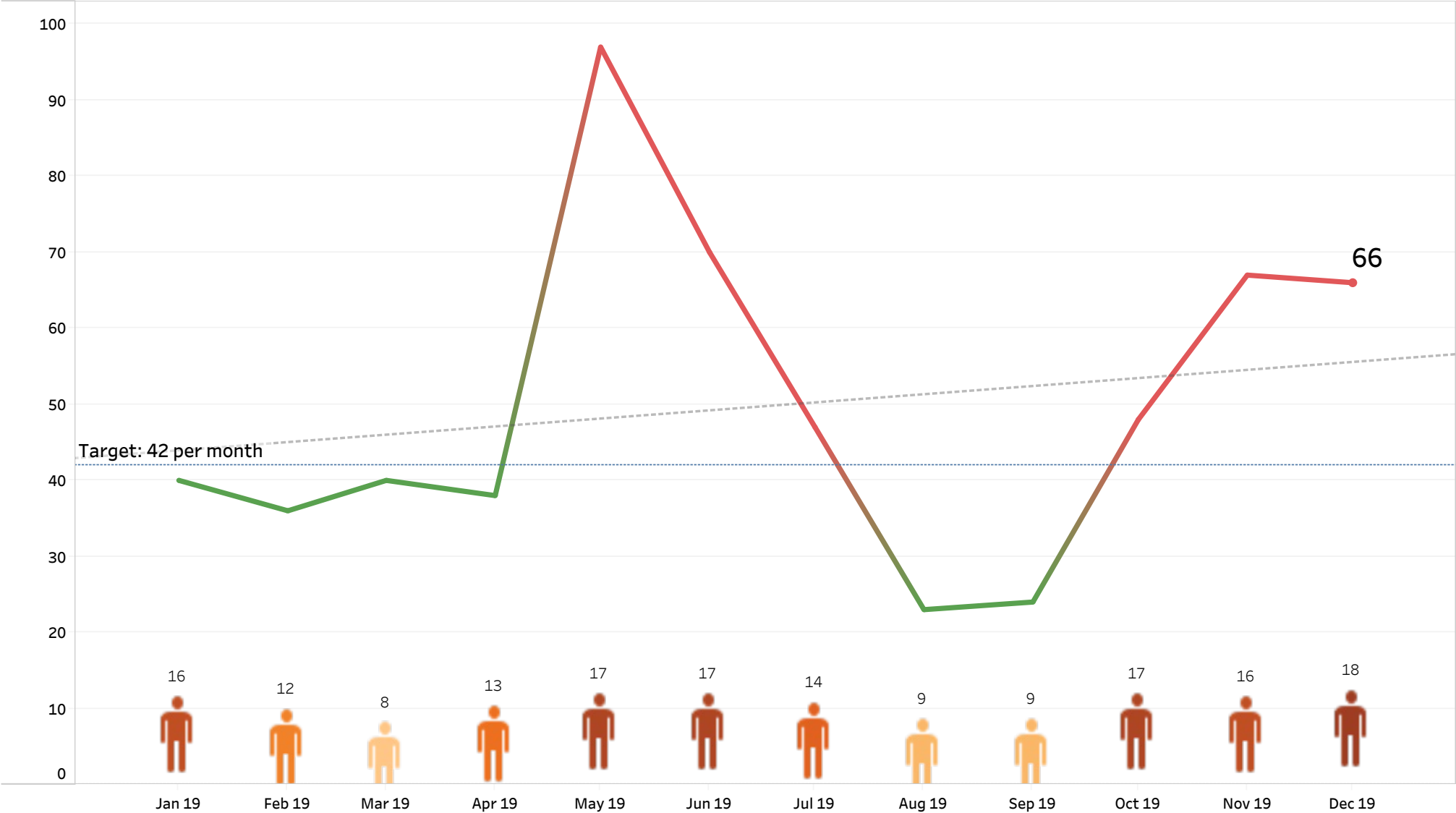
* QMIS above the bar indicates that the ward / unit are focussing on this particular driver metric



Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards

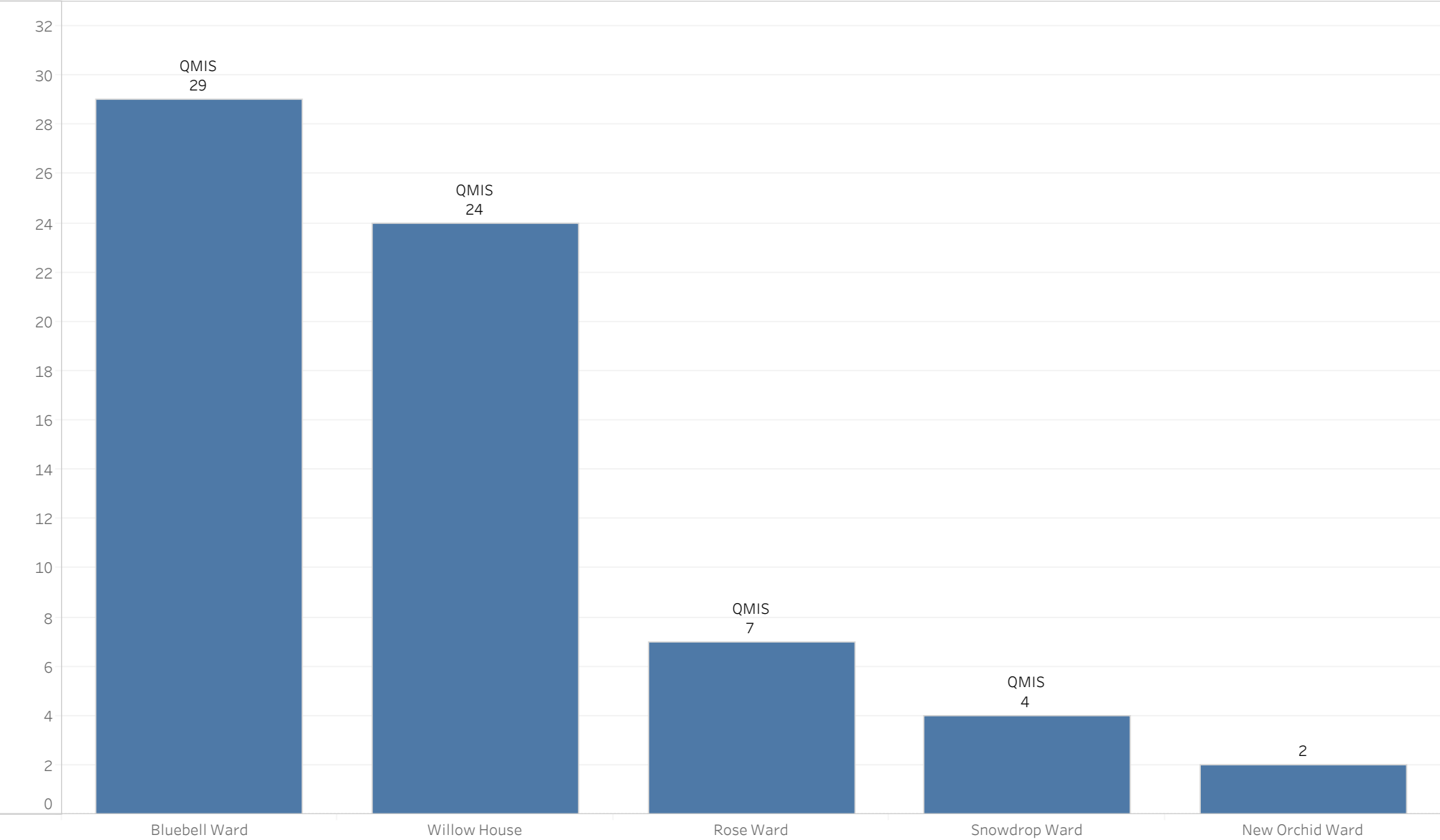
(excluding LD) (Jan 19 to Dec 19)

Any incident (all approval statuses) where category = self harm



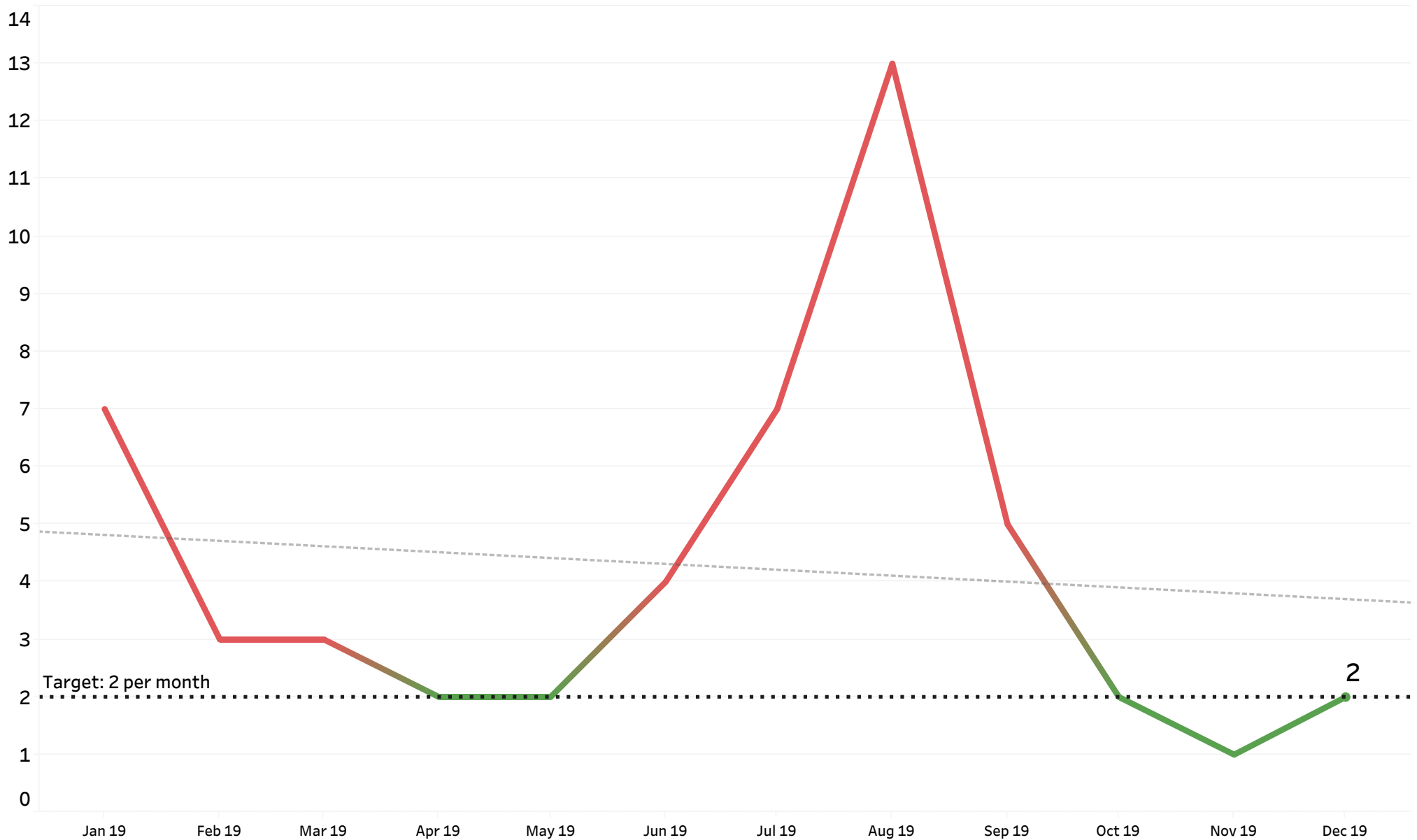
Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards (excluding LD) by location (December)

* QMIS above the bar indicates that the ward / unit are focussing on this particular driver metric

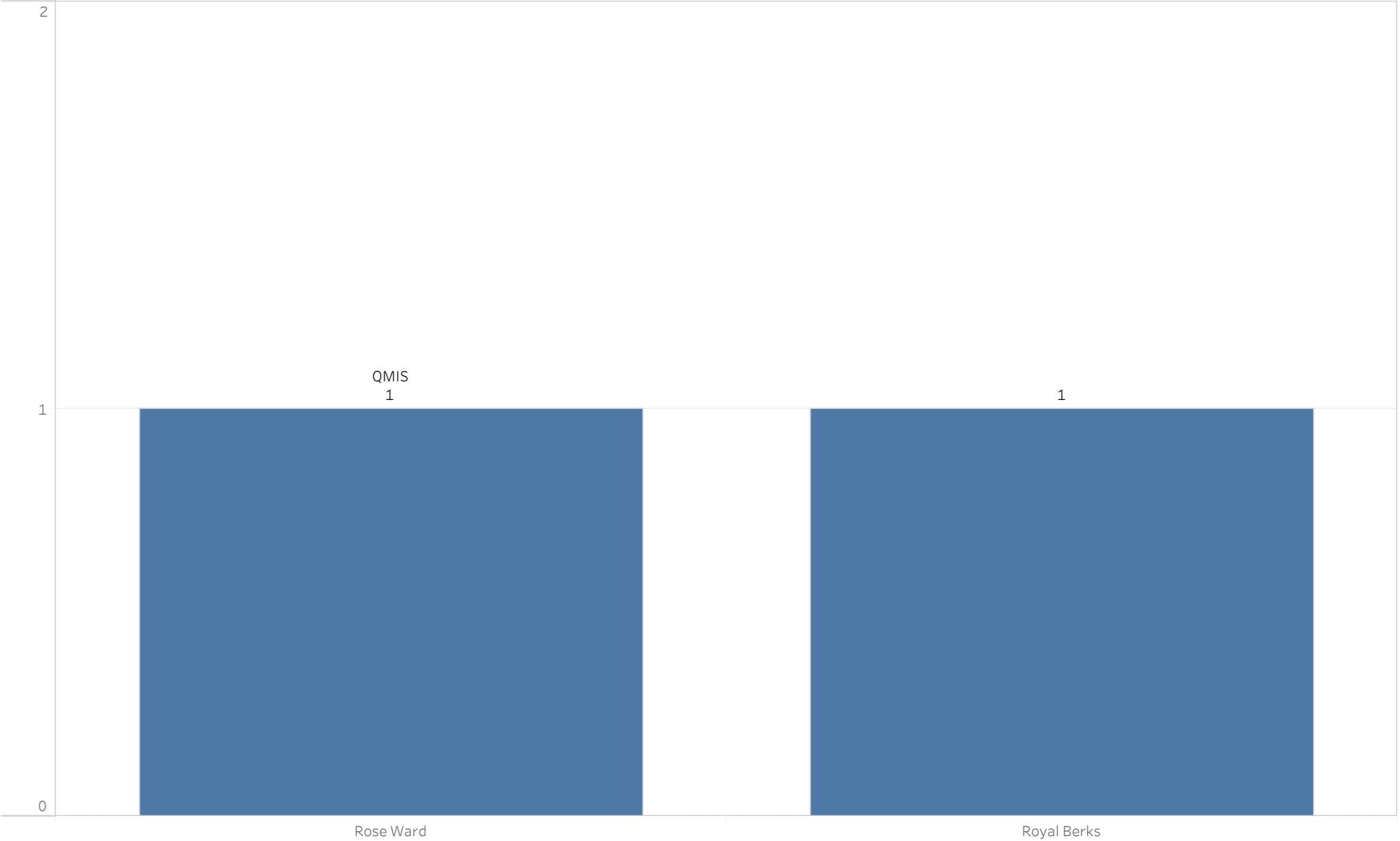


Patient Experience Driver: Mental Health: Prone (Face Down) Restraint incidents (Jan 19 to Dec 19)

(All approval statuses)

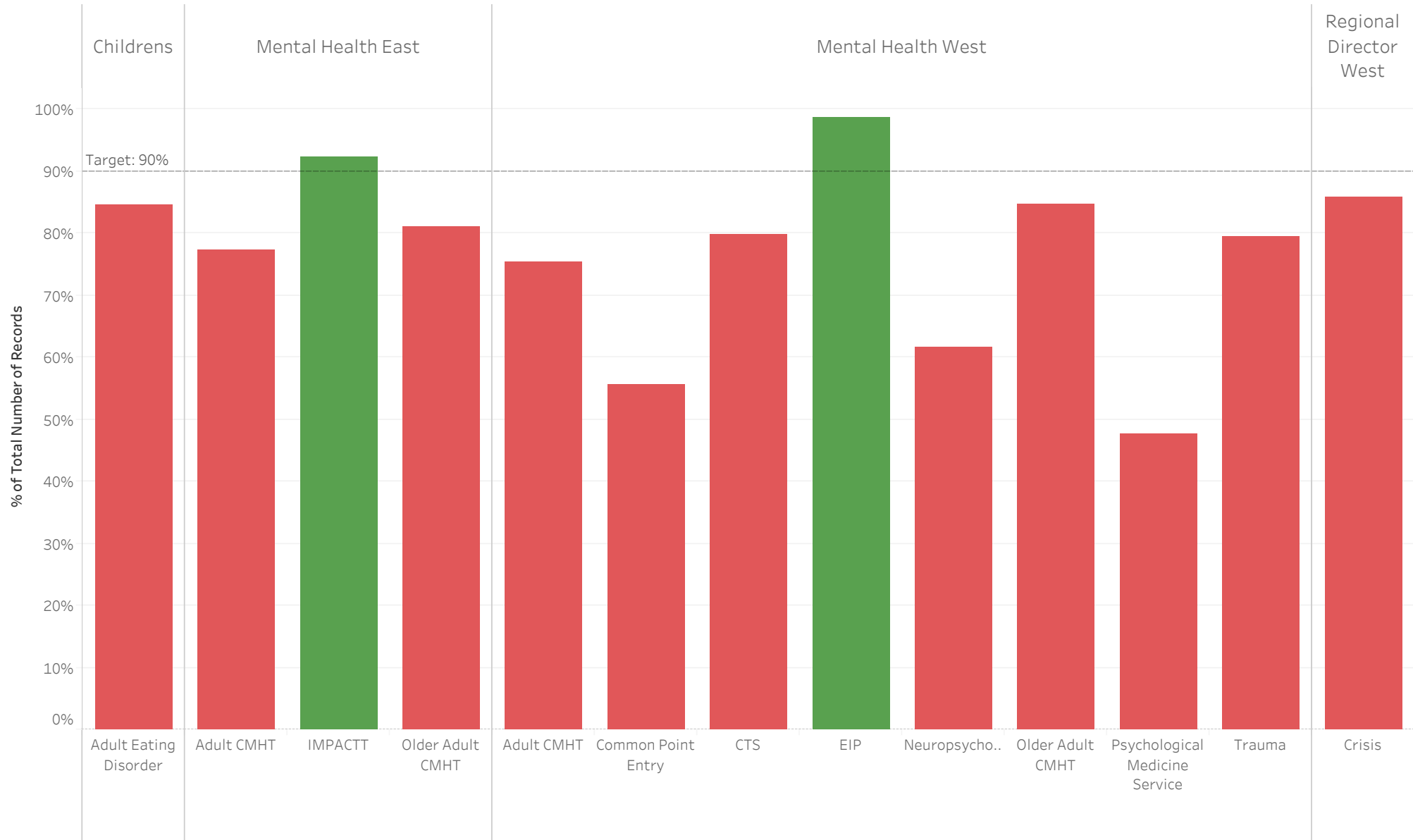


Patient Experience Driver: Mental Health: Prone (Face Down) Restraint incidents by location (December)



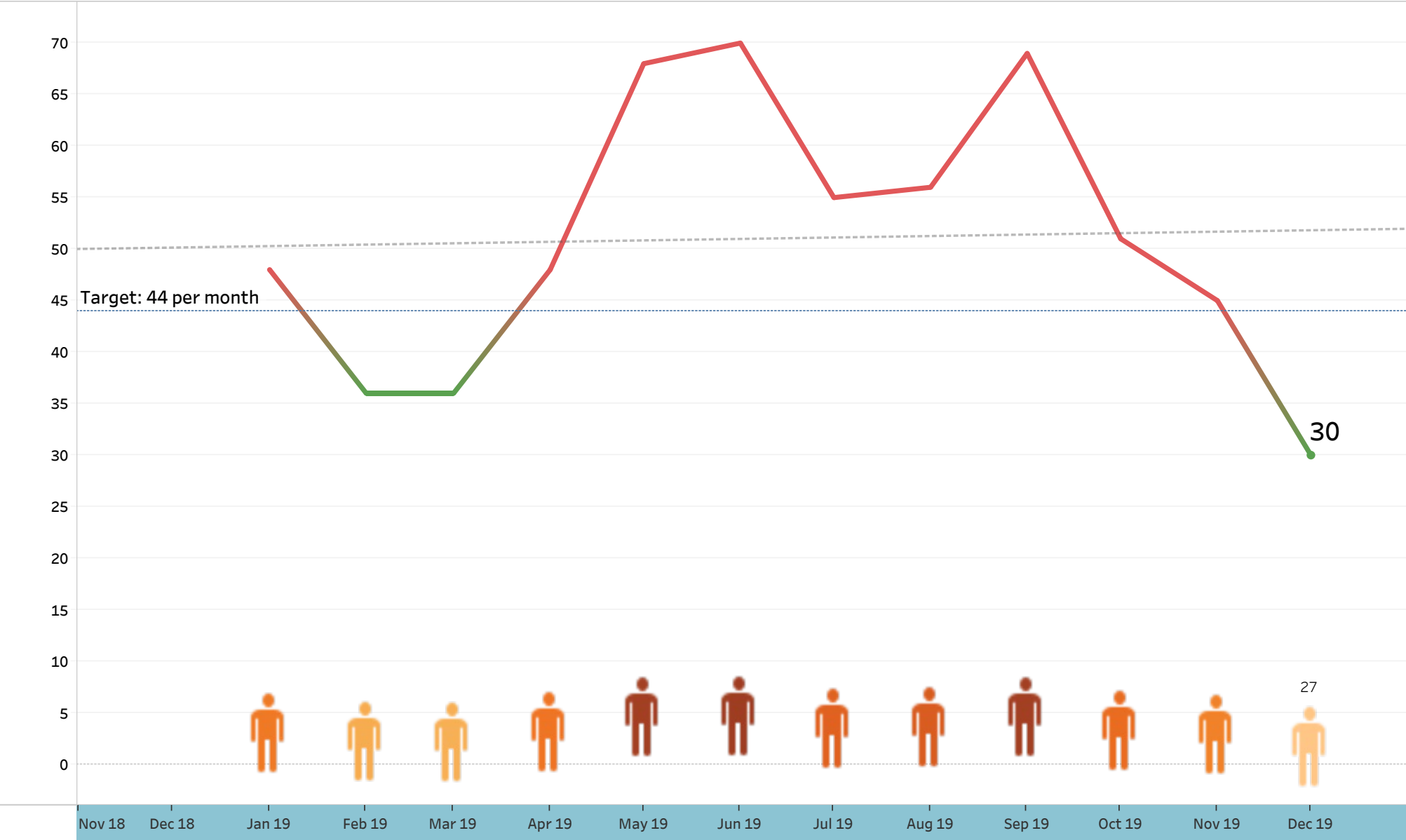
Patient Experience: Clustering breakdown (November)

Outpatient Cluster Status (by Service)



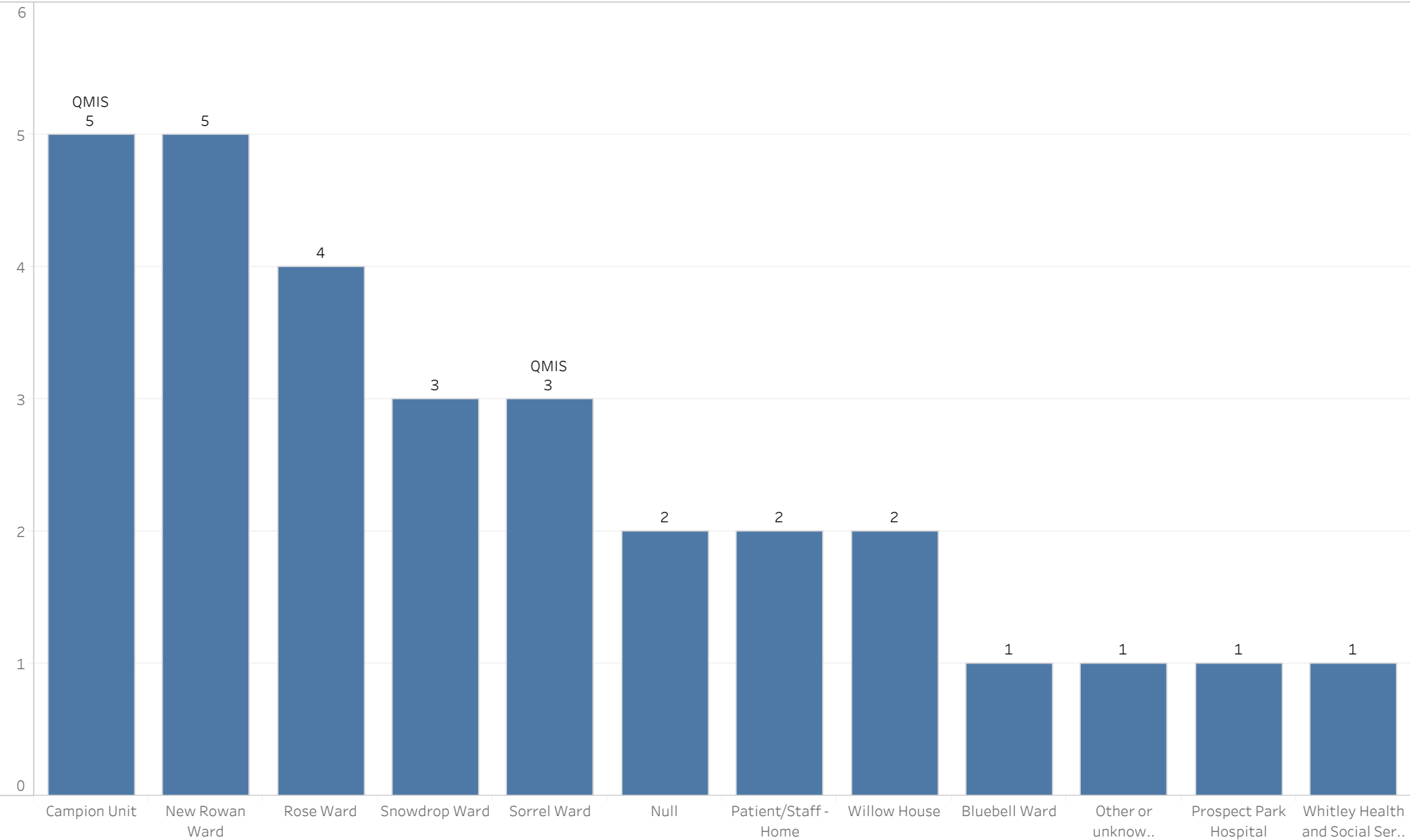
Supporting Our Staff Driver: Physical Assaults on Staff (Jan 19 to Dec 19)

Any incident where sub-category = assault by patient and incident type = staff

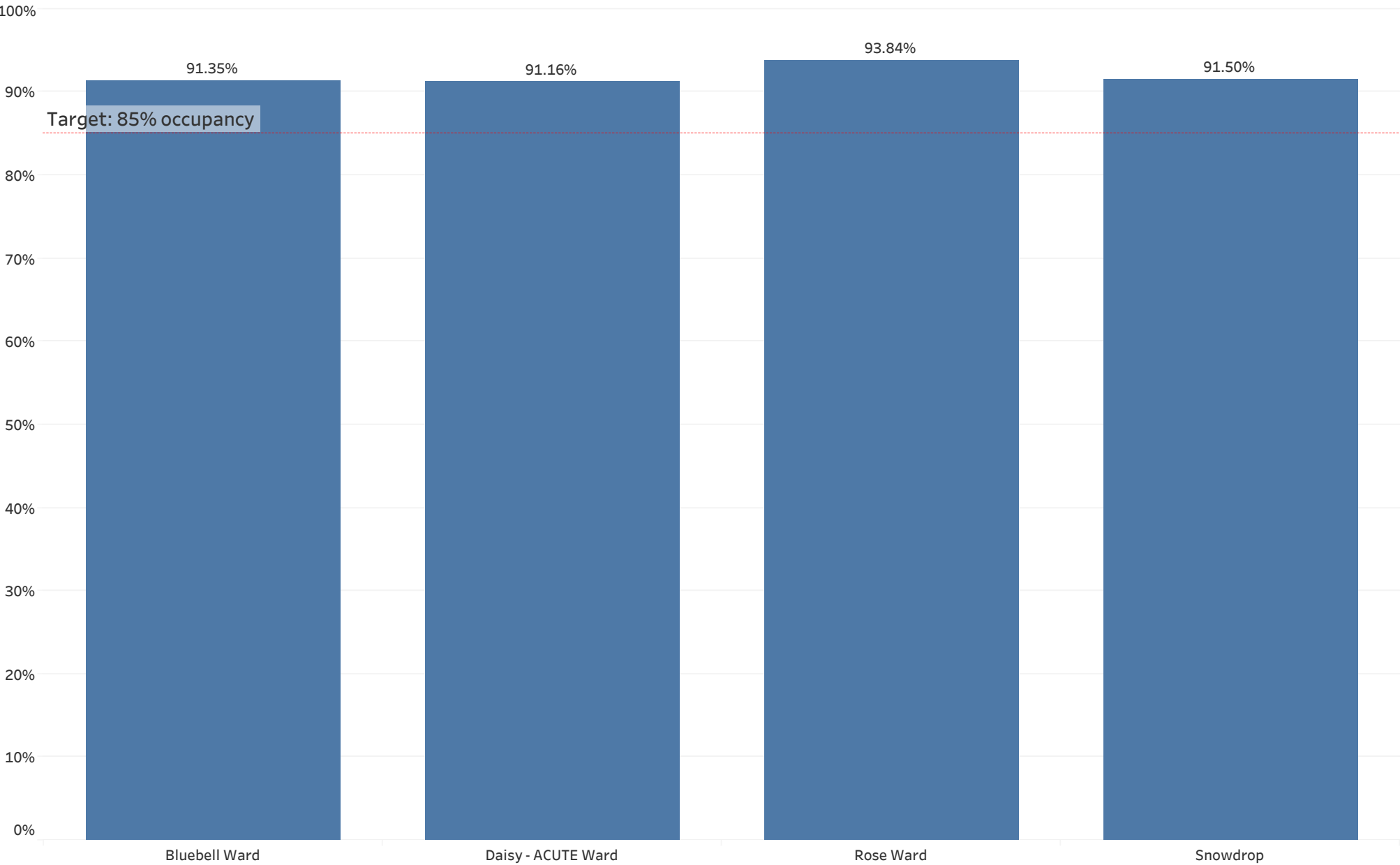


Supporting Our Staff Driver: Physical Assaults on Staff by Location (December 2019)

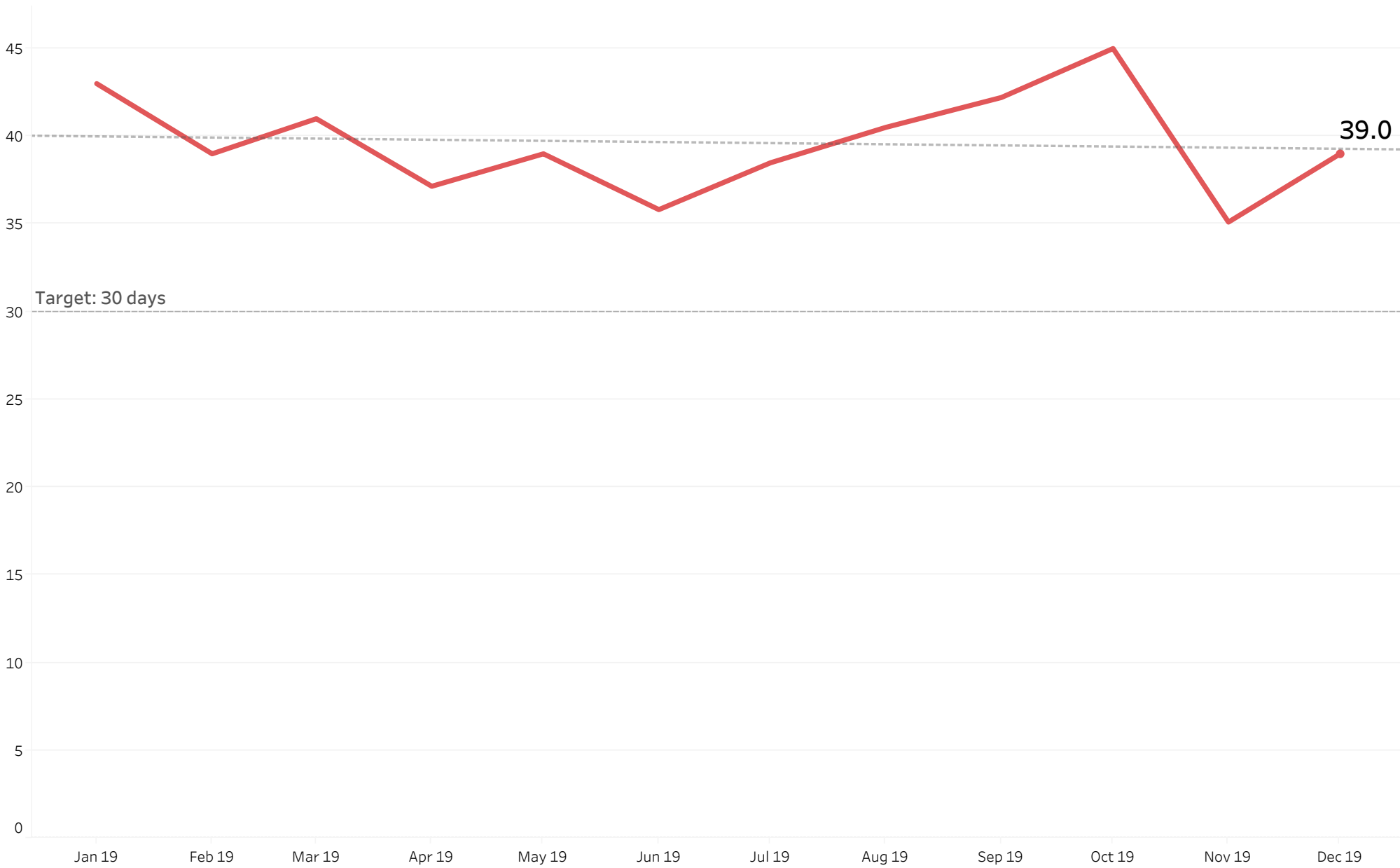
* QMIS above the bar indicates that the ward / unit are focussing on this particular driver metric



Money Matters Driver: MH Acute Bed Occupancy by Unit (December)



Money Matters: Mental Health: Acute Average Length of Stay (bed days) (Jan 19 to Dec 19)



Money Matters Driver: Inappropriate Out of Area Placements (November)



True North Harm Free Care Summary

Tracker Metrics

		Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19
Pressure ulcers acquired due to lapse in (Inpatient Wards)	180 days free in the year				30	61	91	52	83	122	153	183	214
Pressure ulcers acquired due to lapse in (Community East)	180 days free in the year										214	244	131
Pressure ulcers acquired due to lapse in (Community West)	180 days free in the year										159	189	220
Mental Health: AWOLs on MHA Section	16 per month	25	24	18	14	16	17	13	11	13	18	6	8
Mental Health: Absconsions on MHA Section	8 per month	40	33	19	7	8	9	9	8	9	7	2	5
Mental Health: Readmission Rate within 28 days: %	<8% per month	6.74	7.87	7.50	7.92	6.90	6.25	7.29	6.56	6.25	6.04	5.63	5.26
Patient on Patient Assaults (LD)	4 per month	7	3	6	3	4	2	4	5	1	0	0	2
Uptake of at least one patient outcome measure (ReQoL) in adult Mental Health for new referrals from April 2019	25% by Sept 2019; 40% by March 2020				11.2%	14.4%	11.8%	15.1%	12.7%	16.5%	12.1%	12.5%	
Suicides per 10,000 population in Mental Health Care (annual)	8.3 per 10,000												6.9
Self-Harm Incidents within the Community	31 per month	17	17	14	11	22	19	31	23	29	16	26	0

True North Patient Experience Summary

Tracker Metrics

		Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19
Patient on Patient Assaults (MH)	38 per month	59	49	45	24	28	21	25	33	34	19	27	15
Health Visiting: New Birth Visits Within 14 days: %	90% compliance	92.3%	90.6%	94.2%	92.0%	90.6%	97.1%	94.0%	93.8%	90.0%	93.9%	93.8%	90.6%
Mental Health: Uses of Seclusion	13 in month	12	10	8	15	11	12	11	6	12	5	7	11

True North Supporting Our Staff Summary

Tracker Metrics

		Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19
Gross vacancies: %	<10%	7.79%	7.00%	6.80%	10.1%	10%	9.30%	9.19%	9.19%	7.5%	6.80%	6.70%	7.09%
Statutory Training: Fire: %	95% compliance	87.2%	87.9%	88.7%	88.5%	90.2%	90.7%	92.1%	94.3%	93.2%	93.0%	93.3%	93.9%
Statutory Training: Health & Safety: %	90% compliance	94.0%	94.5%	94.6%	94.8%	95.2%	95.2%	95.9%	96.0%	96.5%	96.4%	96.6%	96.6%
Statutory Training: Manual Handling: %	90% compliance	89.2%	90.2%	90.2%	90.8%	92.2%	92.6%	93.0%	93.2%	92.2%	92.9%	92.8%	90.2%
Mandatory Training: Information Governance: %	95% compliance	88.7%	92.1%	94.2%	93.6%	94.0%	93.3%	94.6%	94.8%	93.4%	94.7%	95.2%	95.4%
PDP (% of staff compliant) Appraisal: %	95% compliance by end of May 2019	86.9%	85.0%	82.6%	9%	75.9%	95%	87.7%	91.1%	87.8%	88.9%	86.7%	86.4%

True North Money Matters Summary

Tracker 1

	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19
Mental Health: Delayed Transfers of Care (NHSI target) Monthly and Quarterly 7.50%	11.2	9.00	8.09	5.89	6.27	6.29	5.80	4.90	4.59	6.09	6.70	9.30

Tracker Metrics

Community Inpatient Occupancy: % 80-85% Occupancy	81.3%	86.5%	82.7%	81.6%	74.9%	81.8%	76.7%	71.1%	76%	75.4%	78.7%	82.5%
Mental Health: Non-Acute Occupancy rate (excluding Home Leave): % 80% Occupancy	93.41%	92.82%	87.01%	83.59%	92.82%	65.65%	76.59%	85.70%	88.42%	80.07%	78.03%	77.29%
DNA Rate: % 5% DNAs	4.76%	4.79%	4.85%	5.29%	4.90%	5%	4.90%	5%	5%	4.79%	4.79%	5.20%
Community: Delayed transfers of care Monthly and Quarterly 7.5% Delays	10.1%	9.67%	9.90%	4.70%	4.79%	4.79%	9.70%	10.9%	9.70%	9.90%	10.5%	10.8%

Regulatory Compliance - Tracker Level 1 Summary

Metric	Threshold / Target	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19
Mental Health: 7 day follow up (Quality Domain): %	95% seen	96.2	96.9	99	99	94.3	95.3	95.1	98.3	96.0	96.1	97.5	96.2
C.Diff due to lapse in care (Cumulative YTD)	0	0	0	0	0	0	0	0	0	1	0	0	0
Ensure that Cardio Metabolic assessment and treatment for people with psychosis is delivered routinely in inpatient wards: %	90% treated	97.8	97.8	97.8	97.8	97.8	42.1	42.1	42.1	42.1	42.1	42.1	42.1
Ensure that Cardio Metabolic assessment and treatment for people with psychosis is delivered routinely in EIP: %	90% treated	93	93	93	93	93	88.4	88.4	88.4	88.4	88.4	88.4	88.4
Ensure that Cardio Metabolic assessment and treatment for people with psychosis is delivered routinely in the Audit of Community Health Services (people on CPA): %	65% treated	100	100	93	93	100	21	21	21	21	21	21	21
Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate per 100,000 bed days	2 in East; 4 in West	0	0	0	0	0	0	0	0	0	0	0	0
Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias	0	1	0	1	0	0	0	0	0	0	0	0	0
Mixed-sex accommodation breaches	Zero tolerance	0	0	0	0	0	0	0	0	0	0	0	0
Count of Never Events in rolling six- month period (Safe Domain)	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of children and young persons under 16 who are admitted to adult wards (Safe Domain)	Zero tolerance	0	0	0	0	0	0	0	0	0	0	0	0
EIP: People experiencing a first episode of psychosis treated with a NICE approved package of care within 2 weeks of referral: %	56% treated	100	90	62.5	90	100	100	75	100	100	66.7	100	80
A&E: maximum wait of four hours from arrival to admission/transfer /discharge: %	95% seen	100	99.9	99.7	99.5	99.9	100	98.8	99.7	99.7	98.4	97.4	95.8
People with common mental health conditions referred to IAPT will be treated within 6 weeks from referral: %	75% treated	97	98	99	98	97	96	95	96	96	95	95	96
People with common mental health conditions referred to IAPT will be treated within 18 weeks from referral: %	95% treated	100	100	100	100	100	100	100	100	100	100	100	100

Regulatory Compliance - Tracker Level 1 Summary

Metric	Threshold / Target	Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19
People with common mental health conditions referred to IAPT completing a course of treatment moving to recovery: %	50% treated	57.9	57.9	57.5	57.5	56.0	56.0	55.0	56.2	55.1	59	57.7	56.0
% clients in Mental Health Services in Settled Accommodation	58% in Settled Accommodation	71	71	69	69	66	66	66	66	66	60	60	60
% clients in Mental Health Services in Employment	9% in Employment	12	12	12	12	12	12	12	12	12	11	11	11
Proportion of patients referred for diagnostic tests who have been waiting for less than 6 weeks (DM01 - Audiology): %	99% seen	100	100	100	100	100	100	100	100	99.5	100	100	100
Diabetes - RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	100	98.2	100	100	100	100	100	100	100	100	100	100
CPP- RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	100	99.1	100	100	100	98.5	100	100	100	98.9	100	100
Sickness Rate: %	<3.5%	4.39	4.59	3.89	3.81	3.59	3.75	4.58	3.99	4.10	4.41	4.75	
Staff - Count of those categorised as extremely likely or likely to recommend (Quality of Care Domain) - For IP, A&E, MH & Community	Null	84	84	84	84	84	84	84	84	84	84	84	84
Finance Score - Was Continuity of Services Risk Rating now Use of Resources	Month 1=3, months 2 to 5 =2 then month 6 onward=1	1	1	1	3	2	2	2	2	1	1	1	1
Mental Health Data Set Data Quality Maturity Index Score (DQMI)	95% achieved	99.9	99.9	99.9	96.5	96.5	91.5	94.2	94.5	97.7	96.2	97.8	98.2
Patient Safety Alerts not completed by deadline	0						0	0	0	0	0	0	0

Trust Board Paper

Board Meeting Date	11 February 2020
Title	Patient Experience Quarter Three Report
Purpose	The purpose of this report is to provide the Board with information on patient experience within the Trust
Business Area	Nursing & Governance
Author	Liz Chapman, Head of Service Engagement and Patient Experience Heidi Ilsley, Deputy Director Nursing Debbie Fulton, Director of Nursing and Therapies
Relevant Strategic Objectives	True North goal of Good patient Experience
CQC Registration/Patient Care Impacts	Supports maintenance of CQC registration and supports maintaining good patient experience
Resource Impacts	N/A
Legal Implications	N/A
Equality and Diversity Implications	Patient experience has equality and diversity implications and this information is used to consider and address these. Demographic and ethnicity data is now routinely collated for all complaints received.
SUMMARY	<p>Boards are required to review patient feedback in detail. The Director of Nursing and Therapies has provided an overview at the beginning of the paper.</p> <p>There are no new themes or any trends identified as a result of reviewing the available data.</p> <p>Complaints During Q3 the Trust received 68 formal complaints received and 61 formal complaints were closed (38 of these of these were partly/fully upheld).</p> <p>The formal complaint response rate, including those within a timescale re-negotiated with complainants was 98% for the quarter, with 1 complaint sent outside of the agreed timescale, this</p>

	<p>continues to be exceptional performance and actions taken as learning form this case to mitigate future re-occurrence.</p> <p>Friends and Family Test (FFT) During Q3 our Friends and Family response rate reduced to 10.69%, with variance between 14.6 % in October and 8.5% in December. Of note we have seen a decrease in number of returns in December 2019 for the last three years. The Patient Experience team are working with services to improve their response rates further and are also looking at how any qualitative comments received are able to be more easily provided back to services</p> <p>Internal Patient Survey 3,912 responses were received with 77% of patients rated our services as good or better in the trust's internal patient survey.</p> <p>2018 Staff survey Our 2018 staff survey results demonstrate that 61% of our staff believe that feedback from patients/ service users is used to inform decisions within their directorates and departments; whilst this is better than the average within our peer group (mental health, learning disability and community combined trusts) which is 54%, it is below the best scores achieved of 71%.</p> <p>4 of the 5 posts on NHS Choices were positive this quarter.</p> <p>This quarter we have added a few examples of the compliments that our services receive into section 13.</p> <p>Section 14 of the report includes a sample of learning from feedback that has occurred across the Trust.</p>
ACTION	<p>The Board is asked to: Consider the report and reflect on the patient feedback received</p>

Quarter Three – Patient Experience Report (October– December 2019)

Overview

The Board is required to consider patient feedback because it provides insight into how patients, families and carers experience our services. This overview of the quarter three data is provided as a way of achieving a summary and insight of the available data alongside other relevant information from my perspective.

Regarding the demographic data, given that 23% complainants prefer not to state their ethnicity it is not possible to draw any conclusions around number of complaints from differing ethnic groups. There were slightly more complaints made by females than males in Q2 and in terms of age profile of complainants, unlike Q2, where there was a higher percentage of complaints from in the 18-44 year old age bracket than in general population; this quarter the number of complaints from that age group was lower than the general population with significantly higher number of complaints received from the over 75 year old age group (5.56% in Q2 and 19.6% in Q3). This demonstrates that there is no trend around age profile appearing at present.

The increase in total number of formal complaints is due to increases in WestCall (7 from 1 in Q2), Community Nursing (6 from 3 in Q2) and the Community Wards (5 from 1 in Q2). For Westcall the number of complaints is the same as number received in Q3 of 2018/19. The complaints relating to the community wards were spread across differing wards with no specific theme identified. For community nursing the complaints were from Reading and Slough with 3 being about responsiveness although the complaint rate remains very small compared to number of contacts at 0.008%.

83% of the concerns resolved locally relate physical health services (adult and children services) whilst only 40% of the formal complaints relate to these services demonstrating that informal resolution continues to be achieved more often in physical health than in mental health services.

The 2 services highlighted at the end of Q2 due to an increase in complaints (CPE and IPASS) have both seen a decrease this quarter, CPE have undertaken work to improve their internal processes and therefore timeliness of contact. IPASS continues to experience challenges in terms of service pressure due to demand for service out-stripping capacity, the service works hard to ensure that their processes are streamlined, that risk/ safety is used to prioritise those waiting and commissioners are aware of this and the service is prioritised for additional funding.

CAMH services continue to generate the highest number of contacts from MP's, although there has been a significant reduction in MP contacts this quarter, these are related to access and waiting times. The number of formal complaints received are comparable with previous quarters remaining at 0.11% of total contacts, although CAMHS is under pressure as a service with increases in caseload, activity and wait times. A quality improvement project is in progress to improve productivity and waiting list management. A significant amount of time is invested in supporting families whilst waiting for appointments.

In terms of Ombudsman investigations there is one ongoing (PMS), and 2 where consideration is being given as to whether to proceed (older adult MH ward and CAMHS) we have had no Ombudsman complaints upheld to date this financial year.

Complaints are considered within each division with staff / teams reflecting on individual complaints and learning being shared through the Divisions patient safety and quality meeting.

The Friends and Family Test (FFT) has continued to be challenging in terms of reaching the 15% response rate despite the increasing number of responses achieved and the success of introducing SMS as a way for patients to provide the FFT. For December the response rate was 8.53%, this is significantly lower than the other months in the quarter however it is reflective of the last 2 years where a reduction in responses has been seen in December. Our response rate does, however, compare favourably against our local peer organisations in terms of both community and mental health. Our Trust overall recommendation rate to a friend for Quarter three was 93%; for community services the recommendation rate was 95% whilst for mental health services was 83%.

The Trust has continued to achieve a recommend rate of 95% for Friends and Family Test from carers.

3,912 patients/carers responded to our internal patient survey in Q3, this asks patients how they rate their experience, by asking five questions; 77% reported the service they received as good or better, this is a slightly lower percentage than the 81% in Q2. Work undertaken as part of our True North has shown that the use of this survey is very inconsistent across the Trust. Work is commencing over 2019/20 to develop an improved survey that all services will use. Services also registered 1,437 compliments during this quarter.

Patient experience is an important indicator of quality and it is important that services take steps to prevent similar concerns highlighted occurring and learn from all feedback received. Whilst each service takes complaints seriously, we also need to be able to more easily demonstrate how we have used patient and service user feedback to change service delivery as well as how learning is shared across the organisation. Services are encouraged to use the feedback available to them to inform decisions about care and treatment and also to display information in relation to learning and changes made as a result of feedback that they receive.

The 2018 staff survey results demonstrate that 61% of our staff believe that feedback from patients/ service users is used to inform decisions within their directorates and departments; whilst this is better than the average within our peer group (mental health, learning disability and community combined trusts) which is 54%, it is below the best at 71% and therefore continues to be a work in progress.

In January 2020, Healthwatch England have published a report called *Shifting the Mindset – A closer look at NHS complaints*. This report discusses the improvements that have been made in the NHS Complaints handling and giving further recommendations. This is based on the findings of the report produced by Sir Robert Francis QC, as part of the public inquiry into the serious failings at Mid Staffordshire Foundation Trust. Appendix 3 of this report highlights recommendations and for those relevant to provider services, our current position against these.

Debbie Fulton, Director of Nursing and Therapies

Main Report

1. Introduction

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

This report looks in detail at information gathered from 1 October 2019 to 31 December 2019 and uses data captured from the Datix reporting system, CRT (our internal survey) and the results of the Friends and Family Test captured via SMS, online and hard copy feedback.

2. Complaints received

2.1 All formal complaints received

Table 1 below shows the number of formal complaints received into Berkshire Healthcare for years 2018-19 and 2019-20 by service, enabling a comparison with Quarter three. During Quarter three 2019-20 there were 68 complaints received (including re-opened complaints), this is an increase compared to 2018-19 where there were 57 for the same period.

Table 1: Formal complaints received

Service	2018-19				2019-20					
	Q3	Q4	Total	% of Total	Q1	Q2	Change to Q2	Q3	Total for year	% of Total
CMHT/Care Pathways	10	9	46	20	8	10	↓	6	24	13.95
CAMHS - Child and Adolescent Mental Health Services	8	6	25	10.87	10	8	-	8	26	15.12
Crisis Resolution & Home Treatment Team (CRHTT)	3	4	14	6.09	2	2	↑	4	8	4.65
Acute Inpatient Admissions – Prospect Park Hospital	8	3	32	13.91	5	3	↑	7	15	8.72
Community Nursing	3	3	8	3.48	4	3	↑	6	13	7.56
Community Hospital Inpatient	1	3	17	7.39	6	1	↑	5	12	6.98
Common Point of Entry	2	4	12	5.22	2	6	↓	2	10	5.81

	2018-19				2019-20					
Service	Q3	Q4	Total	% of Total	Q1	Q2	Change to Q2	Q3	Total for year	% of Total
Out of Hours GP Services	7	1	17	6.96	0	1	↑	7	8	4.65
PICU - Psychiatric Intensive Care Unit	0	0	0	0	0	0	↑	1	1	0.58
Minor Injuries Unit (MIU)	2	0	4	1.74	1	1	-	1	3	1.74
Older Adults Community Mental Health Team	0	1	3	1.3	1	0	-	0	1	0.58
14 other services in Q3	13	16	52	22.6	11	19	↑	21	51	29.65
Grand Total	57	50	230		50	54	↑	68	172	

Previously, complaints were reported against the locality that the services reported into. As this often varies from the geographical location that the patient received the service, complaints are now reported against the geographical locality where the care was received which is considered to be more meaningful. The following tables show a breakdown of the formal complaints that have been received during Quarter three 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 three. Since 2018-19 the severity of the complaint has been extracted from the completed Investigating Officers Report; complaints under investigation at the end of Quarter three will not have this information.

2.2 Adult mental health service complaints received in Quarter three

26 of the 68 (38%) complaints received during Quarter three were related to adult mental health service provision.

Table 2: Adult mental health service complaints

	Locality					
Service	Bracknell	Reading	Slough	West Berks	Wokingham	Grand Total
Adult Acute Admissions		7				7
CMHT/Care Pathways	3	1		2		6
Crisis Resolution and Home Treatment Team (CRHTT)		1	1		2	4
Common Point of Entry					2	2
Talking Therapies	1	1				2

Service	Locality					Grand Total
	Bracknell	Reading	Slough	West Berks	Wokingham	
Learning Disability Service Inpatients - Campion Unit		2				2
PICU - Psychiatric Intensive Care - Sorrel Ward		1				1
A Place of Safety		1				1
Psychological Medicine Service		1				1
Grand Total	4	15	1	2	4	26

2.2.1 Number and type of complaints made about a CMHT

6 of the 68 complaints (9%) received during Quarter three related to the CMHT service provision. Over the last year there were between 6 and 10 complaints for CMHT in each quarter. There were 14,253 reported attendances for CMHT and the ASSiST service during Quarter three giving a complaint rate of 0.04%, a reduction from 0.07% in Quarter two.

The 2018-19 complaint rate for CMHT was 0.05%; therefore the 0.04% this quarter indicates a slight decrease in percentage of complaints received.

Table 3: CMHT complaints

Main subject of complaints	Locality			Grand Total
	Bracknell	Reading	West Berks	
Access to Services	2			2
Attitude of Staff		1		1
Care and Treatment			2	2
Medical Records	1			1
Grand Total	3	1	2	6

Care and treatment (2) remains the main subject for formal complaints received about CMHT, although the reasons for the concerns varied: including communication and contact with the team, along with access to services (2).

The Bracknell CMHT has seen an increase in the number of complaints (3) compared to the previous quarter (1), however the complaints are from the same individual. The CMHTs based in Slough, Windsor, Ascot and Maidenhead, and Wokingham did not receive any complaints.

2.2.2 Number and type of complaints made about CPE

There were two complaints received about CPE, and both were about access to the service. This is a significant decrease from the previous quarter (6) and is aligned with the number received quarterly in the last year.

There were 2,597 contacts with CPE during Quarter two, giving a complaint rate of 0.07%, a reduction from 0.24% in Quarter two.

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

During Quarter three, 9 of the 68 complaints (13%) related to mental health inpatient wards this is an increase compared to previous quarters and the same as in Quarter three 2018-19.

There were 288 reported discharges from mental health inpatient wards during Quarter three giving a complaint rate of 3.12%, an increase from 1.28% in Quarter two.

Table 4: Mental Health Inpatient Complaints

Main subject of complaints	Ward					Grand Total
	APOS (A Place of Safety)	Bluebell Ward	Daisy Ward	Snowdrop Ward	Sorrel Ward	
Access to Services		1				1
Admission	1					1
Attitude of Staff				1		1
Care and Treatment		2	1	1		4
Communication			1			1
Medication					1	1
Grand Total	1	3	2	2	1	9

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

In Quarter three, 4 of the 68 complaints (6%) were attributed to CRHTT, an increase compared to the previous two quarters and the same as Q4 last year. There are no particular themes identified in the complaints received for CRHTT. There were 16,400 reported contacts for CRHTT during Quarter three giving a complaint rate of 0.02%.

Table 5: CRHTT complaints

Main subject of complaints	Locality			Grand Total
	Reading	Slough	Wokingham	
Attitude of Staff		1		1
Care and Treatment			2	2
Confidentiality	1			1
Grand Total	1	1	2	4

2.3 Community Health Service Complaints received in Q3

During Quarter three, 26 of the 68 complaints (38%) related to community health service provision.

Table 6: Community Health service complaints

Service	Locality					Grand Total
	Reading	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Out of Hours GP Services	2		5			7
District Nursing	2	4				6
Community Hospital Inpatient	1	2		1	1	5

Hearing and Balance Services		1		2		3
Podiatry					2	2
Sexual Health		1				1
Physiotherapy (Adult)			1			1
Minor Injuries Unit			1			1
Grand Total	5	8	7	3	3	26

Out of Hours GP Services (WestCall) received the most complaints (7), followed by Community Nursing (6). The main theme of complaints about WestCall were about the waiting times to be seen (2).

There were no complaints for The IPASS service, which received the highest number of complaints in the previous quarter.

2.3.1 Community Health Inpatient wards Complaints

During Quarter three, 5 of the 68 complaints (7%) received related to inpatient wards. There were 524 reported discharges from community health inpatient wards during Quarter three giving a complaint rate of 0.95%, an increase from 0.20% in Quarter two.

Table 7: Community Health Inpatient complaints

Main subject of complaints	Ward				Grand Total
	Jubilee Ward	Oakwood Unit	St Marks Hospital	Windsor Ward	
Attitude of Staff		1			1
Care and Treatment	1		1	1	3
Environment, Hotel Services, Cleanliness	1				1
Grand Total	2	1	1	1	5

2.3.2 Community Nursing Service Complaints

In Quarter three, 6 of the 68 complaints (9%) were related to community nursing service provision. This is the highest number received in over a year. The majority of the complaints about Community Nursing were about the service based in Slough (4); and the themes were around responsiveness, and in one case, where the staff were alleged to have left the patient's front door open. Two of the four complaints for Slough were from the same complainant.

There were 72,028 reported attendances for the Community Nursing Service during Quarter three giving a complaint rate of 0.008%. This is a very small complaint rate well below the Trust overall rate of complaints per contact.

Table 8: Community Nursing Service complaints

Main subject of complaints	Locality		Grand Total
	Reading	Slough	
Care and Treatment	2	3	5
Other		1	1
Grand Total	2	4	6

2.3.3 GP Out of Hours Service, WestCall Complaints and Minor Injuries Unit

Table 9: Physical Health Urgent Care Service complaints

Main subject of complaints	Service		Grand Total
	Out of Hours GP Services	Minor Injuries Unit	
Access to Services	2		2
Attitude of Staff	3		3
Care and Treatment	1	1	2
Medication	1		1
Grand Total	7	1	8

There were 18,464 contacts with WestCall giving a complaint response rate of 0.03%, an increase from 0.006% last quarter. For 2018-19 WestCall had a complaint rate of 0.024%. There were 6670 contacts with the Urgent Treatment Centre giving a complaint response rate of 0.01%.

2.4 Children, Young People and Family service Complaints

2.4.1 Physical Health services for children complaints

During Quarter three, 1 of a total 68 complaints (1%) related to children's physical health services.

Table 10: Children and Young People service complaints

Service	Locality	Grand Total
	West Berks	
Children's Speech and Language Therapy - CYPIT	1	1
Grand Total	1	1

2.4.2 CAMHS complaints

During Quarter three, 8 of the 68 complaints (12%) were about CAMHS services; since Quarter one 2018-19, the number of complaints received has ranged from between 6 and 10 per quarter. Access to treatment was the main theme in Quarter three. There were 7,241 reported attendances for CAMHS during Quarter three giving a complaint rate of 0.11%.

For 2018-19 the number of complaints per contact was 0.8% therefore for Quarter two and Quarter three there is an increased % of complaints per contact although complaints are spread across localities there is a continued theme around access and wait times.

Table 11: CAMHS Complaints

Main subject of complaints	Locality				Grand Total
	Slough	West Berks	Windsor, Ascot and Maidenhead	Wokingham	
Access to Services			1	2	3
Attitude of Staff	1				1
Care and Treatment	1			1	2
Communication				1	1
Waiting Times for Treatment		1			1
Grand Total	2	1	1	4	8

2.5 Learning Disabilities

Table 12: Learning Disability Inpatient Ward Complaints

Main subject of complaint	Service	
	Campion Unit	Grand Total
Attitude of staff	2	2
Grand Total	2	2

There were no complaints about the community based team for people with a Learning Disability during Quarter three. There were two complaints about the Learning Disability Inpatient Ward, Campion Unit; they were about the same patient and the Lead Nurse for Learning Disabilities has been working with the patient and their family.

3. KO41A return

Each quarter the complaints office submit a quarterly return, called the KO41A. This looks at the number of new formal complaints that have been received by profession, category, age and outcome. The information is published a quarter behind (Q2 data). The table below shows the number of formal complaints that were reported for mental health services, nationally and for local Trusts providing mental health services in the South England region (the same Trusts that we benchmark against in the Annual CMHT Patient Survey).

Table 13 – Mental Health complaints reported in the national KO41A return

	2017-18		2018-19				2019-20	
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Mental Health complaints - nationally reported	3,451	3,653	3,598	3,651	3,391	3,450	3,507	3,502
2Gether NHS Foundation Trust	15	15	17	14	21	20	24	16
Avon and Wiltshire Mental Health Partnership NHS Trust	63	67	78	72	77	51	56	67
Berkshire Healthcare NHS Foundation Trust	56	59	49	45	38	51	47	52
Cornwall Partnership NHS Foundation Trust	32	34	31	28	20	30	24	22
Devon Partnership NHS Trust	43	49	44	56	33	45	52	46
Dorset Healthcare University NHS Foundation Trust	74	79	91	90	92	54	61	60
Kent and Medway NHS and Social Care Partnership Trust	88	86	87	115	121	118	121	128
Oxford Health NHS Foundation Trust	49	70	50	56	58	56	52	61
Somerset Partnership NHS Foundation Trust	15	14	17	14	24	18	24	24

	2017-18		2018-19				2019-20	
	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
Southern Health NHS Foundation Trust	79	96	91	95	82	68	73	51
Surrey and Borders Partnership NHS Foundation Trust	21	26	26	36	16	26	22	28
Sussex Partnership NHS Foundation Trust	169	221	209	192	181	173	178	217

This table demonstrates a fluctuation in the number of complaints across mental health services both nationally and locally over time, with the Trust not identifying as an outlier for complaint activity.

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 three there were 61 complaints closed, an increase on Quarter two (57), Quarter one (47) and Quarter four (47).

4.1 Outcome of closed formal complaints

Table 14: Outcome of formal complaints closed

Outcome	2018-19						2019-20					
	Q1	Q2	Q3	Q4	Total	% 18/19	Q1	Q2	Q3	Total	% of 19/20	Comparison to Q2
Case not pursued by complainant	0	0	2	2	4	1.67	0	0	0	0	0.00	-
Consent not granted	2	2	3	2	9	3.75	1	0	0	1	0.61	↑
Local Resolution	0	5	10	3	18	7.5	1	1	0	2	1.92	↓
Managed through SI process	0	2	0	1	3	1.25	0	0	0	0	0.00	-
Referred to other organisation	0	0	0	0	0	0	1	0	0	1	0.61	-
No further action	1	0	0	0	1	0.42	0	0	0	0	0.00	-
Not Upheld	13	11	16	15	55	22.92	16	20	23	59	35.76	↑
Partially Upheld	25	26	36	19	106	44.17	17	22	28	67	40.61	↑
Upheld	12	15	12	5	44	18.33	11	13	10	34	20.61	↓
Disciplinary Action required	0	0	0	0	0	0	0	1	0	1	0.61	↓
Grand Total	53	61	79	47	240		47	57	61	165		

The 38 complaints closed and either partly or fully upheld in the quarter were spread across a number of differing services and there were no particular themes from any service; however, 6 were related to attitude of staff and 18 to care and treatment.

The table below shows the services where complaints were found to be upheld or partially upheld during Quarter three. Of the 38 complaints found to be upheld or partially upheld, 63.16% (24) related to attitude and staff and care and treatment. In comparison, 74% of the formal complaints closed in Quarter two relating to these two areas.

Table 15: Complaints upheld and partially upheld relating to attitude of staff and care and treatment

Service	Main subject of complaints		Grand Total
	Care and Treatment	Attitude of Staff	
Admin teams and office based staff		1	1
Adult Acute Admissions	2		2
CAMHS - Child and Adolescent Mental Health Services	1		1
Children's Speech and Language Therapy - CYPIT	1		1
CMHT/Care Pathways	3	1	4
Community Hospital Inpatient	1	1	2
Crisis Resolution and Home Treatment Team (CRHTT)		1	1
District Nursing	3	1	4
Integrated Pain and Spinal Service - IPASS	2		2
Learning Disability Service Inpatients - Campion Unit	1		1
Other	1		1
Out of Hours GP Services	1	1	2
Perinatal	1		1
Psychological Medicine Service	1		1
Grand Total	18	6	24

4.2 Response Rate

Table 16 shows the response rate within a negotiated timescale, as a percentage total.

Disappointingly the Trust had the first breach in agreed timescales since 2016-17. This was a complaint about a patient who received care on a mental health inpatient ward, and the service management did not maintain contact with the complainant and advise them of a delay in their investigation. A local standard work for managing complaints has been developed and circulated within the Division.

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

Table 16 – Response rate within timescale negotiated with complainant

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

5. Characteristic data

5.1 Ethnicity

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

The tables below show the characteristics of patients who have had complaints raised about their care between October and December 2019. This does not include where a different organisation was leading the investigation.

Table 17: Ethnicity

Ethnicity	Number of patients	%	Census data %
Asian-Other	3	5.4	15.1
Black-Caribbean	1	1.8	3.5
Mixed-Other	0	0.0	-
Not stated	13	23.2	-
Other Ethnic Group	0	0.0	1
White-British	36	64.3	80
White-Other	3	5.4	-
Black British	0	0.0	-
Grand Total	56	100	

5.2 Gender

There were no patients who identified as anything other than male or female during Quarter three; one patient did not state their gender. There was an increase in female complainants during this quarter (57.1% compared to 50% in Q2).

Table 18: Gender

Gender	Number of patients	%	Census data %
Female	32	57.1	50.9
Male	23	41.1	49.1
Not stated	1	1.8	
Grand Total	56	100	

5.3 Age

Table 19: Age

Age Group	Number of patients	%	Census data %
Under 12 years old	6	10.7	31.6
12 - 17 years old	3	5.4	
18 - 24 years old	2	3.6	14.9
25 - 34 years old	8	14.3	

35 - 44 years old	6	10.7	15.4
45 - 54 years old	7	12.5	19.3
55 - 64 years old	3	5.4	
65 - 74 years old	4	7.1	18.7
75 years old or older	11	19.6	
Not known	6	10.7	
Grand Total	56	100	

The number of complaints for the age group 75 years and older has significantly increased in Q3 (19.6% compared to 5.56% in Q2).

6. Parliamentary and Health Service Ombudsman

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

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

During Quarter three there were two new complaints and a previous request for information has been closed with no further action.

Table 20: PHSO activity

Month open	Service	Month closed	Current Stage
Jun-18	District Nursing	Aug-18	Not a BHFT complaint – statement provided by our staff to inform the investigation
Jul-18	CPE	Aug-18	PHSO not proceeding
Aug-18	Out of Hours GP Service	Oct-18	PHSO not proceeding
Sep-18	Psychological Medicines Service	n/a	Not Upheld
Nov-18	Psychological Medicines Service	Nov-18	PHSO not proceeding
Dec-18	Psychological Medicines Service	n/a	Investigation Underway
Dec-18	Community Hospital inpatient	n/a	Not Upheld
Jun-19	CMHT/Care Pathways	n/a	PHSO not proceeding
Nov-19	Older Persons Mental Health Inpatients	n/a	PHSO have requested information to aid their decision on whether they will investigate
Nov-19	CAMHS	n/a	PHSO have requested information to aid their decision on whether they will investigate

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 5 complaints led by other organisations during Quarter three, a reduction from 10 in Quarter two.

Table 21: Formal complaints led by other organisations

Lead Organisation	Description
NHS East Berkshire CCG	CCG require more content to our letter covering why concerns with Community Nursing occurred (service did not visit patient despite a referral being made and a delay in catheter bags being delivered) and what we have put in place to make sure this does not happen again.
RBH	Deceased pt: Pt transferred from RBH - family extremely unhappy with the care and treatment the pt received
NHS East Berkshire CSCSU	Pt was unaware that they were no longer under BHFT
RBH	Family feel pt was transferred to Oakwood from RBH too early and do not want the patient to go to a care home as a result from our ward

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 22: Enquiries from MP Offices

Service	Number of enquiries
CAMHS - Child and Adolescent Mental Health Services	3
Traumatic Stress Service	1
Adult Acute Admissions	1
Grand Total	5

There were 5 MP enquiries raised in Quarter three, a decrease from 12 in the previous quarter. The number of MP complaints has varied each quarter over the last year from between 3 and 12.

The 3 CAMHS enquiries related to waiting times for treatment (1) and care and treatment (2).

Local resolution complaints

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

Table 23: Concerns managed by services – Local Resolution complaints

Service	Number of concerns managed by services
Podiatry	4
CMHT/Care Pathways	4
Diabetes	3
Minor Injuries Unit	2
School Nursing	2
Continence	2
District Nursing	2
Children's Speech and Language Therapy - CYPIT	1
Community Respiratory Service	1
Intermediate Care	1
Physiotherapy (Adult)	1
Physiotherapy Musculoskeletal	1
Grand Total	24

The Podiatry service continues to log the highest number of locally resolved concerns. The concerns varied, with no themes, and included experiences such as patients unhappy about the availability of the service in different sites and communication.

8.2 Informal complaints received

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

There was one informal complaint received during Quarter three, which was about communication and a delay in a referral to the ADHD service by CAMHS.

8.3 NHS Choices

There were 5 postings during Quarter three; 4 were positive and 1 was negative.

Table 24: NHS Choices activity

Service	No of postings	Positive	Negative
MIU	1	I want to say a Big Thank You to the MIU staff who helped me "sort out" my distressed, uncomfortable elderly Mum & patch her up so she can manage for the next few days. I appreciate your professionalism, kindness and compassion. Thank you Very much.	
Rose Ward PPH	1	Daughter stayed in Rose Ward for 2 days and we found the staff and place it to be amazing. The nurses and psychiatrist were all friendly and helpful to both me and the patient. The staff were very good and set	

		time aside to speak to her and reassure her.	
Hearing and Balance	1		Daughter has called audiology on behalf of mother on three occasions. Has left messages but no response.
Garden Clinic	1	The care and treatment I received was brilliant. As I used the walk-in system I anticipated a bit of a wait but made sure I was there early and was seen by the nurse at about 1 hour 15 mins. The nurse I saw was very professional, caring and knowledgeable.	
Podiatry	1	I have brought my very elderly father for podiatry treatments. The whole team whom we have seen over this time have shown him professional respect, care, knowledge, understanding and detailed attention. They have listened to him and myself and gone the 'extra mile' to try to help him. I cannot thank them enough and I am very happy to recommend their excellent service.	

8.4 PALS Activity

There were 352 PALS queries recorded during this period and in addition, there were 221 contacts that were about non-Trust services. This is higher than the volume received in Q2 and is a Driver objective for the Patient Experience Team to monitor and try to reduce.

The main reasons for contacting PALS were:

- Communication with other organisations;
- Choice and flexibility of access to service;
- General information requests;
- Long wait for appointments.

Contact around choice and flexibility of access to services included:

- Prefers to attend a local service;
- Prefers contact by e mail;
- Wants to arrange appointment for more convenient time;
- Patients require a home visit;
- Patient wants family to deal with the arrangement of appointments;
- Wants to bring appointment forward;
- Wants service to accept private assessment;
- Prefers to see a qualified nurse / doctor;
- Needs reasonable adjustment to be made to cope with an autistic condition;
- Would like to choose when accessing mental health services;
- Wants son to have flu jab at school;

- Home situation deteriorating. Requesting an emergency assessment;
- Did not meet deadline for returning assessment questionnaires. Need flexibility regarding timescales;
- Would like to choose clinician.

Contact around long wait for an appointment includes:

- Waiting for an ASD assessment for son;
- Waiting for a continence assessment for son;
- Waiting for an ADHD assessment;
- Waiting for outcome of referrals to CAMHS CPE;
- Waiting for OT assessment for daughter;
- Waiting for an onward referral from IPASS and waiting for an appointment, IPASS is one of the priorities for increased funding to enable increased capacity and reduced wait times.
- Waiting for a referral to Anxiety and Depression pathway;
- Waiting for an appointment with CAMHS, there is ongoing work to reduce wait times in CAMHS;
- Waiting for an appointment at Garden Clinic - .

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 will be changing from April 2020 to Overall, how was your experience of our service. There is an implementation plan underway, being led by the Head of Service Engagement and Experience.

The monthly FFT results, for each service and reporting locality, are shared on our intranet to make them accessible to all staff. The comments are also available online and the patient experience team are currently exploring how to share these more visually. A summary of the comments from the FFT is sent to the Clinical Directors on a monthly basis which is discussed in the locality Patient Safety and Quality Meetings.

The introduction of SMS and dedicated PPI Champions within the Children, Young People and Families locality are contributing to an increase in the number of responses to the FFT. The inclusion of FFT as one of the Trusts' True North objectives has increased the focus on it within services. The Patient Experience Team is also formally monitoring this as part of ongoing Quality Improvement.

9.1 Friends and Family test responses

9.1.1 Overall responses

For Quarter three, our Trust overall recommendation rate to a friend to was 93%; for community services the recommendation rate was 95% whilst for mental health services was 83%.

In Quarter two, the Trust overall recommendation rate to a friend was 91%; for community services the recommendation rate was 94% whilst for mental health services was 78%. In Quarter one, the Trust overall recommendation rate to a friend was 92%; for community services the recommendation rate was 93% whilst for mental health services was 87%.

Our Trust overall recommendation rates to a friend was 93% for 2018/19, for community Hospital inpatients recommendation rate was 96% whilst for Mental health Inpatients this was 70%.

Data shows that introducing SMS as a way of providing FFT has proved very popular with 42% of responses being received via this method. There is on-going work to support services that do not use RiO to utilise the SMS system.

Based on the number of discharges from our services, there were 102,262 patients eligible to complete the FFT during Quarter three. Our response rate has been impacted by the increase in the discharge data provided to the Patient Experience Team; this continues to be monitored on a monthly basis.

October: 14.66%
November: 12.23%
December: 8.53%

There has been a reduction in the number of cards during Quarter three, and there has been an increase in the quality of the discharge data being made available. This has resulted in a reduction in response rate; however the 15% response rate was achieved in October.

A review was undertaken of Quarter 3 data from previous years, as there has been a noticeable drop in December. In 2017/18, the Quarter 3 percentage was 6.81% and in 2018/19, the quarter 3 data was 12.82%. Quarter 3 in both years showed a reduction in comparison to Quarter 2. There were no device issues therefore it is believed that it is a seasonal fluctuation due to a combination of reduced staffing pressures and annual leave.

Table 25: Quarterly number of Friends and Family Test responses

		Number of responses	Response Rate
2019-20	Q3	10,933	10.69%
	Q2	11,095	10.86%
	Q1	11,721	12.20%
2018-19	Q4	11,919	22%
	Q3	7631	12.82%
	Q2	5443	14.82%
	Q1	6625	11.64%
2017-18	Q4	5463	11.24%
	Q3	4105	6.81%
	Q2	4987	9.63%
	Q1	4238	7.04%

		Number of responses	Response Rate
2016-17	Q4	3696	5.10%
	Q3	4024	5.10%
	Q2	5357	2.20%
	Q1	6697	2.70%
2015-16	Q4	4793	2.10%
	Q3	5844	4.20%
	Q2	6130	4.50%
	Q1	7441	6.60%

9.1.2 Inpatient ward responses

Table 26: FFT results for Inpatient Wards showing percentage that would recommend to Friends and Family

Ward	Ward type	2019/20			2018/19				2017/18			
		Q3%	Q2%	Q1%	Q4%	Q3%	Q2%	Q1%	Q4%	Q3%	Q2%	Q1 %
Oakwood Ward	Community Inpatient Ward	100%	100%	95.83%	95.83	100	100	95.83	100	72.97	93.75	100
Highclere Ward		100	100%	100%	97.5		97.37	93.98	94.64	96.7	100	100
Donnington Ward						94.12						
Henry Tudor Ward		85%	90.48%	97.44%	90.91	93.48	89.8	97.78	97.59	42.86	98.86	93.5
Windsor Ward		-	91.89	-	100	100	96.67	88	95.24	94.44	100	100
Ascot Ward		-	100%	-	100	94.12	93.75	100	100	100	100	100
Jubilee Ward		99%	96.34%	95.45%	92.86	100	94.92	97.5	97.83	100	100	100
Bluebell Ward	Mental Health Inpatient Ward	53%	65.22%	60%	80	72.73	50	-	-	-	100	40
Daisy Ward		87%	62.50%	75%	62.79	78.95	50	100	33.33	-	66.67	50
Snowdrop Ward		67%	74.49%	71.11%	76.74	70.59	70.73	70.59	100	85.71	76.19	60
Orchid Ward		76%	77.78%	84.48%	75	69.44	50	100	-	-	100	-
Rose Ward		70%	76.92%	62.50%	45.95	62.5	0	100	33.33	100	50	100
Rowan Ward		80%	86.67%	93.33%	100	83.33	-	-	-	-	-	100
Sorrel Ward		29%	-	-	100	100	-	-	-	-	-	-

- = no responses received

9.1.3 Learning Disabilities

The recommendation rate for the Campion Unit for Quarter three is 74%.

There were 22 responses to the FFT received from patients seen by the community teams for people with a learning disability. The recommendation rate for Quarter three is 95%, compared with 85% in Quarter two and 83% in Quarter one.

9.1.4 Carer FFT

There has been a decrease in carer responses. In Quarter three, 95% of carers would recommend the Trust to friends or family compared to 95% in Quarter two and 96% in Quarter one.

Table 27: Carer FFT Responses

Number of responses					
2019/20		2018/19		2017/18	
Q1	335	Q1	67	Q1	111
Q2	408	Q2	201	Q2	32
Q3	242	Q3	314	Q3	39
		Q4	258	Q4	86

9.1.5 Friends and Family Test comparison information available from NHS England

Each month health services (both NHS and independent providing NHS services) submit a report to the Department of Health and Social Care on their FFT results and activity. As each organisation differs in the services that they provide, and the guidance for calculating the response rate differs substantially. The table below shows the most up to date comparison information available from NHS England, which is November 2019.

Table 28: Community Health services FFT data; November 2019

Trust Name	Nov-19		Aug-19		Apr-19		Feb-19		Nov-18	
	Response R	% RR	Response R	% RR	Response R	% RR	Response R	% RR	Response R	% RR
Berkshire Healthcare	11%	96	9%	95%	11%	94%	17%	94%	9%	96%
Oxford Health NHS FT	4%	96	4%	95%	4%	95%	4%	93%	4%	97%
Solent NHS Trust	4%	97	5%	97%	3%	97%	7%	98%	5%	97%
Southern Health NHS FT	4%	98	5%	98%	6%	96%	5%	95%	5%	97%

%RR – Recommendation rate

Berkshire Healthcare has maintained a significantly higher response rate compared to other local Trusts, this is positive and means that the results achieved are more valid; for November 2019 the Trust recommendation rate has increased to 96% for community services; this continues to be monitored.

Table 29: Mental Health services FFT data; November 2019

Trust Name	Nov-19		Aug-19		Apr-19		Feb-19		Nov-18	
	Response R	% RR	Response R	% RR	Response R	% RR	Response R	% RR	Response R	% RR
Berkshire Healthcare	17%	83	12%	86%	19%	87%	21%	86%	37%	83%
Solent NHS Trust	10%	91	9%	89%	9%	92%	13%	92%	11%	94%
Southern Health NHS FT	1%	83	3%	91%	3%	92%	2%	93%	2%	92%
Avon and Wiltshire MH Partnership	12%	88	11%	87%	17%	89%	14%	90%	16%	89%
Oxford Health NHS FT	8%	91	9%	92%	9%	92%	9%	93%	9%	93%

%RR – Recommendation rate

As the Family and Friends Test response rate is receiving less than the 15% target a countermeasure summary to support improvement has been put in place and is being monitored through the Trust Finance Performance and Risk Committee, as well as being a Driver metric for the Patient Experience Team.

10. Our internal patient survey

At the end of the quarter we have received feedback from 3,912 patients or carers compared to 3,830 in the last quarter.

Mental Health Services are still showing an increased level of responses and recommendation rate, with increased responses showing from Campion Unit and Willow Ward which is positive.

The highlights are:

- 77% reported the service they received as good or better – a reduction from 81% in Quarter two
- Community Health Services had responses from 1,876 patients and carers with 81% of them reporting the service they received as excellent or good
- Mental Health Services responses increased to 2,036, with 74% of patients and carers rating the service provided as excellent or good
- 10 services carrying out the internal patient survey were rated 100% for excellent or good care with a further 17 services rating 85% or above

11. Learning Disabilities survey

There were 41 survey responses by people seen by our Community Team for people with a Learning Disability during Quarter two; a decrease from 50 in Quarter two and compared with 96 in Quarter one and increase from 26 in Quarter four. A selection of the results is in the table below:

Table 30: Patient survey responses – Community based Learning Disability Services

My meeting with you was helpful.	%	Number	I got answers to my questions.	%	Number
Not at all	0	0	Not at all	0	0
Not much	0	0	Not much	0	0
A little	2.44	1	A little	9.76	4
Quite a bit	2.44	1	Quite a bit	4.88	2
A lot	90.24	37	A lot	78.05	32
Question not answered	4.88	2	Question not answered	7.32	3
You were polite and friendly to me.	%	Number	You listened to me.	%	Number
Not at all	0	0	Not at all	0	0
Not much	0	0	Not much	0	0

A little	4.88	2	A little	4.88	2
Quite a bit	0	0	Quite a bit	0	0
A lot	90.24	37	A lot	90.24	37
Question not answered	4.88	2	Question not answered	4.88	2

The inpatient survey has been revised and below is a selection of the results from Quarter three; there were 80 responses to the survey:

Table 31: Patient survey responses – Campion Unit

How do you feel about food and drink on Campion?	%	Number	How do you feel about talking with staff on Campion?	%	Number
Positive	38.75	31	Positive	42.5	34
Not sure	47.5	38	Not sure	35	28
Negative	13.75	11	Negative	22.5	18
How do you feel about safety on Campion?	%	Number	How do you feel about the help from staff on Campion?	%	Number
Positive	47.5	38	Positive	42.5	34
Not sure	30	24	Not sure	37.5	30
Negative	22.5	18	Negative	20	16

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

The Always Events programme has been embedded within the WestCall service. The operational team are being supported by the Patient Experience Team with this project, a review of the feedback from the service led observations has taken place and the analysis from this is being drawn up to create the Always statement for the service. Due to service absences, this has been put on hold and is being picked up again in Quarter four.

PPI Champions are fully established and embedded within the Children, Young People and Families locality. Participation representatives from the services act as champions for service user feedback and participation. The champion role provides opportunities for passionate and enthusiastic staff, at all levels, to play an active role in generating a positive focus towards the progression of service user feedback and participation, with direct support from both their peers and corporate services. Services with a Champion are seeing an increase in the response rates for the FFT and wider participation. PPI Champions have been established across the community health west and mental health west localities, and are in the process of developing their local plans and vision.

Appendix Two contains the 15 Steps report for Quarter three. There were 4 visits during this period; one to a community inpatient ward, two to mental health inpatient wards and one was in a community based service.

13. Compliments

There were 1,437 compliments reported during Quarter three, this is in addition to positive comments recorded in our internal survey and through FFT. The services with the highest number of recorded compliments are in the table below.

Table 32: Compliments

Service	Number of compliments
Talking Therapies	649
ASSIST	187
Community Based Neuro Rehab - CBNRT	54
Community Respiratory Service	54
District Nursing	46
Physiotherapy Musculoskeletal	40
Cardiac Rehab	39
Heart Failure Team	35
Community Hospital Inpatient	32
Integrated Care Home Service	30

Compliments received during quarter 3 include:

Dedicated professionals working together as a team who were genuinely interested in my child's progress and wellbeing. It would be fantastic if you had more funding to allow the group to assist more people. We are extremely grateful to everyone who worked with my child to help her deal with the situation and provided her with techniques to help her after treatment had finished. Her recovery (continuing) would not have been possible without you. Thank you for your help - CAMHS	You have worked tirelessly with me and guided me through some of the darkest days, your help, advice and support has helped me so much through my recovery and I'm really grateful. Thank you so very much. - CMHT
	Thank you so much to you and the IST for all your input with A, I know it's been a bit tricky at times, but I and his parents are so grateful for all that you do. – Learning Disability
Professional service can talk about anything. – Older Adult Mental Health	Accessible, patient centred, option to choose method of treatment. – Talking Therapies
Absolutely brilliant care couldn't be more helpful. Love having him come to see me. – Community Matron	My daughter moved back home in March. She was vulnerable, lacked confidence and cried a lot. She started attending STEPPS and I used to drive her to and from her sessions. Sometimes at the beginning she would come out from her session and be very tearful, often retreating into herself, not able to speak to me. I learnt to treat her gently and not ask questions. I offered my support whenever she needed, and we went over the coping techniques together. As the
"thanks" you have really helped me feel the best I have in a long time. - EIP	
"To all the staff in Bluebell ward, to say thank you very much and thank you for all your help and support. All my love Service user"	

Well looked after gave me confidence, found this to be very important after I got home after my stroke. – Early Supported Discharge	months went on I saw small then much bigger improvements in her. She gained patience, kindness and most importantly Hope for her future. The STEPPS sessions had a huge impact on her and also her family. I am beyond proud of my daughter today and give my best wishes and hope for all who have found their lives in need of STEPPS
Really inspiring, gained knowledge. Made me think of goals to help me! - Diabetes	Kind, professional young lady who explained the process of swallowing to us. Very helpful, also Wokingham hospital id local and easy to get to. Adult Speech and Language Therapy
Very happy with treatment received. Competent and friendly staff. – Podiatry	
The staff provided the greatest care for my daughter through some very difficult times. Can't fault the people or service we received. - CAMHS	Listen to problems and tailor them to me as an individual and not general to the condition and very helpful. -MSK Physio
Nurses are all friendly, efficient and very competent. I have a PICC line and their aseptic care is meticulous. – Community Nursing	They were really kind. Whole session was extremely interactive, and we learnt new things to increase attention - CYPF
Lots of help on hand, very friendly and well organised. – Health Visiting	Multi-professional approach, very valuable- IPASS

Table 33: Compliments, comparison by quarter

	2018-19					2019-20		
	Q1	Q2	Q3	Q4	18/19	Q1	Q2	Q3
Total Compliments	1,008	1878	1,670	1,409	5,965	1,404	1,389	1,437

14. Changes made as a result of feedback

Examples of changes made as a result of feedback are detailed below

Learning from Mental Health Services East Division:

Following a complaint which included concerns around communication, a change was made that when patients request a correction/amendment to clinical correspondence or records the change should be made as quickly as possible and confirmation sent to the patient. A timely and clear rationale/explanation should be provided to patients for discharge or when a treatment/service they have requested is not considered clinically appropriate. Patients' understanding of the rationale provided should be checked. It is important to keep patients informed regarding waiting times for assessment/treatment/decisions regarding their care.

Learning from Mental Health Inpatients Division

Following a complaint related to an informal patient leaving the ward. It has been clarified with staff the importance of having a consistent approach to the clinical risk assessment of informal inpatients requesting leave from the ward.

Learning from Children, Young People and Families Division:

Following an incident where a young person was aggressive to their sibling in an appointment, it was discussed that there was lack of clarity about parental responsibility for their child's behaviour and safety when they are present in an appointment (CAMHS/ADHD):

Where child/ren become undisciplined/disruptive during consultation, staff should support parents/guardians to feel confident to provide supervision and the appropriate behavioural controls required. This ensures that where such an event occurs, (1) parents/guardians feel empowered to act and do not wait for staff to direct child/ren and (2) that this non-home environment does not imply to parents/guardians that child/ren cannot be controlled by parents/guardians like they would be at home. A reminder to staff has been shared, that they should quickly and proactively remind parents/guardians to supervise child/ren independently, where child/ren become disruptive or unruly.

Complaints about waiting times - CYPF (ADHD/Autism):

Ongoing work is happening to review processes, utilise technology, increase capacity and to work with commissioners as well as providing information, advice and review of risk regarding young people on waiting lists.

Learning from Community Health Services East Division:

From a community inpatient ward complaint around discharge processes, a cognition reassessment prior to discharge has been introduced and an MDT discharge checklist is to be implemented.

All referrals received to the Continence Service for new catheter patients, whether temporary or permanent, Triage will make contact with the patient concerned to ensure that the hospital discharged them with all equipment they need, and they were shown in hospital how to change leg bag. Also, to make sure patient has our contact details in case they need advice.

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

In January 2020, Healthwatch England have published a report called *Shifting the Mindset – A closer look at NHS complaints*. This report discusses the improvements that have been made in the NHS Complaints handling and giving further recommendations. This is based on the findings of the report produced by Sir Robert Francis QC, as part of the public inquiry into the serious failings at Mid Staffordshire Foundation Trust. The Head of Service Engagement and Experience was part of the review team in this inquiry, focussing on the complaint processes and learning, the existing complaints processes and reporting for Berkshire Healthcare were completely revised.

The report discusses how an effective complaints system is vital to high quality healthcare, helping services and individuals do things better when things don't go according to plan. The

paper discusses how when people raise their concerns they need to be confident that concerns will be acted on appropriately and that the NHS can consistently show they are being responsive and learning from complaints.

Under the regulations, every NHS trust is required to collect and report on the number and subject of complaints, how many of them were upheld and what actions have been taken as a result.

The recommendations and actions for Berkshire Healthcare from the forthcoming report by Healthwatch England can be found in Appendix Three; whilst some are actions at a national level, the work that Berkshire Healthcare is currently doing is included and will be updated on a quarterly basis.

Elizabeth Chapman
Head of Service Engagement and Experience

Formal Complaints received during Quarter Three 2019.20

Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Reading	Learning Disability Service Inpatients - Campion Unit	Minor	Mother unhappy that the patients meds have been reduce and the visits home have been stopped since being admitted to Campion. She feels there is not the proper knowledge in how to deal with the patient.	Partially Upheld	It is recommended that a review of section 17 leave should be undertaken by the MDT. This should include involvement of family. The MDT and family should identify a clear plan to support the patient to be able to visit the family home. The plan needs to identify the key steps towards visiting the family home and how risks will be assessed and managed.
Reading	District Nursing	Moderate	Complaint re care of leg ulcers for parent and attitude of nurses. Claims poor care led to infection. Has shared care between Wokingham and Reading DN teams but no longer wants Reading DN team to attend.	Not Upheld	Due to pt being palliative this is closed until a later date when it will be investigated
Wokingham	Common Point of Entry	Minor	Patient unhappy with wait to be seen and unsympathetic manner, disregard for his disabilities, physical and mental.	Not Upheld	Not upheld as not investigated
Windsor, Ascot and Maidenhead	Hearing and Balance Services		Pt angry they have been sent a letter accusing them of breaking NHS property when they have not ever received hearing aids but would like to.	Upheld	Wrong letter sent out by service - instead of letter giving terms and conditions, letter said she had lost her hearing aid which she had not.
Wokingham	Podiatry	Low	Complaint about the restricted access to Podiatry services due to patient transport.	Upheld	Things were not as they should have been
Reading	Out of Hours GP Services		Pt referred to WestCall to be seen on arrival, 1st Dr refused despite the advice and the second Dr missed the object on examination. Pt's GP has also changed the antibiotics she was prescribed by WestCall	Partially Upheld	Upheld as to Dr being unable to find the tampon (which can happen) and not doing high vaginal swab but not upheld for the claim of risk of toxic shock
West Berks	Out of Hours GP Services	Low	Patient unhappy with wait to be seen. The matron rang this gentleman back to explain matters but local resolution not achieved	Partially Upheld	Delay in being seen (but not clinically urgent)and observations taken late (all normal).
West Berks	Out of Hours GP Services		Patient unhappy with treatment and that service did not provide a second opinion	Partially Upheld	
Bracknell	Admin teams and office based staff	Low	Gentleman rang in to complain re member of complaints team being "smug" and giving misleading information. Stated he wanted to make this a formal complaint. Declined giving any data except mobile number. Claims dyslexic so wants to be called with response. Declined SEAP and said CAB wanted to charge him.	Partially Upheld	Wrong information given but in good faith
Bracknell	CMHT/Care Pathways		Further concerns following previous response. Requesting clarification on some of the information referred to in the letter, and for her view to be added. In addition, there is a query about Personal Health Budgets (this element has also been raised by Healthwatch).	Not upheld	
Slough	CAMHS - Child and Adolescent Mental Health Services		Pt feels the therapist they saw back in September of 2018 did not refer to the correct pathway and as a result their treatment has been delayed which they feel has resulted in them having to re do 2 years of their life.	Not Upheld	No evidence seen to back up complaint - seems ot be perception

Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Windsor, Ascot and Maidenhead	Hearing and Balance Services		Patient and spouse initially complained re lack of NHS provision and dealt with as LR and patient returned to NHS. Now spouse complaining about initial process of out-sourcing the care.	Not Upheld	Apology given that they are not happy with the transfer
Slough	Crisis Resolution and Home Treatment Team (CRHTT)		Pt called the crisis number and believes the person was rude and they could also hear staff being rude about them in the background.	Partially Upheld	Although the exact words that the complainant said she heard were not audible on the recording, it was clear the staff member had declined to speak to the patient
Reading	CMHT/Care Pathways		Patient unhappy with a named clinician, felt her views were unheard and treatment offered unsuitable	Partially Upheld	Most of complaint not upheld - small part re sending info re group therapy probably not helpful
Reading	Adult Acute Admissions		General care and treatment of the patient and attitude of ward staff at PPH	Partially Upheld	No evidence seen for most of the complaint, but there was no post-incident review following PMVA
Reading	Site Services	Low	Complaint on behalf of local residents about the litter outside PPH, caused by staff and patients.	Not Upheld	Rubbish was fly-tipping from house up the road
Reading	Adult Acute Admissions	Low	Parent complaining around patients care - long wait for supported living and safety of adult child on ward	Upheld	Upheld as patient was able to self harm whilst in our care. Cannot comment on the other organisation involved.
Windsor, Ascot and Maidenhead	CAMHS - Child and Adolescent Mental Health Services		Mother unhappy that eating disorders and the anxiety and depression pathway have refused the referral for her child. She is angry the they are starting the referral process again from scratch and wish it to be expediated.	Partially Upheld	Partly upheld due to poor comms
Reading	Adult Acute Admissions		Complainant unhappy with the perceived lack of care for the pt. Pt not seen by their psychiatrist in a 6 week period. Despite being under 1 to 1 care they state various life threatening incidents have taken place. When the pt has asked to speak to someone as they are struggling they have been allegedly told no.	Partially Upheld	The patient to be observed by staff who knows her well. This maybe regular staff or staff who are on bank and or agency but the proviso is that they know the patient well. For the patient to receive psychological therapy on a weekly basis as agreed by the IMPACTT team. Extra psychological to be source from outside provided in order to increase the therapy to more than once a week. Consistent approach by all staff in their response to the patient when she requests a 1:1 with a staff member who is not allocated to her enhanced observations at the time of request. Consistent approach in discussing with the patient any changes in her medication and for all discussion to be documented through the electronic records. Consistent approach to searching each patient on return from leave from the ward To explore whether the availability of Art Therapy would be beneficial (she is very artistic and her care coordinator when I spoke to her reported that an Art Therapists did attend the last meeting).
Windsor, Ascot and Maidenhead	Site Services	Minor	Pt fell in the car park of King Edward Vii Hosp. car park attendants assisted and called for first aider - none were forthcoming, eventually an ambulance was called as no first aider	Upheld	No IO report but response indicates that there were no first aiders present and acknowledges an ambulance should have been called sooner
West Berks	Physiotherapy (Adult)	Low	Pt believes he has not had the correct number of sessions of physio and has now been discharged also wants back the documentation removed from his book.	Not Upheld	The number of sessions was appropriate
Reading	Adult Acute Admissions		1.Pt feels there was a lack of care at PPH, no access to psychology 2.Pt's room was searched 3.Pt discharged to friends house without communication about this, no support following discharge 4.Discharge letter contained inaccurate info	Not Upheld	Complainant with drew the complaint

Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Reading	Psychological Medicine Service	Minor	Pt unhappy with the content of the report written by a staff member and the source used to gain information, although consent was given	Not Upheld	Appropriate actions were taken by staff member.
Slough	Community Hospital Inpatient		Pt given patches for pain relief, complainant believes they are the cause of the pt being ill resulting in Opioid overdose	Not Upheld	Diagnosis given to patient by WPH was not correct and the medication we gave was appropriate
Wokingham	CAMHS - Child and Adolescent Mental Health Services	Low	Waiting for CAMHS for child who also has disordered eating	Not Upheld	IO did not identify any failings in clinical care and actions taken were appropriate
Reading	Talking Therapies	Low	Complainant made a subject access request and found service had discharged him without his knowledge and inappropriate comments in them	Upheld	
Bracknell	Admin teams and office based staff	Low	Complainant is unhappy that he has already told us he has ended his professional relationship with two named staff members but their names are in the letter he has received regarding the positive risk panel. He is also unhappy that we have not named the panel members and he wants that information. He also has asked for a note, which he has worded, be added to his records.	Not Upheld	nothing to uphold. No failings by us and an explanation of process given
Wokingham	CAMHS - Child and Adolescent Mental Health Services		Mother unhappy with the content of the assessment report written by the Dr		Investigation underway
West Berks	Minor Injuries Unit		Pt unhappy with the Dr they saw they saw		Investigation underway
Slough	District Nursing	Low	Complainant unhappy that the patient has been ignored by Domiciliary physio and believes the DN's have neglected the patients care	Not Upheld	No clinical failings found
Wokingham	CAMHS - Child and Adolescent Mental Health Services	Minor	complainant unhappy with the specialist Dr involved in the childs care. concerns around medication and not being referred to Talking Therapies	Not Upheld	
West Berks	Out of Hours GP Services	Low	Service refused to see pt and advised called paramedics. Paramedics told pt it was because she had a complaint and that there was a statement on the pt records to say pt must be chaperoned at all times which they are extremely unhappy about and want removed.	Not Upheld	Not upheld as no clinical failings and all actions, including use of chaperone appropriate
Bracknell	CMHT/Care Pathways		Pt has asked for us to re-look at points from our previous response through SEAP	Partially Upheld	We have sent a correction letter to the GP and have apologised that she found staff member to lack empathy
Slough	Community Hospital Inpatient		Pt transferred from the RBH with a broken leg, made to stand with a frame while nurse examined pt for sores which the complainants says resulted in bruising the the legs. Due to the time of admission the pt was also given left over food when she became violently ill and was transferred to WPH		Investigation underway
West Berks	Admin teams and office based staff		Pt called to speak to CPN and person covering lunchtime reception allegedly refused to put them through and then allegedly hung up on them. Pt also unhappy that CPN called at 9.30 am on 28.11.19 to reschedule meeting that was due to take place at that exact time - pt had organised her entire day around this meeting		Investigation underway
West Berks	Children's Speech and Language Therapy - CYPIT	Minor	Complainant unhappy with the care and treatment given to the patient, including the report written which is inaccurate.	Partially Upheld	A number of learning outcomes were identified and incorporated in the IOs action plan on their report.

Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Reading	PICU - Psychiatric Intensive Care - Sorrel Ward		Pts thyroid medication was not given for 6 days, 3 other lots of medication had the wrong prescription. Pt also says she needs to see a doctor and no one has come plus she believes her credit card was stolen .		Investigation underway
Reading	Crisis Resolution and Home Treatment Team (CRHTT)		Pt requested info not to be shared with family member and staff allegedly did	Partially Upheld	There is no evidence that complainant's mother called the CRHTT on 21/11/19. It appears that CRHTT staff who saw the complainant on 22/11/19 did not communicate clearly and whilst doing so, misinformed the complainant.
Slough	District Nursing	Minor	DN allegedly left the front door open when leaving an elderly patients house	Partially Upheld	Partially upheld as no evidence to support or refute allegation that door was left open.
Wokingham	Crisis Resolution and Home Treatment Team (CRHTT)		complainant unhappy at the lack of response from the Crisis team despite their plea for help. Complainant wants an full investigation into the handling of the patients case. -Why no prevention was taken to prevent hospitalization. -Why when answering the phone no one gives their names. -Training that will be put in place due to this complaint. -Guarantees this will not happen again.	Not Upheld	Seen within appropriate time scales given the nature of her issuesby both CRHTT and CPE.
Slough	CAMHS - Child and Adolescent Mental Health Services		Complainant unhappy that the patient referral was missed and report was shredded, as a result wait list was 18 months but now is 22 months. Comp also unhappy that her children were mixed up in a letter despite having different names.	Partially Upheld	
Reading	Community Hospital Inpatient	Low	Carer of pt unhappy to be pounced on when arriving at the ward to sort everything woth OT and Physio for the pt. Ward will not return calls or emails. Carer due to have an operation rendering her out of action from 7th Dec for 2 weeks and needs to know the pt will be cared for	Partially Upheld	Discussion has been had with ISS and the food. The Unit have also been working with the Housekeepers and the catering managers who are going to monitor and audit this. Not answering the call bells in a timely manner. The Manager and the Sister have both apologised and the staff have been spoken to with regards the importance of answering call bells. This is shared at meetings and also is added to the patient rounding where we ask patients if there is anything more we can do to improve our service
Reading	District Nursing	Minor	Pt unhappy that visits have been reduced, feels their legs have deteriorated rapidly as a result. Nurse Mgr did not respond to previous concerns Wishes to make sure the specific DN does not go to their house again. refuses a hospital bed and flu jab and feels harassed about this.	Partially Upheld	
West Berks	CMHT/Care Pathways		Pt unhappy with CPN says they provide no support. Unhappy with medication being changed with involvement from the pt	Not Upheld	Complainant with drew the complaint
Wokingham	CAMHS - Child and Adolescent Mental Health Services		Parent concerned about child and care and treatment provided by staff at Frimley A&E and wait for autistic assessment. Child 15 and apparently has capacity - consent required and also to send to Frimley. Possible LR but unable to contact to discuss	Partially Upheld	Delay in patient being seen. Part of complaint relates to Frimley and complainant wishes us to pass on. In view of recent issues with responses from Frimley and our part being closed, do not feel joint response appropriate and therefore passed to Frimley to deal directly with patient.

Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Slough	Hearing and Balance Services	Low	Pt with hearing aids discharged to his GP as he did not the contact the service by the 12th April. Pt states he did not get the letter until he arrived at King Edward VII on w/e of 28th Sept and it was handed to him in person. Pt extremely unhappy with the change and the way it was executed.	Partially Upheld	Can't be sure patient got letter
Wokingham	Common Point of Entry	Low	NHSE complaint with an element relating to effectiveness of Talking Therapies and CPE declining referrals on multiple occasions.	Not Upheld	Patient would not engage with therapy unless it was what he wanted
Bracknell	Admin teams and office based staff	Low	Caller unhappy with the apology wishes a re-investigation ORIGINAL - Caller unhappy with the incorrect information given by the complaints department.	Partially Upheld	Wrong information given but in good faith
Bracknell	CMHT/Care Pathways		Joint complaint with CCG MH Commissioning team regarding the pt desire for counselling and therefore funding	Not Upheld	Nil evidence seen to support
West Berks	CAMHS - Child and Adolescent Mental Health Services		Parent complaining about delay in ADHD assessment	Partially Upheld	We ack that there is a delay in patients waiting for assessments
Slough	District Nursing		CCG require more content to our letter covering why the issues occurred and what we have put in place to make sure this does not happen again. ORIGINAL DN did not visit despite a referral being put in. Catheter bags were not provided through the continence service when needed.	Upheld	Care not as expected
Reading	Adult Acute Admissions		Family member unhappy with Dr on the ward and the fact they are left out of all communication when they allege to have LPA		Investigation underway
Slough	Sexual Health	Minor	Complaint about The Garden Clinic in Slough: 1.What is the expected treatment regime specified by your hospital in respect of a UTI infection that is displaying severe penile swelling and burning when urinating. In your opinion was the doctor's decision to issue 3 days' anti-biotic course appropriate and in line with your guidelines? 2.What was the reason for the difference between the waiting time to get my results of 3 working days by the doctor against the eventual 11 working days it took to be notified of a problem?		Investigation underway
West Berks	CMHT/Care Pathways		Service assured family member that pt would get a call from a different CC due to the number of cancelled appt's, no call was received	Not Upheld	Not upheld as complaint withdrawn by patient.

Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Windsor, Ascot and Maidenhead	Community Hospital Inpatient	Moderate	Complaint about communication, attitude of staff and care and treatment for a patient at the end of life. Also about the wrong size chair being ordered for the patient on discharge and that this is inhibiting how long he can sit out of bed.		Investigation underway
Reading	Adult Acute Admissions		Family unhappy that a professionals meeting went ahead earlier than timetabled without informing them to discuss the pts care. Their letter was not looked into as part of the SI process.		Investigation underway
Reading	Out of Hours GP Services		Pt had an appt and had to wait 2 hrs to be seen. Pt unhappy with the way the staff dealt with her autistic child and feels training is required for them to deal with people with autism, they also want an apology		Investigation underway
Reading	A Place of Safety		Complaint about various aspects of her care from different services - BHFT aspect is around their stay and purpose of being taken to POS.		Investigation underway
West Berks	Out of Hours GP Services		Prescription of Thenoxymethyltencillin allegedly made up by the GP incorrectly		Investigation underway
Wokingham	Estates		Daughter was visiting father when she slipped on the ramp entry to Wokingham Hospital and broke her wrist. She is complaining that there was not a sign to indicate the ramp was slippery, that she had to ask for an ice pack and staff made a sling from her scarf. Also she wasn't contacted by the Trust until four weeks after. She has had surgery and will also be looking to claim compensation once the complaint has been investigated.		Investigation underway
Wokingham	Community Hospital Inpatient		Complainant believes some of the practices around cleanliness, hygiene and patients dignity on the ward need looking due to due to the patients having to sit in their own faeces for a prolonged period of time resulting in discomfort and soreness		Investigation underway
Reading	Adult Acute Admissions	Low	Complaint that the ward did not arrange for a forensic examination following an allegation of sexual assault.	Not Upheld	the clinical team acted appropriately and that every reasonable effort had been made to arrange a forensic assessment.
Bracknell	Talking Therapies	Minor	Complaint about information shared with Talking Therapies which has been escalated as a children's safeguarding concern.		Investigation underway
Reading	Learning Disability Service Inpatients - Campion Unit	Minor	Mother unhappy that the patients meds have been reduced and the visits home have been stopped since being admitted to Campion. She feels there is not the proper knowledge in how to deal with the patient.	Partially Upheld	It is recommended that a review of section 17 leave should be undertaken by the MDT. This should include involvement of the family.
Wokingham	Podiatry	Low	Additional problems have occurred and an apology is required ORIGINAL BELOW Complaint about the restricted access to Podiatry services due to patient transport.	Upheld	Things were not as they should have been

Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome
Slough	District Nursing	Low	Complainant unhappy that the patient has been ignored by Domiciliary physio and believes the DN's have neglected the patients care	Not Upheld	No clinical failings found
West Berks	Out of Hours GP Services		Patient unhappy with treatment and that service did not provide a second opinion	Partially Upheld	
Wokingham	Crisis Resolution and Home Treatment Team (CRHTT)		<p>Complainant wishes for us to listen to the recording dating back to the 4th Oct as they do not feel we went back far enough</p> <p>ORIGINAL COMPLAINT BELOW</p> <p>complainant uphappy at the lack of response from the Crisis team despite their plea for help.</p> <p>Complainant wants an full investigation into the handling of the patients case.</p> <p>-Why no prevention was taken to prevent hospitalization.</p> <p>-Why when answering the phone no one gives their names.</p> <p>-Training that will be put in place due to this complaint.</p> <p>-Guarantees this will not happen again.</p>	Not Upheld	Seen within appropriate time scales given the nature of her issuesby both CRHTT and CPE.

Quarter 3 2019/20

There have been fewer visits this quarter partly due to capacity of the team but also due to the availability of volunteers.

Overview of visits this quarter

Orchid Ward

- The ward had a calm and relaxed atmosphere with welcoming and friendly staff.
- Staff were keen to show off the ward and described patient activities, the team was pleasantly surprised by the environment although recognised that there was limited shared space for the patients.
- The team agreed that they would be confident in the care provided should family or friend be admitted to the ward.

Physiotherapy – Wokingham Hospital

- Physio is a small unit but was well presented, well organised and professional.
- The staff were welcoming and professional
- During the visit there was a group class as well as individual appointments going on.
- The team was impressed with the unit and was confident that safe and professional treatment was provided to all patients.

Rowan Ward

- The ward was busy with both staff and patients engaged with various activities.
- The ward had a homely atmosphere and it was clear that a lot of thought had gone into the development and design of the ward environment to meet patient's needs.
- The team was very impressed with the staff and the care and consideration given to patient activities.
- The team were confident that should family or friend be admitted to the ward they would receive high quality individualised care.

Windsor Ward

- The value of the 15 steps visit is largely due to the visit being completely unexpected. This ensures that the team get to see the area and the staff in normal day to day working.
- On this occasion the team arrived to major upheaval as the Unit was in the process of re-opening Ascot ward following refurbishment. Although the team was made welcome and the manager was keen to share the improvements made and planned across both wards it was agreed to revisit the ward at a later date.

Pam Mohomed-Hossen & Kate Mellor
Professional Development Nurses
January 2020

Appendix Three: Recommendations from the Healthwatch England: Changing the mindset report on NHS Complaints

Trust Position – January 2020

Improving transparency		
1.	<i>All hospital trusts should publish regular complaints reports and ensure these contain details on learning and improvement taken.</i>	
	Recommendation	Trust position
	The Department of Health and Social Care updating Regulation 18 of the Local Authority Social Services and National Health Service Complaints (England) Regulations to require hospitals to publish complaints reports	The quarterly Patient Experience Reports and national complaint reports are uploaded onto our Trust website as part of our Executive Board papers, from Q3 we will also add as a separate document.
	NHS England and Improvement requiring CCGs to monitor compliance with complaints regulations and intervene in local processes where necessary	Information is shared with the CCG as part of the Quality Schedule, and there is a working relationship at Complaints Team level. Berkshire West CCG undertook a Quality Assurance Operational visit in 2018 which highlighted compliance with complaint regulations. The quarterly patient experience reports are shared with the CCG
	To improve public confidence in the complaints system Trusts should work to communicate learning from complaints with the public in more accessible way e.g. through leaflets or physical 'you said, we did' display boards in the hospital.	This is an area for further improvement. currently some services have display boards and/ or have leaflets. There is work underway to standardise you said, we did boards.

2.	<i>All Trust should collect demographic data, including information on all protected characteristics, as part of their complaints processes. This would help facilitate local and national understanding of the equalities impact of complaints systems.</i>	
	The Department of Health and Social Care updating Regulation 17 of the Local Authority Social Services and National Health Service Complaints (England) Regulations to require collection of demographic information	Collation of demographic data at present is variable and local discussions ongoing on how to capture this
	NHS Digital requiring demographic data submission as part of the national dataset on complaints	National recommendation (as above)
Developing and supporting hospital staff/boards		
3.	<i>More should be done to empower complaints managers and staff (including communications teams) in hospitals to be proactive in demonstrating learning from complaints and transparency in reporting.</i>	
	The implementation of a national complaints standards framework, such as the one currently being developed by the PHSO, is a positive step. This should be linked to local training to ensure staff understand the expectations set out in the framework.	The existing framework (called My Expectations) is currently being used within the Complaints Office. Once the complaints standards framework is published this will be used to benchmark and identify areas for change/ improvement. Training is offered to staff/ services around handling of complaints
	This could be supported through new professional accreditations for complaints managers.	National recommendation
	Good practice on complaints handling should also be included in wider staff training initiatives such as the universal patient safety syllabus.	Standalone IO training is provided for complaints and information is available on induction; more work required to integrate into wider Trust processes with work around just culture to include complaints handling/ processes as well as other incident investigations commenced.
	The national NHS Complaints Managers forum, which has previously existed as voluntary group should be formally resourced and supporting by NHSE/I	Three members of the PE Team are active members of the existing group

4.	<i>NHS England/Improvement should work with trust boards to embed the Good Governance Institute's guidance on transparency around complaints</i>	
	This should be linked to consideration of how trusts can embed the 'Just and Learning Culture Charter' developed by NHS Resolution in their report Being Fair	National recommendation
A system-wide approach		
5.	<i>A single organisation should be empowered to act as a national complaints standards authority, and tasked with developing national good practice, training and monitoring on reporting and learning from complaints.</i>	
	This function could be performed by an existing national organisation like the PHSO with an expanded remit, or by a new body with the powers and responsibilities to provide leadership on complaints handling and reporting.	National recommendation
	A standard method of reporting on learning from complaints should be developed and implemented across the NHS, not just hospital, as part of this work.	National recommendation
	This should be aligned with the ambition set out in the NHS Patient Safety Strategy to develop a shared taxonomy for incidents, complaints and claims.	National recommendation
	While arrangements for a national complaints standards authority are being developed, the Department of Health and Social Care should consider commissioning an independent body to conduct a holistic review of the complaints system.	National recommendation
	National organisations like NHSE/I and PHSO should lead by example in publishing detailed thematic analysis and learning from their own complaints processes.	National recommendation
6.	<i>National oversight of the complaints system should be linked to regional and local learning.</i>	
	Thematic analysis of learning from complaints and concerns (including incidents and claims) should be conducted at ICS (Integrated Care System) level to enable proactive change across Trusts and learning from local trends.	Consideration of how this is best taken forward to be reviewed at the ICS quality forums

Trust Board Paper

Board meeting date	11 th February 2020
Title	Strategy Implementation Plan 2019/20 Progress Report to 31 st December 2019
Purpose	This document updates Trust Board members with highlights on the progress of the 2019/20 Strategy Implementation up to the end of the third Quarter. It is being presented to the Business & Strategy Group in advance of presentation to the Trust Board.
Business Area	Corporate
Author	Director of Projects
Presented by	Director of Corporate Affairs
Relevant Strategic Objectives	The portfolio of initiatives within the Strategy Implementation Plan addresses all the Trust's True North goals
CQC Registration/Patient Care Impacts	The plan includes activities to maintain our CQC registration and improve standards of patient care, outcomes and experience
Legal implications	As per individual programmes and projects
Equality & Diversity Implications	The plan includes delivery of our Equality and Inclusion Strategy. Equality and Diversity implications of each initiative are the responsibility of its governing body.
Brief Executive Summary	<p>This is the report on progress of the 2019/20 Strategy Implementation Plan for the second Quarter. The report advises where there have been additions or amendments to the Plan and highlights features and issues regarding progress.</p> <p>Good progress is being made in most areas of the plan at the end of the second quarter, some with very minor slippage on target dates</p> <p>Those going to plan include</p> <ul style="list-style-type: none"> • QI programme • Zero Suicide, which is transferring to business as usual. • Mental health pathways, which is now business as usual, following a closure report presented in November. • Global Digital Exemplar (GDE) • The Trust's has achieved its financial Control Total at Quarter 3 and is forecasting delivery of the annual target. • Emotionally unstable personality disorder (EUPD) pathway implementation • The Trust is confident of delivering the £4.0m NHSi commitment

	<p>Those initiatives which have encountered minor slippage or issues include:</p> <ul style="list-style-type: none"> • Option appraisal for future use/disposal of 3/5 Craven Road • Connected Care • Frimley ICS Development of Integrated Hub (estates element) • Elements of Delivering our Equality and Inclusion Strategy 2016-20 have been on hold, including our Local Equality Improvement plan has been due to a delay in NHS England publishing EDS3 (Equality Delivery System) which would influence plans. • Sexual health service (East) transformation (including delays in the required digital transformation) <p>There are no initiatives that are currently at risk of not continuing, although a number have encountered challenges, including:</p> <ul style="list-style-type: none"> • Workforce initiatives (impacted in part by sickness absence) • The new Trust intranet “Nexus”, which has encountered technical challenges that have been addressed. It is now due to go live at the end of March 2020 • Transfer of learning disability inpatient facilities from the Campion Unit to Jasmine Ward (slippage on timescales including the time required to secure a Deed of Variation) • Transfer of CAMH Tier 4 services (Willow House) to Prospect Park Hospital. This has been impacted by delays to the Jasmine scheme and also challenges in the development of the business case to NHSi. <p>The Strategy Implementation Plan Progress Report at the end of December 2019 shows that good progress is being made, with most of the initiatives being delivered to the expected time frames or with minor slippage. Whilst a number of initiatives have encountered challenges and/or significant risks remain, most have clear plans to achieve their objectives and for others, mitigating action is being actively sought.</p>
Recommendation/ Action Required	The Board is asked to note the progress made against the plan.

Strategy Implementation Plan 2019/20

Progress Report to 31 December 2019

Author: Neil Murton, Director of Projects

Director: Kathryn MacDermott, Interim Director of Corporate Affairs

Date: 15th January 2020

Copyright

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

Confidentiality

Where indicated by its security classification above, this document includes confidential or commercially sensitive information and may not be disclosed in whole or in part, other than to the party or parties for whom it is intended, without the express written permission of an authorised representative of Berkshire Healthcare NHS Foundation Trust.

Disclaimer

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

Purpose

This document has been prepared to update the Trust Board at its meeting on 11th February 2020 regarding progress to deliver the Strategy Implementation Plan 2019/20 as at the end of December 2019.

Members of the Trust Board are asked to review and note the report.

Document Control

Version	Date	Author	Comments
1	15.01.2020	Neil Murton	Based on the combined projects and SIP monthly progress reports presented to the Business and Strategy Executive, and updates from programme leads.

Distribution:

All Trust Board Members

Document References

Document Title	Date	Published By
2019/20 Strategy Implementation Plan – Summary and commentary presented to Trust Board	May 2019	Neil Murton
Strategy Implementation Plan 2019/20 presented to the Business and Strategy Executive	April 2019	Neil Murton, Director of Projects
Strategic Implementation Plan 2019/20 update to 30 June 2019 presented to the Business & Strategy Executive	July 2019	Neil Murton, Director of Projects
Strategic Implementation Plan 2019/20 update to 30 September 2019 presented to the Business & Strategy Executive	October 2019	Neil Murton, Director of Projects
Monthly combined SIP and Projects Report	Monthly	Neil Murton, Director of Projects.

CONTENTS

		Page
1.	Introduction	4
2.	Changes to initiatives and work streams	5
3.	Summary of progress to the end of June 2018	6
4.	Conclusion	10
5.	Action	10

INTRODUCTION

Background

1. The Strategy Implementation Plan 2019/20 captures the key activities required over this financial year and beyond to ensure successful implementation of our strategy, and operational plan. It is structured to reflect initiatives to deliver each True North goal. The attached summary report also provides references to our strategic projects filter which is used to prioritise all of our strategic projects.
2. In April 2019, the detailed Strategy Implementation Plan 2018/19 was approved by the Business and Strategy Executive, and the summary plan noted by the Board in May.
3. The Board would normally receive a quarterly summary progress report on the delivery of the plan. This year, an update on the Plan for the 1st Quarter was presented to the Business & Strategy Executive, but not presented to the Board. An update for the 2nd Quarter, from July to September 2019 was presented to the Board in November. This update relates to the 3rd Quarter from October to December 2019. Combined projects and strategy implementation plan progress reports are produced every month for review by the Business and Strategy Executive.
4. A 'Plan on a Page' was published in February 2019 to provide our staff and key stakeholders with an accessible version of the 2019/20 Strategy Implementation Plan and to support staff with their annual service and team plans, personal development plans and personal objectives.

Progress reports to the Board

5. This is the second quarterly progress report to be presented to the Board this year and it relates to the progress to the end of the 3rd Quarter.
6. The Summary Report includes the classification of the initiative following their assessment with reference to our strategic filter (in the column headed "Class". The key to the symbols in this column are at the end of the table, however in broad terms those in **red** text (i.e. **MC** – Mission Critical; and **IMP** – Important) signify our highest priorities, and **green** text (i.e. **COMP** – completed; and **BAU** – moving to business as usual) signify initiatives or work streams which no longer need to be included in the strategic implementation plan.
7. The initiatives highlighted below are linked to the True North Goals that they primarily support. As a reminder, these are:
 - **True North Goal 1** To provide safe services, prevent self harm and harm to others
 - **True North Goal 2** To strengthen our highly skilled and engaged workforce and provide a safe working environment

- **True North Goal 3:** To provide good outcomes from treatment and care
- **Trust North Goal 4:** To deliver services that are efficient and financially sustainable

Exception report approach

8. The summary exception report provides a RAG rated overview of initiatives to identify trends and highlight areas of risk. Initiatives are conservatively RAG rated in this paper. Note that the rating declared may reflect considerations other than simply attainment of milestones. It may for example, reflect a reduction in the anticipated level of benefits ultimately realised or a high level of uncertainty and risk.

CHANGES TO INITIATIVES AND WORKSTREAMS

9. There have been no new initiatives added to the Strategy Implementation Plan, but there have been amendments and embellishments to a number of elements within the Plan since April.

Supporting True North Goal 1

- **Child & Adolescent Mental Health Service Pathways** – Previously labelled as Improving Child & Adolescent Mental Health Service Waiting Times, this initiative was re-scoped to focus on clinical pathways. This, along with a number of local service initiatives will contribute to the improvement in waiting times. The steps within the plan itself remain unchanged.
- **Transforming urgent care pathways** – This was included as a “placeholder” from April. However, the Trust will include strategic direction for urgent care within its over-arching three year strategy refresh.

Supporting True North Goal 2

- **Berkshire West Integrated Adult MSK/Physio** – this part of the plan was amended to reflect revised procurement arrangements for the new service model. The mobilisation phase is now underway with the project progressing well. All recruitment is in hand although some posts will not be filled until early 2020. The start date was reviewed in light of recruitment and has been put back from 20/1/2020 to 10/2/2020.

Supporting True North Goal 3

- **Digital – Population health management** – The main plan was updated regarding key dates to reflect detail as it became available.

- **Developing a Berkshire Healthcare Community Health Strategy** – Milestones and key dates have now been added to the plan.
- The **Wellbeing Project** has been impacted by discussions around the respective approaches to be adopted East and West of the County. A Project structure is now in place and the establishment of a new service model (including a Wellbeing arm to IAPT) is being progressed. Discussions continue regarding the service models.

Although not yet part of the plan, there will be new initiatives being undertaken by the organisation as a consequence of mental health transformation funding e.g. the **Frimley Community Mental Health Transformation**, which is being undertaken in collaboration with Surrey & Borders Partnership NHS Foundation Trust.

In addition to the activity in the Plan under “improving patient experience” (all rated Green), the Trust has awarded a tender for the conducting of engagement and research as the first stage in the development of a new tool for capturing and measuring patient experience. This will report in March and on the basis of the data analysis conducted, the Trust will tender for the subsequent stages to design and implement the new tool.

10. Initiatives which have been removed from the plan following this report are shown in **red** text:

Supporting True North Goal 3

- **Frimley – Community Health Services tender North East Hampshire & Farnham/Surrey Health CCGs** is no longer valid for Berkshire Healthcare. Surrey Heath and NE Hampshire and Farnham CCG clinical leads have decided to progress with Virgin and consequently, the Trust did not engage with this.

SUMMARY OF PROGRESS TO THE END OF DECEMBER 2019

Initiatives being delivered as planned

11. Good progress is being made in most areas of the plan at the end of the first quarter, some with very minor slippage on target dates. Those initiatives proceeding in line with their respective plans include the following:

Supporting True North Goal 1

- **Zero Suicide** – This initiative is now moving to “business as usual” later this year, for which a plan is in place. A closure report is due in February 2020.

- **Quality Improvement programme** - A number of amendments were made to the main plan regarding the sequencing of some of the QI activities. However, none compromised the rating at Green.

Supporting True North Goal 3

- **Mental Health Pathways** – This moved to “business as usual” at the end of June. The production of the project closure report was delayed in light of monitoring conducted following the move to business as usual. A well-regarded closure report was presented to the Executive in November 2019.
- **Emotionally Unstable Personality Disorder Pathway** – This initiative regularly reported an Amber status as a reflection of the complexity of what is being addressed and the level and nature of associated risks. However, in terms of achievement of its milestones, this initiative has proceeded to plan and following agreement to supporting funding, its status has moved to Green.
- **Global Digital Exemplar**

Supporting True North Goal 3

- **Achieving our Control Total** – The Trust's has achieved its financial Control Total at Quarter 3 and is forecasting delivery of the annual target.

Initiatives with minor slippage

12. Initiatives which are expected to be delivered but which have encountered minor slippage are as follows:

Supporting True North Goal 1

- **Frimley ICS – Development of Integrated Hubs.** There have been amended dates (to be confirmed by the ICS) relating to the development and approval of the ICS estates capital programme outline business case and the submission of the ICS Capital Programme submitted to NHS England for funding. Note that the service changes relating to this initiative, of which the Trust is part, is currently reporting as Green and on track.

Supporting True North Goal 2

Elements of **Delivering our Equality and Inclusion Strategy 2016-20** have been on hold, including our Local Equality Improvement plan has been due to a delay in NHS England publishing EDS3 (Equality Delivery System) which would influence plans. We are currently working towards the Equality Diversity and Inclusion strategy update and the focus of the EDS work will be determined as part of this process. A decision was approved by the Diversity Steering group to align the scoring of our performance on a four yearly cycle, in line with strategic planning to achieve meaningful and sustainable change. The Pride Network launch is taking place in February 2020 and this will

provide members the opportunity to discuss and shape what this mentoring program should look like. The Trust made its submission for the Stonewall Workforce Equality Index in September. Results will be available in January, with a feedback session in February

The Annual Equality Report was presented to the Trust Board on 9th July and has been published.

Both the **Workforce Race Equality Standard (WRES)** report and **Workforce Disability Employment Standard (WDES)** have been submitted and published. In addition, the Gender Pay Gap report has been submitted.

Supporting True North Goal 3

- **Sexual Health Services (East) Transformation** – There were a number of changes made to the detail in the main plan as the project has evolved and until recently, the initiative had been reporting as Amber. However, commissioners were in agreement that there will be a transition period to the new model following the commencement of the contract (1st July 2019). There have been delays regarding digital transformation and project arrangements have been retained to oversee the service transformation and embedding of changes. The Closure Report is due in April 2020.
- **Option appraisal for the future use/sale of 3/5 Craven Road.** This was due in July but due to workload, proposals are now anticipated in February. Consideration of options for 25 Erleigh Road, Reading were delayed for the same reason, but a decision regarding its future use is due in January 2020.
- **Optimising the use of mental health inpatient services** – Whilst much has been achieved through this programme, the initiative has reported Amber in light of the number of patients still in out of area placements (or for whom, inappropriate funding arrangements are in place) and work required to achieve targeted reductions in length of stay and financial savings. As planned, the initiative has now been re-scoped, with arrangements for optimising rehabilitation and recovery now “business as usual”. The work to eliminate acute overspill has been organised into four new work streams under the initiative “Just to Zero” (which references the target).
- **Health & Social Care Initiative – Connected Care** – Currently reporting as Amber due to poor take up by Local Authorities and issues with pathology functionality.
- **Information Technology Architecture Strategy** – Whilst significant progress has been made, the Office 365 migration has been delayed by six months as resources have been diverted to the intranet project.

Supporting True North Goal 4

- **Delivering our Cost Improvement Plans** – The Trust is confident of delivering its £4.0m NHSi commitment.

Initiatives with material risks of delivery or not continuing

13. There are no initiatives that are currently at risk of not continuing. However, the following have encountered challenges:

Supporting True North Goal 2

- The Amber ratings for the **Workforce** elements of the plan reflect the continuing associated risks to the organisation. Whilst people have responded very well to the need to prioritise and manage workload flexibly, inevitably some slippage in this work has occurred as a consequence of sickness absence. Data for November 2019 indicated the following:

There is an increase in overall sickness – the increase showing in long-term sickness absence. Stress/anxiety/depression still remains high as a cause of sickness absence – and there is a particularly high rate of sickness absence for this reason amongst Band 5 nurses.

Turnover has again decreased, enabling the Trust to achieve its target of <16%

Although the number of leavers has been decreasing – staff leaving within their first year of service still remains at 25% of overall leavers for the year to date.

- **New Trust Intranet** – It was the intention to have a new Intranet platform operational by 9th July (when Microsoft support to TeamNet ended) but due to delays in securing a contract with the intranet platform supplier VerseOne (finally achieved on 1st July) together with a number of technical issues to be addressed, the first phase of the new intranet – “Nexus” - is now due to go live with enhanced content in late March 2020, following a “soft” launch on 15th December with user testing. TeamNet has been discontinued. During the interim period, arrangements have been in place to mitigate cyber risks and ensure staff have access to all essential facilities prior to final launch.

Supporting True North Goal 3

- **Move of Learning Disability Assessment & Treatment Unit from Campion Unit to Jasmine Ward** – The timescale for Jasmine Ward refurbishment slipped and – depending on the duration required to secure agreement with our PFI partner for the Deed of Variation – will not commence until March 2020. This has in turn impacted on the project to bring CAMHS Tier 4 services to the Prospect Park site. There is now more certainty regarding timescale and there has been verbal confirmation that the PFI funders have agreed to the Deed of Variation.

Children and Adolescent Mental Health Tier 4 inpatient service (Willow House) transfer from Wokingham Community Hospital to Prospect Park Hospital. The timescale for this scheme has been impacted by delays on the Jasmine Ward project (see above) and there are also risks in relation to the requirements for the development and approvals for the associated full business case which was due to be submitted to NHSi by December 2019 but should not be submitted in January 2020. The support of NHS England Commissioners and the BOB Estates Working Group have been secured.

CONCLUSION

14. The Strategy Implementation Plan Progress Report at the end of December 2019 shows that good progress is being made with most of the initiatives being delivered to the expected time frames or with minor slippage. Whilst a number of initiatives have needed to be re-scoped and some have encountered challenges and/or significant risks remain, most have clear plans to achieve their objectives and for others, mitigating action is being actively sought.

ACTION

15. Members of the Trust Board are asked to:
 - review and note the report.

2019/20 Strategy Implementation Plan Summary - Updated December 2019

INITIATIVE	Class	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
True North Goal 1: To provide safe services, prevent self-harm and harm to others.													
QUALITY IMPROVEMENT (QI) PROGRAMME													
Strategy Deployment	IMP												
Improvement Projects (training programme delivery)	IMP												
Quality Improvement Business Intelligence (QIBI)	IMP												
<i>Comments</i> : Consistent progress against milestones. There has been minor adjustment to timescales, none of which impact the status of the initiative as Green.													
HARM FREE CARE													
Reduction of falls	IMP												
Reduction of self-harm	IMP												
Reduction in medical errors													
Reduction in pressure ulcers													
Reduction in Gram Negative Bacteraemia													
<i>Comments</i> : This is on-going work, with focus on areas of high incidence, for which there are bespoke targets.													
COMMUNITY MENTAL HEALTH TEAMS FUNCTION AND WORKFORCE	IMP												
<i>Comments</i> : Pilot to be identified and conducted around CMHT processes and roles during the initial steps from receipt of referrals from CPE. Timescale to be extended to allow for pilot and evaluation.													
COMMUNITY AND PRIMARY CARE NETWORK WORKFORCE	IMP												
<i>Comments</i> : Progress will be dependent on Primary Care Network engagement.													
CHILD AND ADOLESCENT MENTAL HEALTH SERVICES PATHWAYS	MC												
<i>Comments</i> : Previously "Reducing CAMHS Waiting Times. Scoping and planning of the project took longer than expected due to the complexity of factors impacting on the CAMHS waiting times. The focus is now on pathways and this, together with a number of local service initiatives to contribute to improved waiting times. Project plan now in													
TRANSFORMING URGENT CARE PATHWAYS													
Berkshire West	TBC												
Berkshire East	TBC												
<i>Comments</i> : Placeholder for September 2019. However, the Trust will include strategic direction for urgent care within its over-arching three year strategy refresh													
ZERO SUICIDE	IMP												
<i>Comments</i> : Moving to business as usual. Closure Report is due in February 2020.													
FRIMLEY INTEGRATED CARE SYSTEM: DEVELOPMENT OF INTEGRATED HUBS	IMP												
<i>Comments</i> : Amber rating continues to be the overall rating from the most recent ICS Programme Report. However for those elements in which Berkshire Healthcare is involved, the rating is Green													
True North Goal 2: To strengthen our highly skilled and engaged workforce and provide a safe working environment.													
WORKFORCE STRATEGY													
Grow our own workforce	MC												
Develop and promote our employer brand													
Align our workforce and service models													
Plan and meet demand sustainably													
Know our numbers													
Build our strategic workforce planning capability													
Breakthrough Objective: Reduction of harm to staff	IMP												
<i>Comments</i> : Regarding the one Red rating - Driver metrics are in place with monitoring in QI work and huddle. There is a focus on how we support our staff. Actions have been addressed but yet to see the desired reduction in incidents.													
QUALITY MANAGEMENT IMPROVEMENT SYSTEM (QMIS) - programme delivery	IMP												
<i>Comments</i> : Consistent progress against milestones. There was minor adjustment to timescales in Q2, none of which impacted the status of the initiative as Green.													
NEW INTRANET	IMP												
<i>Comments</i> : Following protracted negotiation, contract secured with VerseOne together with an agreed timetable. Technical issues (including re. single sign-on) impacted on timescales. Full launch now end March 2020.													
DELIVERING OUR EQUALITY AND INCLUSION STRATEGY 2016-20													
Mandatory/Statutory requirements													
Other priorities													
Developing our 2020-25 Equality and Inclusion Strategy													
<i>Comments</i> : Equality plans on hold due to a delay in NHS England publishing EDS3 (Equality Delivery System) which is currently awaited and will influence plans.													
True North Goal 3: To provide good outcomes from treatment and care.													
MENTAL HEALTH PATHWAYS	BAU												
<i>Comments</i> : The initiative has moved to business as usual by the end of Quarter 1. Closure Report was presented in November.													
EMOTIONALLY UNSTABLE PERSONALITY DISORDER (EUPD) PATHWAY (QI PROJECT)	MC												
<i>Comments</i> : Initially rated at Amber, in recognition of the size and complexity of the implementation, this initiative has been Green since end Sept 19 due to progress and security of funding.													
IMPROVING PATIENT EXPERIENCE - PATIENT SATISFACTION													
Staff recommending the Trust and responding to feedback													
Transformation of sexual health services in East Berkshire	BAU												
<i>Comments</i> : Re. Sexual Health Services, there is commissioner agreement to a transition period to the new service model. Closure report due in April 2020.													
DEVELOPMENT OF UNIVERSITY OF READING AS A PRIMARY TRUST SITE													
Phase 2 Erleigh House - Royal Berkshire Hospital NHS Foundation Trust services relocation													

INITIATIVE	Class	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Phase 3 Erleigh House (final phase) - relocation of services to Erleigh House	IMP												
Future of Craven Road	IMP												
Future of Erleigh Road	IMP												
Comments: Royal Berks Hospital Trust moved its services in December thereby concluding Phase 2. Building on track for Phase 3, but availability of car parking will delay some moves to Erleigh House. Decision regarding 25 Erleigh Road due end January. Workload has delayed options for Craven Road, but proposals due in February 2020.													
PROSPECT PARK HOSPITAL (PPH) DEVELOPMENT PROGRAMME													
Move of Learning Disability Assessment & Treatment Unit from Campion Unit to Jasmine Ward	MC												
Children and Adolescent Mental Health Tier 4 inpatient service (Willow House) transfer from Wokingham Community Hospital to PPH	IMP												
Approved Place of Safety													
Comments: Later timescale for delivery of the move of the learning disability facilities from Campion to Jasmine impacted the plans for the transfer of Willow House and the latter also impacted by time to develop a business case for NHSi. With more certainty regarding timescales, the Jasmine scheme has moved to Amber.													
HEALTH AND SOCIAL CARE SYSTEMS INITIATIVES (not covered elsewhere)													
Berkshire West Integrated Care System (ICS) - Adult MSK/Physio services													
Berkshire West ICS Digital Programme													
Frimley Health & Care ICS Community Health Services tender													
Frimley Health & Care ICS Pain pathway transformation programme													
Developing a Berkshire Healthcare Community Health Services Strategy													
System Population Health Management programme													
Sustainability and Transformation Partnership (STP) Formal Review of Estates													
West Berkshire, Oxfordshire and Buckinghamshire (BOB) and Frimley Health & Care STP	IMP												
Connected Care programme													
Berkshire Wellbeing Project	MC												
Comments: The Trust did not engage with the Frimley Community Health Services tender. Surrey Heath and NE Hampshire and Farnham CCG decided to progress with Virgin Healthcare. The scope of the Wellbeing Project has been evolving (different approaches being adopted East and West) but more clarity regarding future provision is still required. Connected Care has been Amber due to poor local authority take up and issues with pathology reporting.													
INFORMATION TECHNOLOGY ROADMAP													
Global Digital Exemplar (GDE) - Direct patient access and communication	MC												
GDE - Digital Wards and services													
GDE - Digital workforce													
GDE - Research and quality improvement													
GDE - Payment milestones													
Information Technology Architecture Strategy	MC												
Comments: The Office 365 migration has been delayed by 6 months as resources have been diverted to the intranet project. Otherwise, significant progress made.													
True North Goal 4: To deliver services that are efficient and financially sustainable.													
MAINTAINING OUR NHS IMPROVEMENT USE OF RESOURCE RATING OF 1													
Achieving our Control Total													
Delivering our Cost Improvement Plan													
Comments: The Trust's has achieved its financial Control Total at Quarter 3 and is forecasting delivery of the annual target. The Trust is confident of delivering the £4.0m NHSi commitment.													
OPTIONS FOR TRUST HEADQUARTERS													
Comments: Options paper due to be considered January 2020.													
OPTIMISING THE USE OF MENTAL HEALTH INPATIENT SERVICES													
Just to Zero (previously Eliminating overspill; optimising rehabilitation and recovery)	MC												
Comments: Amber rating is a reflection of continuing levels of out of area placements. Programme was re-scoped following Quarter 1. Optimising Rehab and Recovery now business as usual. Bed Optimisation now rescoped into four work streams: Prospect Park Offer, Length of Stay, Culture, Psychiatric Intensive Care Unit (PICU) under Just to Zero programme.													

Class (Classification within Strategy Deployment Filter) Key:
BAU - Business As Usual; initiative is moving embedded within normal operations
BD - the business development filter process applies for this initiative
COMP - initiative has been delivered/is completed
IMP - initiative is Important
MC - initiative is Mission Critical
NA - not applicable: this is an initiative/programme/activity which is a strategic priority where the filter process is not required
Pause - initiative underway but temporarily suspended
SI - True North Strategic Initiative: a strategic priority where the filter has not been required
TBC - to be classified (including initiatives planned for action in the future)
Wait - initiative is approved but not yet proceeding; this could be due to a dependency on other work concluding, or awaiting key decisions or availability of resources

RAG Key:	
P	Action will not be delivered
R	Significantly at risk and major action is required
A	An element of the project is at risk and action is required
G	Progressing in accordance with planned timescales, resource commitment and quality requirements
	Project yet to commence



Berkshire Healthcare

NHS Foundation Trust

Trust Board Meeting Paper

Meeting Date	11 February 2020
Title	Equality, Diversity and Inclusion report mid-way review
Purpose	The purpose of this report is to provide the Trust Board with the mid-year up-date regarding the Equality, Diversity and Inclusion work across the Trust
Business Area	Corporate affairs
Author	Laura Davis, Equality, Diversity and Inclusion Manager Nathalie Zacharias, Deputy Director for Equality, Diversity and Inclusion.
Relevant Strategic Objectives	True North- Supporting our staff and Good patient experience
Resource Impacts	N/A
Legal Implications	N/A
Equality and Diversity Implications	<ul style="list-style-type: none">• To meet our statutory equality and diversity requirements• To provide an inclusive environment for our staff as well as people who use our services
SUMMARY	Overview of the activity and outcomes against our statutory reporting. Highlighting the work that has been undertaken across the trust to promote inclusion and recommendations for future reporting against the Equality, Diversity and Inclusion strategy.
ACTION REQUIRED	The Trust Board is asked to: <ul style="list-style-type: none">• note the note the report

Equality and Inclusion Strategy Update February 2020

1. Introduction

This report provides a mid-year review to the Trust Board on the progress made against the Trust's Equality Strategy 2016-20 and highlights the achievements made over the past six months. It also sets out the key areas of focus for the first four months of 2020 to ensure delivery of our objectives and prepare for a new strategy to take effect from April 2020, with a greater focus on inclusion and belonging.

Since the last report, the Equality and Diversity work focusing on our staff has continued to build momentum with some positive outcomes being achieved. This is in line with the objectives of our strategy, building a clearer communication around making this a great place to work for everyone.

We have begun work to implement the stronger message around Equality, Diversity, Inclusion and Human Rights and this has been achieved through much closer collaboration between Human Resources, Communications, Learning development and the Equality, Diversity Manager. Through this approach we have begun to develop awareness on micro aggressions, inclusion cards to support those difficult conversations and starting to review of all of the equality and inclusion training.

A focus group of staff received training from the British Institute of Human Rights, to further inform our thinking in becoming fully inclusive and respectful of all our staff and patients, This training provided an opportunity to reflect and support our thinking in developing an equality, diversity and inclusion strategy that all staff can engage with, without losing the important focus areas for each of the protected characteristics. Human Rights applies to everyone, with overarching themes of participation, accountability, non-discrimination, Empowerment and legality, after all, we are all connected as Human Beings.

Often people see equality and human rights as a problem – not a solution, especially in times of financial constraint. Yet, there are ethical, business, economic and legal arguments for providers to pay attention to equality and human rights. Human rights principles of fairness, respect, equality, dignity and autonomy are at the heart of good care provision. There is a strong link between the quality of care and equality for staff that requires work on basic fairness and building an inclusive culture that recognises and celebrates diversity. There is also a link between the quality of care and whether people who use services say their human rights are upheld- taken from British Institute of Human Rights

The communications team has worked hard this year in supporting greater visibility for all areas of inclusion, with a narrative focused on inclusion and belonging. Working in partnership with all the three staff networks, we have been able to celebrate a range of events across the Diversity and Inclusion calendar.

2. Equality Strategy: current progress towards our goals

The table below provides a summary of progress against the 7 goals of our Equality Strategy.

Equality Strategy- Goal	Progress
<p>1. Increased representation of BAME staff in bands 7 and 8a-d.</p> <p>Goal: 20% representation at each of these grades</p> <p>Although our current Equality and Inclusion Strategy target is to achieve 20% BME staff in bands 7 and above, we are aware that this reflects the 2011 census for Berkshire as a whole. The population has increased since then, and the percentage of people from BME backgrounds varies considerably across the county. Both of these factors will be taken into account when preparing the refresh of our strategy planned for April 2020.</p>	<p>Trend: increased representation of BME staff in bands 7/8a/8b</p> <p>The percentage of BME staff employed by the Trust is 21.85%, and therefore broadly reflects the Berkshire population of 20% BME people recorded at the 2011 census. Our records showed that 5% of our staff had undisclosed ethnicity.</p> <p>We have achieved a steady improvement in the likelihood of a white person being appointed compared to a BME person from 1 ½ times more likely 4 years ago to 1 ¼ times last year. We have achieved more than 20% BME staff in bands 5, 6 and 7.</p>
<p>2. Equalise opportunities for BME staff career development</p> <p>Measured by: Annual Staff Survey</p>	<p>The percentage of BAME staff who believed that the Trust provided equal opportunity for career development and/or promotion in the 2018 staff survey was stood at 68.4% (the score decreased from 74.4% in 2017). The percentage for white staff was down from slightly from 89.3% to 89.2%.</p> <p>We have established a process which enables training applications and decisions to support or decline these to be monitored centrally, and will review this process during the coming year to identify its impact and any amendments required.</p>
<p>3. Reduce harassment and bullying of BAME staff</p> <p>Measured by: Comparison against other</p>	<p>The percentage of BME staff experiencing harassment, bullying and abuse from staff) was 26.2% in 2018 - an</p>

<p>mental health trusts in the NHS staff survey index.</p>	<p>increase from the 20.9% reported the previous year. For a white member of staff the percentage was 20%, up from 18.2% reported the previous year.</p> <p>Nationally, the percentage of BME staff experiencing harassment, bullying or abuse from staff in the last 12 months increased from 26.3% in 2016, to 27.8% in 2018.</p> <p>We have started cohort 4 of our Making it Right programme for our BAME staff, and will developing our approach for disabled staff this year, followed by our LGBT staff. Making it Right continues to include content to enable staff to identify and address bullying and harassment, and highlight the support that is available within the organisation. This year, we have also piloted Making It Right for Managers, which includes raising managers' awareness of the experience of staff with protected characteristics. Feedback has indicated that the most valuable learning was gained from hearing about people's experience, rather than simply presenting data.</p> <p>Our Freedom to Speak Up Guardian has made good links with our staff networks, and our Freedom to Speak Up champions are a diverse group based at a number of trust locations.</p> <p>We recognise how serious an impact that bullying, harassment and abuse can have on individuals, and therefore will continue our work to ensure that our training for managers includes best practice content regarding reducing bullying and harassment.</p>
<p>4. Improve the working experiences of disabled staff and a reduction in the proportion of staff experiencing stress related sickness absence</p>	<p>Disabled staff has twice as much sickness per employee (12.92 days) then those staff who are not disabled (6.24 days). The percentage of stress anxiety related sickness for disabled staff is 69.8%, compared to 9.7% for non-disabled staff. There is need for a coordinated approach to improve staff health and well-being for all our staff, but disabled staff in particular.</p>
<p>5. Stonewall Workplace Equality Index -</p>	<p>We received our 2019 feedback and placed</p>

<p>to regain the Trust's status in the top 100 employers and maintain a ranking in the top five health and social care providers</p>	<p>133, 54th in our sector, which remains a strong placing although outside of the top 100. We continue to strive to improve our placing while focusing our efforts on doing the right thing for staff and patients. The 2020 submission was entered on time and the support across the organisation to gather evidence was outstanding. We wait to hear the results in early 2020.</p>
<p>6. To meaningfully engage with a range of diverse groups, reflective of our population, in particular focus on BAME, LGBT and People with a Disability. To provide services that embrace human rights, providing positive experiences and equity of access in both mental health and community health services.</p>	<p>East Berkshire successfully recruited a post to deliver targeted engagement across the East and to work in partnership with the West for children's services. The Community Engagement Officer post has delivered Equality and Diversity training within services. Building relationships with WAMCF multi faith group and women's group to hold open discussions on mental health.</p> <p>Linked with domestic violence research group with focus on barriers for BAME communities in accessing services</p> <p>In the west, our Community Development Officer continued to engage effectively within the community and working collaboratively across the county for children's services. This post has supported a community champions program, bringing together community groups from across the west of Berkshire. This included: working in partnership with Wokingham Borough Council around mental health services; helping to run a Men's Summit working within Reading; sharing a Healthwatch report looking at experiences of the LGBT+ community in health services. Both posts across the East and the West are providing invaluable connection into the communities we serve.</p> <p>Our Equality, Diversity and Inclusion manager has continued to co-chair the Thames Valley Employers LGBT+ which has enabled great opportunities for collaboration and training opportunities to support our LGBT+ staff and patients.</p> <p>We have attended two events arranged by the Thames Valley Race Equity and Cultural Harmony group run by Oracle, Thames Water and Reading University. Our Director</p>

	of People presented at the first event in May 2019. The chair of the BAME network attended the second event in October 2019 and some amazing links across the Thames valley have been developed.
7. A more robust approach to making reasonable adjustments for people with a disability with particular focus on the NHS Accessible information standard.	We successfully recruited to an Access Officer post that started in June 2019 and the post holder has undertaken an organisation wide review of the compliance with the Accessible information standard. A clear set of recommendations have been developed and are currently being reviewed by the Diversity Steering Group for implementation. The post holder worked with HR and the Purple network to develop a set of guidelines for staff around reasonable adjustments and these are currently being reviewed by the HR team and were presented to the DSG in December 2019.

3. Statutory reporting

Workforce Race Equality Standard

Our Workforce Race Equality standard {WRES} was submitted in September 2019, and steady progress is being made with the Making it Right programme is starting to have an impact. However, this improvement is not yet reflected in the experiences of our staff through the National Staff Survey and therefore further work is needed to see the improvements we aspire to. The NHS England WRES Team has provided the Trust with specific aspirational targets and we are planning to undertake some more detailed analysis to inform our proposed workforce targets. These will be informed by the aspirational targets and our assessment of workforce supply at different bands to ensure we are working on the right things.

Workforce Disability Equality Standard

2019 was the first year of submitting a return and there were delays in receiving the template from NHS England. Our Workforce Disability standard {WDES} was submitted in September 2019. Disclosure rates remain lower than expected and staff report that they do not feel that reasonable adjustments are being made that will improve well-being and engagement.

4. Staff networks updates

BAME network- Our BAME network has continued to grow and has further developed a vibrant membership including champions. In 2019 they ran three key events to celebrate dates within the Diversity Calendar.

- Asian Heritage Month
- Windrush
- Black History Month

Each of these events were well attended, with additional tickets needing to be released for the Black History Month event. The events have continued to raise the visibility of the amazing contributions our BAME staff make to the organisation, community and wider society. The network works closely with Executive Directors, senior leadership and other departments, providing advice, guidance and scrutiny, to ensure we are developing an inclusive organisation.

The BAME network has continued to champion and promote the Making It Right initiative across the organisation. In September 2019, cohort 4 of the program started and candidates have completed the workshops. To date more than a third of Making it Right graduates have already secured promotion and other have been seconded to more senior positions.

Purple Network- Our Purple Network for staff with a disability has had a really successful year – and highlights include:

- The “Maximising Our Ability” conference held in March.
- Promotion of World Mental Health Awareness Week, “Time to Talk” day and World Autism Awareness Week as well as “Purple Light Up Day” last December

The results of the National Staff Survey were discussed with network representatives, and the network has also undertaken its own survey to support our understanding of the experience of staff with a disability, and enable us to take action in response. This has informed our action plan as well as the priorities and goals of the network, which are:

- Increasing Purple confidence, and raising network profile
- Addressing barriers and issues faced by “Purple People”
- Supporting reasonable adjustments process
- Making a positive impact on staff wellbeing and work related stress, and promoting the ‘Time to Talk initiative’

PRIDE Network- the Pride Network was re-launched this year with three new co-chairs. They have rebranding to ensure they are fully inclusive of everyone, including allies and planning for their formal launch event in February 2020 is well underway. The network has grown in the past six months from less than 10 confirmed members to over 100, and this number continues to grow. They have partnered with a number of other networks to learn and grow together, including the Thames Valley LGBT+ employers network, RBH LGBT+ network and GSK staff network.

The network supported Reading Pride 2019, which was our most successful Pride to date with over 70 volunteers from across the organisation, positively representing the organisation as both an employer and provider of services.

Our Stonewall Equality Index was submitted in September 2019 and the network were involved in the submission and we await the outcome of this in February 2020. The Network launched the Rainbow Pins and pledges across the organisation, with 138 people requesting a pin and making a pledge in the first week of launching.

Working together- All three networks have established a close working relationship, are producing a joint newsletter, promoting the shared experience and reflecting the intersectionality within our workforce. The networks are planning a joint conference in 2020 to celebrate intersectionality and harmony.

The 2018 NHS Staff Survey that showed "25% of our staff had experienced bullying, harassment or abuse from patients, service users, their relatives or members of the public". When we look closer at the statistics for staff with protected characteristics, these numbers are even higher. The networks have also worked closely with Executive Directors and Marketing and Communications Team and the "Together we can stop bullying and Harassment" campaign was launched by David Townsend, Chief Operating Officer, in November 2019.

5. Diversity Roadshows

The diversity roadshows have been rolled out across the trust again in 2019, with a total of seven roadshows taking place in both the west and east of the county. The roadshows were well attended by the staff networks, freedom to speak up and unions and there were high levels of engagement.

6. Progress against our Recommendations from the Annual Report

- We have started to develop a new Diversity, Equality and Inclusion strategy for inclusion in our refreshed 3 Year Strategy. Our work to date is based on a Human Rights perspective, emphasising respect, understanding and compassion for everyone, and investing in training to support this ambition.
- Using the "Equality Delivery System 3" framework to align the Trust Diversity, Equality and Inclusion strategy, Workforce Race Equality Standard, Workforce Disability Equality Standard, accessible information standard and CQC standards.

What we have done:

We have worked over the past six months to inform the development of the new strategy. In October 2019 the British Institute of Human Rights, delivered training on Embedding Human Rights. In November 2019 we undertook a mapping exercise reviewing all of the Equality, Diversity and Inclusion statutory reporting, NHS Equality Delivery frameworks, accessible information and CQC requirements and comparing these to what the National Staff Survey was showing us. We are committed to developing a strategy that focuses on the areas that will be most impactful for our staff and patients.

- Continuing to build a more inclusive workforce and environment for all our staff and patients and developing a zero tolerance on behaviour that does not align with the Trusts values.

What we have done:

During anti bullying week in November 2019 we saw the launch of the “together we can stop bullying and harassment” campaign. We are developing some guidance for staff to support the conversations to address bullying and harassment. The micro aggressions posters are being shared across the organisation and Inclusion cards have been developed to support the difficult conversations that are needed within teams.

- Ensuring our services are inclusive of our Trans community, as a population that has largely been unrecognised in previous reporting.

A trust wide project has been approved to address both the reporting and experience of our Trans patients across all services. This program is being managed by the Equality, Diversity and Inclusion Manager with support from the Information Governance and the Digital transformation team. This project aims to improve the complexities of recording patient data and supporting our staff to build confidence in supporting our Trans patients. This program will be co-produced with individuals who have lived experience.

- Improving our understanding of how well we are serving our communities and rates of access of our services by people with protected characteristics

What we have done:

We have undertaken an A3 analysis to develop improvements in recording patient data around the protected characteristics. We are developing a clear narrative around why this is important and making sure our staff are confident in asking the right questions. We have identified an NHS Employers demographics tool and plan to compare this to the census data to support a more accurate and robust picture of the makeup of the local communities in which we serve. The Community Engagement posts in the West and East have continued to undertake targeted work within the community and feed this intelligence to support better service planning. We have made progress against each of the recommendations made in the annual report and will continue to develop initiatives that promote inclusion and belonging for all staff and patients.

7. Recommendations

Following on from the mapping exercise, we propose an amendment to the reporting cycle to align the Equality Diversity and Inclusion reporting with the Trust annual plan, WRES, WDES and Stonewall feedback

- We propose reporting in November and a midway report in May. This paper provides the midway update and the 2020 Equality, Diversity and Inclusion strategy refresh in April 2020, so the next Equality Report would be provided in November 2020.

Trust Board Paper

Board Meeting Date	11 February 2020
Title	Audit Committee – 29 January 2020
Purpose	To receive the unconfirmed minutes of the meeting of the Audit Committee of 29 January 2020
Business Area	Corporate
Author	Company Secretary for Chris Fisher, Audit Committee Chair
Relevant Strategic Objectives	4. – True North Goal: deliver services that are efficient and financially sustainable
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Meeting requirements of terms of reference.
Equality and Diversity Implications	N/A
SUMMARY	The unconfirmed minutes of the Audit Committee meeting are attached.
ACTION REQUIRED	<p>The Trust Board is asked:</p> <ul style="list-style-type: none"> a) To receive the minutes and to seek any clarification on issues covered.

Trust Board Paper

Board Meeting Date	11 February 2020
Title	Health & Safety Annual Report 2019
Purpose	To provide the Board with the annual Health & Safety report for 2019
Business Area	Operations
Author	Chief Operating Officer
Relevant Strategic Objectives	To provide accessible and safe environments which keep patients safe, supports our staff, provides good patient experience and is cost effective.
CQC Registration/Patient Care Impacts	Supports maintenance of CQC registration and the delivery of safe and responsive care
Resource Impacts	None
Legal Implications	The Report seeks to provide assurance of Trust's adherence to relevant legislation
Equalities and Diversity Implications	N/A
SUMMARY	The attached paper provides the Board with the Trust's annual Health & Safety report, highlighting key areas of performance and providing assurance on relevant internal processes.
ACTION REQUIRED	To note the report and seek any clarification.

Berkshire Healthcare Health & Safety - Annual Report 2019

Executive Summary

This report provides an update to the Board on Berkshire Healthcare's Health and Safety performance statistics for the calendar year 2019.

The report reviews Trust performance on a range of categories, comparing results to the previous year and national figures. Key points of note include:

- The Trust received no Enforcement Notices in 2019.
- There were 13 incidents reported under the RIDDOR regulations in the year 2019 (not including 4 x false RIDDOR Reports), showing a decrease of one incident compared to 2018. Manual Handling, Assaults and Slips, Trips & Falls are the main incident types accounting for >90% of all RIDDOR reportable incidents.
- During 2019 the Trust reported 626 physical assaults against staff. This is a decrease of 15 compared to 2018. It also reported 313 Non-Physical Assaults against staff, an increase of 14 over the previous year.
- During 2019 the Royal Berkshire Fire and Rescue Service undertook three fire safety visits to ensure the Trust is compliant with the Regulatory Reform (Fire Safety) Order 2005.
- 6 fires were reported during 2019. Three were accidental and three were arson. This is a reduction of 50% on the previous year.
- Compliancy in statutory training: Fire Awareness – The number of staff trained throughout 2019 has seen a rise from 87.86% to 93.95%. This is a strong improvement but still just short of the Trust's target of 95% compliance.
- Compliancy in statutory training: Health & Safety - The number of staff trained throughout 2019 has averaged 94.73%. This is above the Trust's target of 90% compliance.
- There has been an increase in the number of days lost through sickness; this now stands at 15.4 per FTE compared to 14.6 in 2018. The main reasons for absence are similar to 2018 with S10 Anxiety/stress/depression/other psychiatric illnesses being the highest reason this year at 30.5% compared with 26.9% last year.

1. Key National Annual Figures

The most recent data from the Health and Safety Executive highlights the following issues:

- **1.4 million** working people were suffering from a work-related illness (same as previous year).
- **147** workers were killed at work (up from 144 in 2018).
- **69,208** injuries to employees reported under RIDDOR (down from **71,062**).
- **581,000** injuries occurred at work according to the Labour Force Survey (up from 555,000)
- **28.2 million** working days lost due to work-related illness and workplace injury (down from **30.7** million).
- **£15 billion** estimated cost of injuries / ill health from current working conditions.

2. Enforcement

There have been no enforcement actions from Royal Berkshire Fire & Rescue Authority or the Health & Safety Executive during 2019.

3. The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

The yearly reported incidents fell into the following categories:

RIDDOR Incident Type	2018	2019
Manual Handling	2	5
Assault	3	4
Injured during physical restraint	1	1
Slip, Trip or Fall	4	3
Sharps Injury	1	0
Collision Struck by moving object	3	0
Total	14	13

RIDDOR incident reports, including root cause analysis and remedial actions taken, are included in quarterly Trust performance reports and tabled at the Joint Staff Consultative Committee.

During 2019 there were 13 RIDDOR incidents and 4 False RIDDOR incidents reported in the Trust.

All staff under-take statutory and mandatory training in Health & Safety every 5 years
The number of staff trained throughout 2019 has averaged 94.73%. This is above the health and safety Manual Handling training has also been above compliancy training target of 90%.

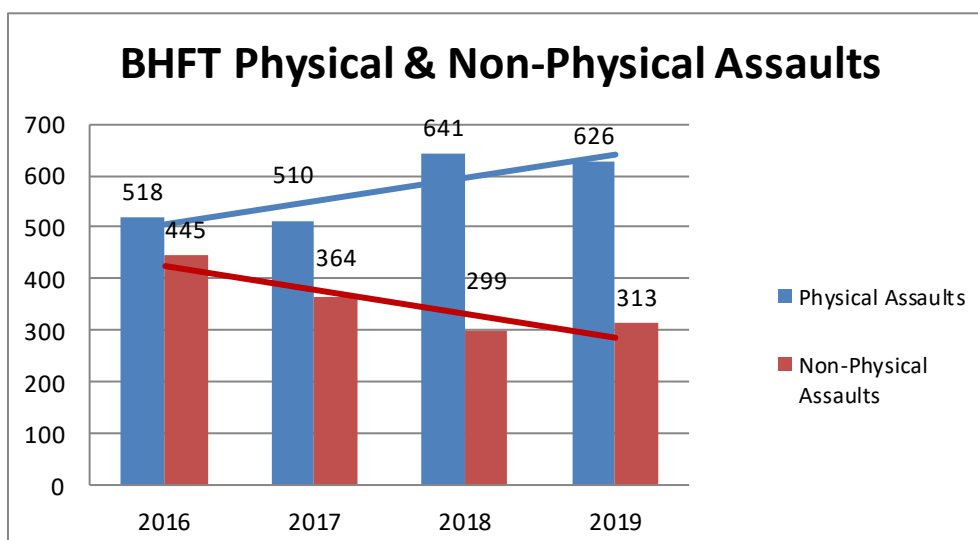
Health & Safety Training Compliance 2019:

True North Supporting Our Staff Summary													
Tracker Metrics		Jan 19	Feb 19	Mar 19	Apr 19	May 19	Jun 19	Jul 19	Aug 19	Sep 19	Oct 19	Nov 19	Dec 19
Statutory Training: Health & Safety: %	90% compliance	94.0%	94.5%	94.6%	94.8%	95.2%	95.2%	95.9%	96.0%	96.5%	96.4%	96.6%	96.6%
Statutory Training: Manual Handling: %	90% compliance	89.2%	90.2%	90.2%	90.8%	92.2%	92.6%	93.0%	93.2%	92.2%	92.9%	92.8%	90.2%

4. Violence and Aggression

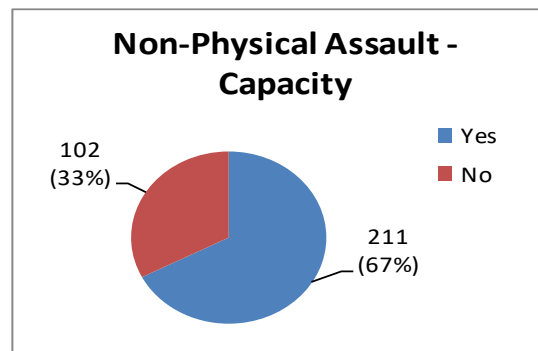
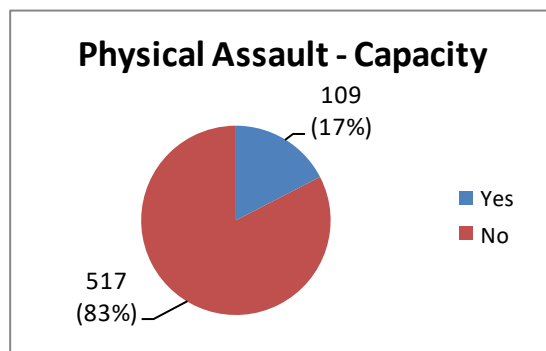
Calendar Year 2019:

- 626 physical assaults against staff were reported during the period, which is a decrease of 15 compared to 2018
- 158 of those took place within the learning disability inpatient service. This is a decrease of 32 incidents from last year.
- 348 assaults took place on the mental health adult admission wards, PICU and older persons MH wards compared to 309 in 2018 which is an increase of 39 assaults.
- The number of reported Non-Physical Assaults has decreased steadily over the last four years to a 2019 figure of 313 (299 for 2018). 198 of these incidents were categorised as threatening behaviour or verbal abuse by patients.
- Compared to the number of reported Physical Assaults, it is to be presumed that the relative low number of reported Non-Physical Assaults is due to under reporting.



Physical Assaults by Service	Total
Adult Acute Admissions	180
Learning Disability Service Inpatients - Campion Unit	158
Older Peoples Mental Health (Ward Based)	93
PICU - Psychiatric Intensive Care - Sorrel Ward	75
Adolescent Mental Health Inpatients - Willow House	29
Community Hospital Inpatient	21
A Place of Safety	9
CMHT/Care Pathways	8
Children's Community Nursing	7
LD Intensive Support Team	7
Crisis Resolution and Home Treatment Team (CRHTT)	6
Community Dental Services	5
District Nursing	5
Other	23
Total	626

Non Physical Assaults by Service	Total	Non Physical Assaults by Category	Total
Adult Acute Admissions	84	Verbal abuse by Patient	110
District Nursing	42	Threatening Behaviour	88
CMHT/Care Pathways	29	Verbal Abuse by member of Public	60
PICU - Psychiatric Intensive Care - Sorrel Ward	21	Racial abuse by Patient	24
Crisis Resolution & Home Treatment Team	15	Sexual Harassment	12
Community Hospital Inpatient	13	Harassment	9
Learning Disability Inpatients - Campion Unit	13	Verbal abuse by Staff	6
Criminal Justice Liaison and Diversion Service	9	Racial abuse by Staff	2
Podiatry	8	Bullying	1
A Place of Safety	6	Malicious allegations	1
Older Peoples Mental Health (Ward Based)	6	Total	313
Site Services	6		
Talking Therapies	5		
Other	56		
Total	313		



The Health, Safety & Security Management Specialists continue to raise the importance of reporting security-related incidents, particularly incidents of violence and aggression, via the Trust's incident reporting system.

It is acknowledged that the significant majority of physical and non-physical assaults are the result of a patient's mental health or medical condition, but it is important that this data continues to be captured and those affected are supported.

Some 320 of all physical and non-physical assaults reported during the period were perpetrated by individuals where the indication is that they had capacity at the time of the incident. This therefore suggests that these incidents might be categorised as "criminal" in nature.

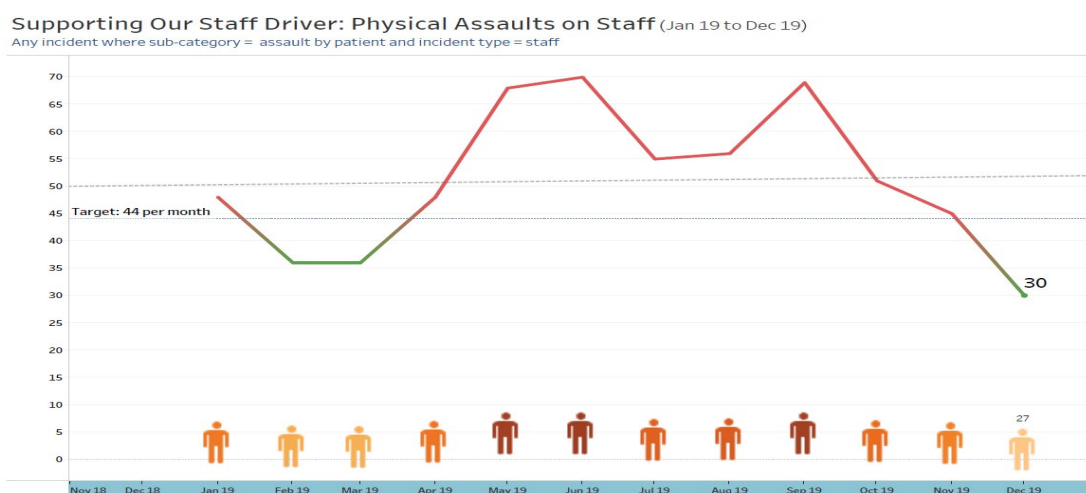
Very few of these incidents reach judicial resolution with the appropriate sanctions applied. Either the victim chooses not to go down the route of reporting the incident to the police or there is lack of sufficient evidence to pursue a case or satisfy criteria required by the Crown Prosecution Service.

The successful application of appropriate sanctions against willful and intentional violent or abusive behaviour would show:

- Greater support for victims of violent or aggressive behaviour.
- A zero tolerance stance for those who willfully abuse staff.
- Show to other patients that this type of behaviour is not tolerated and should act as a deterrent.

To that end the Security Management Service will work with Services and other stakeholders to improve on the number of sanctions applied for 2020.

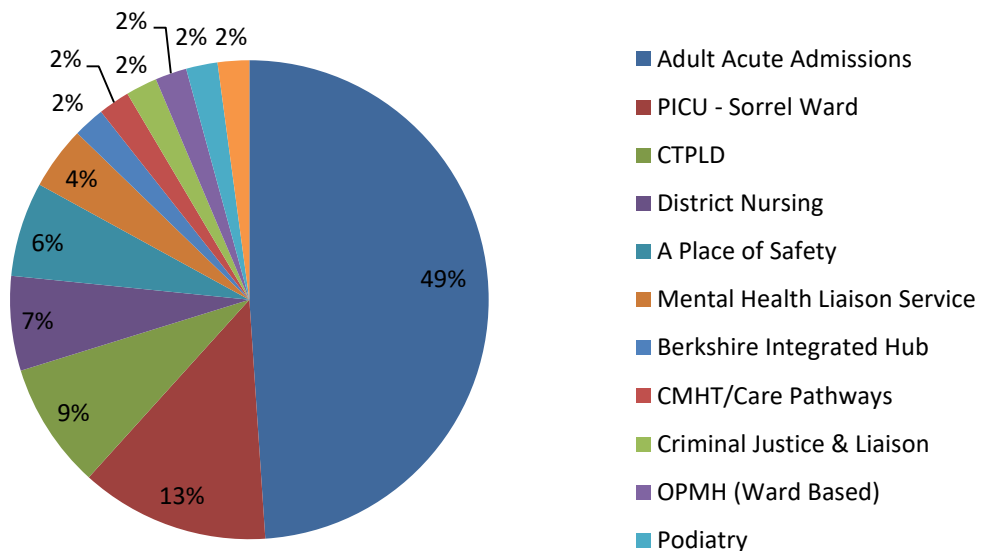
The Trust is focused on a reduction of physical assaults on staff which is a Driver metric as part of the performance improvement priorities for Supporting our Staff.



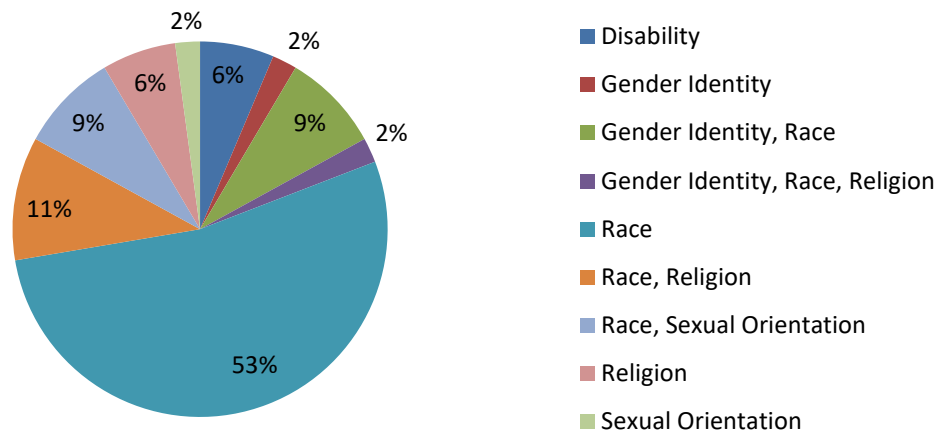
Hate Crimes

2019 has seen an increase in reported hate crimes from 40 in 2018 to 47 in 2019. Hate crimes can be reported by any of the 5 protected characteristics that come under the definition, disability, race, religion, gender identity or sexual orientation (or any combination thereof).

Hate Crimes by Service 2019 (Total 47)



Hate Crimes by protected characteristic 2019 (Total 47)



- Race related Hate Crimes constituted 86% of all reported incidents.
- Adult Acute Admissions, PICU & CTPLD Services generated 70% of reported Hate Crimes.

Promoting guidance for staff working in the community who experience hateful, racist or discriminatory imagery, ensuring their safety and well-being is paramount. Eg: staff member visiting someone in the community who has a “whites only” sticker on the lamppost outside their home.

We are developing guidance for staff around bullying, harassment and discrimination from patients to staff. Setting a clear tone and behaviors that will not be accepted and supporting staff to report all incidents.

5. Personal Safety and Lone Working

In 2019, the Trust re-tendered for the provision of lone worker devices for high risk services, this was won by the previous supplier, Skyguard. In January 2020, the Trust had 1,199 devices (1,000 with the new contract and the remainder re-allocated from the previous contract) with 1,236 staff registered on the web portal as users. Statistics show that approximately 40% of these devices were used during the last quarter of 2019. The rollout of a training package for both users and Admin within services was completed by the end of 2019. Services will continue to be reminded of obligations under Health & Safety legislation to ensure devices are employed whenever staff are considered to be lone working under the Lone Worker Policy. The policy was reviewed in December 2019.

6. Fire Safety

Royal Berkshire Fire and Rescue Service (RBFRS) undertook three fire safety visits to ensure the Trust was compliant with the Regulatory Reform (Fire Safety) Order 2005 during 2019.

1. RBFRS carried out an audit of fire safety at Upton B24 Podiatry which resulted in a “broadly compliant” letter.
2. RBFRS carried out an audit of Rose Ward following a fire and will be issuing a “broadly compliant” letter.
3. There was a visit to Wokingham Hospital following a false alarm; there were no follow-up actions.

There were other visits to allow RBFRS to update their operational risk information; these are known as Article 7.2.d visits and took place as follows:

1. A specialist fire officer visited WBCH to update RBFRS response plan for the site on 17th January 2019.
2. Site visit carried out at KEVII (12th July 2019) to update brigade tactical plan for the site.
3. Two of the watches from Dee Road Fire Station in Reading have carried out site familiarisation visits to Prospect Park Hospital.
4. A watch from Slough Fire Station visited Upton Hospital to update their records.
5. A specialist fire officer visited the Erleigh House site at University of Reading to update the tactical plan for the building.

7. Fire Incidents

There were 6 fires reported in 2019 (compared to 12 in 2018). There were 3 reports of fire equipment failure and 3 of damage to fire equipment.

3 fires were accidental:

- Smoke in patient’s home during community nurse visit
- Fire in living room during home visit
- Toaster set fire to clipboard left on top of it by staff member.

3 fires were arson:

- 2 occasions where patient set fire to their clothes in hospital
- Patient set themselves on fire in own home and suffered burns

3 reports of fire equipment failure:

- Inaudible alarm
- Overheating battery in alarm panel
- Alarm sounding for prolonged period

3 reports of fire equipment damage:

- Builders cut cables of alarm system
- Patient smashed door with a walking stick
- Patient removed detector head

There was 1 malicious use of a call point caused by a patient breaking a call point.

Fire Related Incidents by Service:

Services	2015	2016	2017	2018	2019	Total
Mental Health	15	27	21	18	17	98
Community West	10	13	7	9	7	46
Estates & Facilities	9	13	9	21	7	59
Community East	0	4	5	3	5	17
Totals:	34	57	42	51	36	220

Fire Related Incidents by Type:

Sub-category	2015	2016	2017	2018	2019	Total
Fire Accidental	3	6	0	3	3	15
Fire Arson	4	2	1	9	3	19
False Alarm Accidental	1	1	2	3	2	9
False Alarm Malicious	0	1	5	0	1	7
False Alarm Other	21	35	10	13	11	90
Fire Equipment Damaged	2	1	4	2	3	12
Fire Equipment Failure	0	6	0	4	3	13
Planned Fire Evacuation Drill	1	2	0	0	0	3
Risk of Fire Identified	1	2	10	13	9	35
Other	1	1	10	4	1	17
Grand Total	34	57	42	51	36	220

Smoking Related Incidents:

	2015	2016	2017	2018	2019	Total
Mental Health	182	196	206	156	175	915
Berkshire Healthcare Community East	5	4	3	2	3	17
Berkshire Healthcare Community West	6	5	2	6	7	26
Estates, Facilities & Support Services	12	0	6	2	1	21
Total	205	205	217	166	186	979

8. Fire Safety Improvements

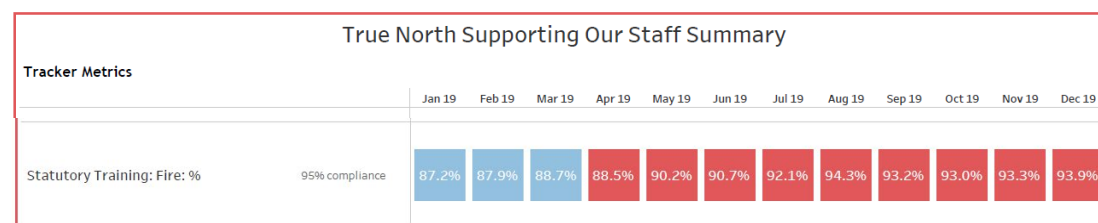
The following works have been completed in 2019:

Location	Action required	Actions completed
PPH	All mental health wards other than Snowdrop.	New S-line detectors installed following trial in Snowdrop - no false alarms have been reported since.
St Marks Hospital	Fire compartmentation improvements	New fire resisting barrier fitted above Henry Tudor Ward to give 30 minute protection.
King Edward VII Hospital	Fire compartment improvements	Work to improve fire barriers carried out in a number of locations across the site.
Church Hill House	Fire compartmentation improvements	Repair and replacement non-compliant fire resisting doors.

9. Fire training

All members of staff undergo statutory fire safety training every 12 months. Those not on wards have Fire Awareness Training but those who work with inpatients have Inpatient Fire Evacuation Training. Whichever one they do will count as their statutory training.

2019 has seen a rise from 87.2% to 93.9%. This is a strong improvement but still just short of the Trust's target of 95% training compliance.



Fire Training Report 2019												
Org L4	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
371 Children, Young People and Families Services	NHS[MAND] Fire Safety - 1 Year 89.61%	NHS[MAND] Fire Safety - 1 Year 91.77%	NHS[MAND] Fire Safety - 1 Year 91.62%	NHS[MAND] Fire Safety - 1 Year 91.01%	NHS[MAND] Fire Safety - 1 Year 91.55%	NHS[MAND] Fire Safety - 1 Year 91.27%	NHS[MAND] Fire Safety - 1 Year 92.39%	NHS[MAND] Fire Safety - 1 Year 94.50%	NHS[MAND] Fire Safety - 1 Year 94.52%	NHS[MAND] Fire Safety - 1 Year 94.49%	NHS[MAND] Fire Safety - 1 Year 95.26%	NHS[MAND] Fire Safety - 1 Year 96.54%
371 Community Health East Services	92.32%	92.87%	94.68%	93.59%	94.05%	94.18%	94.59%	96.32%	96.01%	97.04%	94.76%	93.55%
371 Community Health West Services	90.47%	91.36%	91.26%	91.10%	92.54%	95.16%	96.45%	97.76%	96.19%	96.46%	94.31%	95.37%
371 Corporate Services	82.67%	82.15%	85.17%	86.60%	91.97%	91.68%	93.38%	93.90%	95.80%	93.45%	95.64%	94.78%
371 Head of Inpatient (MH) Services	93.51%	89.19%	88.16%	87.00%	88.69%	91.59%	90.27%	92.41%	89.79%	89.61%	91.43%	93.90%
371 Mental Health East Services	88.95%	88.95%	91.71%	91.75%	93.26%	93.88%	95.81%	95.29%	93.23%	91.58%	91.71%	93.68%
371 Mental Health West Services	82.98%	85.00%	84.26%	83.78%	86.53%	85.68%	87.47%	91.49%	87.91%	88.63%	91.42%	92.22%
371 Other Health Services Service	68.75%	70.59%	73.53%	75.00%	70.97%	70.70%	77.27%	84.06%	86.90%	83.23%	82.61%	84.05%

10. Days Lost through Sickness

The information on the number of days lost through sickness is reported for the calendar year January 2019 to December 2019. The table below shows the number of days lost per FTE by sickness reason.

Absence Reason	Grand Total	Percentage by Reason	Days Lost per Fte
S10 Anxiety/stress/depression/other psychiatric illnesses	17,801	30.5	4.7
S12 Other musculoskeletal problems	6,265	10.7	1.6
S13 Cold, Cough, Flu - Influenza	5,368	9.2	1.4
S25 Gastrointestinal problems	4,670	8.0	1.2
S28 Injury, fracture	3,758	6.4	1.0
S11 Back Problems	3,143	5.4	0.8
S15 Chest & respiratory problems	2,221	3.8	0.6
S26 Genitourinary & gynaecological disorders	2,064	3.5	0.5
S98 Other known causes - not elsewhere classified	1,880	3.2	0.5
S21 Ear, nose, throat (ENT)	1,788	3.1	0.5
S16 Headache / migraine	1,525	2.6	0.4
S17 Benign and malignant tumours, cancers	1,523	2.6	0.4
S30 Pregnancy related disorders	1,433	2.5	0.4
S19 Heart, cardiac & circulatory problems	957	1.6	0.2
S23 Eye problems	790	1.4	0.2
S31 Skin disorders	679	1.2	0.2
S99 Unknown causes / Not specified	615	1.1	0.2
S22 Dental and oral problems	510	0.9	0.1
S18 Blood disorders	454	0.8	0.1
S29 Nervous system disorders	367	0.6	0.1
S27 Infectious diseases	243	0.4	0.1
S24 Endocrine / glandular problems	204	0.4	0.1
S14 Asthma	113	0.2	0.0
S20 Burns, poisoning, frostbite, hypothermia	28	0.0	0.0
Total	58,400	100.0	15.4

There is a 1% increase in the number of days lost due to sickness compared to last year and 15.4 days lost per FTE in 2019 compared to 14.6 per FTE in 2018.

The top 6 reasons for absence, accounting for 70% of days lost this year, are the same as last year. Stress/Anxiety/other psychiatric illnesses remain the highest reason this year and have seen the biggest increase – 17,801 (4.7 days per FTE) for 2019 compared to 14,304 (3.9 per FTE) in 2018.

Trust Board Paper

Board Meeting Date	14 February 2020
Title	Trust Board Declarations of Interests and Fit and Proper Persons Assurance Report
Purpose	The purpose of the agenda item is to receive the Trust Board members individual declarations of interests and to provide assurance that the Trust has taken reasonable steps to provide on-going assurance that all members of the Trust Board (and staff on Very Senior Manager contracts) meet the requirements of the Fit and Proper Persons Test.
Business Area	Corporate
Author	Company Secretary
Relevant Strategic Objectives	All strategic objectives are relevant
CQC Registration/Patient Care Impacts	Supports the Well-Led Domain
Resource Impacts	None
Legal Implications	N/A
Equalities and Diversity implications	N/A
SUMMARY	The current schedule of Directors declarations of interest is provided for review and update as appropriate.
ACTION REQUIRED	<p>The Trust Board is asked to:</p> <ul style="list-style-type: none"> a) Note the Register of Individual Directors' Interests; b) Note the assurance provided that all Directors (and staff on Very Senior Manager contracts) are and remain "Fit and Proper Persons" as defined in regulation 5 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014) and do not meet the grounds of unfitness specified in Part 1 of Schedule 4 to the Registered Activities Regulations.

Board of Directors Register of Interests and Fit and Proper Person Assurance Report

Section A

1. Declarations of Interests

NHS England issued new guidance in February 2017 on Managing Conflicts of Interests. The Trust's Standards of Business Conduct Policy has been updated to reflect the new requirements.

NHS England defines a conflict of interest as: "a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgment or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold."

Interests fall into the following categories:

Financial interests	Non-financial professional interests	Non-financial personal interests	Indirect interests
Where an individual may get direct financial benefit from the consequences of a decision they are involved in making	Where an individual may obtain a non-financial professional benefit from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career	Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career	Where an individual has a close association with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit from a decision they are involved in making

2. Compliance with the Regulations

Upon appointment, all Board members are required to complete a declaration of interests form. Any declared interests are entered onto the Register of Board Member Interests maintained by the Company Secretary. In addition, there is a standing item on declarations of interest on every Board and Sub-Board meeting agendas. This provides a prompt for members to consider whether they have a potential or perceived conflict of interest in any of the matters under discussion.

The Company Secretary writes to all members of the Board in January each year with a request that individuals confirm or amend their interests on the Register. As required by NHS England, the Trust Board Register of Interests is published on the Trust's website at:

<https://www.berkshirehealthcare.nhs.uk/media/33429237/board-declarations-of-interest-20-january-2020-berkshire-healthcare.pdf>

The current Register of Board Interests is attached at Appendix 1.

Section B

1. Fit and Proper Persons Test

Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (set out at appendix 2) was introduced as a direct response to the Francis Report into the failings at Mid Staffordshire NHS Foundation Trust. The Regulation aims to ensure that all Board level appointments of NHS provider organisations are fit and proper to carry out their roles.

It is ultimately the responsibility of the Chairman to discharge the requirement to ensure that individual members of the Board meet the fit and proper persons test and do not meet any of the “unfit” criteria.

During an inspection, the Care Quality Commission will consider compliance with the Fit and Proper Persons Regulations as part of the Well-Led domain (CQC key line of enquiry W1: Is there the leadership capacity and capability to deliver high quality, sustainable care? Specifically, one line of enquiry is to check whether leaders have the skills, knowledge, experience and integrity they need – both when they were appointed and on an ongoing basis.

The Regulations came into force on 1 April 2015. The Trust conducted a retrospective review of all Board appointments (and directors on Very Senior Managers contracts). The then Chair confirmed that all current appointments met the requirements of the Fit and Proper Persons test.

Board level (and Very Senior Manager) appointments made after 1 April 2015 were subject to the Fit and Proper Persons Test requirements prior to appointment and were made in accordance with the Trust’s Fit and Proper Persons Policy.

2. On-going Compliance with the Fit and Proper Persons Test Requirements

The purpose of this report is to provide assurance that all Board members (and staff appointed on Very Senior Manager contracts) remain fit and proper persons. The assurance is provided by:

- a) The outcome of the annual appraisals process as set out below:

Appraisee	Appraiser	Fit and Proper Person Test Assurance
Chair	Senior Independent Director	The Senior Independent Director canvassed views on the Chair’s performance from the Non-Executive Directors, Chief Executive and the Governors. The Senior Independent Director confirmed that there were no Fit and Proper Person Test issues. The Senior Independent Director attended a meeting of the Council of Governors Appointments and Remuneration Committee and presented the outcome of the Chair’s appraisal. The Committee in turn provided assurance to the full Council at a private session of the meeting in December 2019.
Non-Executive Directors	Chair	The Chair conducted appraisals with each of the Non-Executive Directors and confirmed that there were no Fit and Proper Person Test issues.

Appraisee	Appraiser	Fit and Proper Person Test Assurance
		The Chair is scheduled to attend a meeting of the Council of Governors Appointments and Remuneration Committee on 17 February 2020 to present the key points from his appraisals with each of the Non-Executive Directors. The Committee in turn will provide assurance to the full Council at a private session of the meeting in March 2020.
Chief Executive	Chair	The Chair conducted the Chief Executive's appraisal and has confirmed that there were no Fit and Proper Person Test issues.
Executive Directors	Chief Executive	The Chief Executive conducted appraisals with each of the Executive Directors and has confirmed that there were no Fit and Proper Person Test issues.
Very Senior Managers		
a) Director of Finance	Chief Financial Officer	The Chief Financial Officer conducted the Director of Finance's appraisal and has confirmed that there were no Fit and Proper Person Test issues.
b) Chief Information Officer	Chief Financial Officer	The Chief Financial Officer conducted the Director of IM&T's appraisal and confirmed that there were no Fit and Proper Person Test issues.

- b) All Board members and staff appointed on Very Senior Manager contracts have made an annual (template attached at Appendix 3) to confirm that they continue to meet the requirements of the Fit and Proper Persons Test and do not meet any of the "unfit" criteria.
- c) The Company Secretary has conducted the following on-going checks on each Board member and staff appointed on Very Senior Manager contracts:
- i) Disclosure and Barring Service
 - ii) Individual Insolvency Register
 - iii) Insolvency Director Disqualification Register
 - iv) Bankruptcy or Debt Relief Restrictions Register
 - v) Company House Register of Disqualified Directors
 - vi) Company House Register of Directorships
 - vii) Charity Commission's Register of Removed Trustees

The searches did not flag any issues of concern.

- d) Members of the Trust Board (and staff on Very Senior Manager Contracts) are required to conduct themselves in accordance with the Directors' Code of Conduct (appendix 4).

Recommendations:

The Trust Board is asked to:

- a) Note the Register of Individual Directors' Interests;
- b) Note the assurance provided that all Directors (and staff on Very Senior Manager contracts) are and remain "Fit and Proper Persons" as defined in regulation 5 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014) and do not meet the grounds of unfitness specified in

Part 1 of Schedule 4 to the Registered Activities Regulations.

Declarations of director interests 15 January 2020

Date	Name	Position	Interest declared
Non-Executive Directors			
13/12/17	Naomi Coxwell	Non-Executive Director	Trustee Hart Citizen Advice Bureau
			James Walker Group Ltd
			Arco Ltd (Arco is a safety specialist company based in Hull, UK).
01/10/14	Chris Fisher	Non-Executive Director	Chair of the Assurance Committee of Health Education Thames Valley and independent member of HEE South Risk and Assurance Committee
01/11/19	Aileen Feeney	Non-Executive Director	Trustee of Oakleaf Enterprises (Mental Health Charity, Guildford)
			Member – Circle Trust (Wokingham Schools Trust)
			Justice of the Peace
01/06/15	David Buckle	Non-Executive Director	Non-Executive Director for Salisbury Hospital NHS Foundation Trust
			President of the Society for Assistance of Medical Families
			Vice President of the Stroke Association
			Non-Executive Director for East and North Hertfordshire NHS Hospital Trust
01/06/15	Mehmuda Mian	Non-Executive Director	Board Member - Independent Press Standards Organisation
			Member of Disciplinary Committee at Royal College of Veterinary Surgeons
01/09/16	Mark Day	Non-Executive	None

Date	Name	Position	Interest declared
		Director	
01/12/16	Martin Earwicker	Chair	Trustee Hart Citizen Advice Bureau
			Chair, Farnborough College of Technology
Executive Directors			
09/09/08	Julian Emms	Chief Executive	Brother is Global Marketing Lead of Pfizer
01/12/18	Debbie Fulton	Director of Nursing and Therapies	None
03/09/09	Alex Gild	Deputy Chief Executive and Chief Financial Officer	Member of the Board of Trustees of the Healthcare Financial Management Association Director of two subsidiary companies of HFMA: HFMA LTD and HFMA Commercial Services Limited Deputy Chair of the South Region NHS Supply Chain Customer Board Member of the Finance Leadership Council for Future Focussed Finance national NHS finance staff development programme
01/11/15	Minoo Irani	Medical Director	Wife is employed by NHSE & NHSI (South) as Maternity Programme Manager
16/12/19	Kathryn MacDermott	Acting Director of Strategy	None
26/11/12	David Townsend	Chief Operating Officer	Wife works for Compass Group

Care Quality Commission's Fit and Proper Persons Test Requirements

Regulation 5 of the Regulated Activities Regulations states that the Trust must not appoint or have in place an individual as a director, or performing the functions of or equivalent or similar to the functions of, such a director, if they do not satisfy all the requirements set out in paragraph 3 of that Regulation.

The requirements of paragraph 3 of Regulation 5 of the Regulated Activities Regulations are that:

- (a) the individual is of good character;
- (b) The individual has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed;
- (c) The individual is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed;
- (d) The individual has not been responsible for, privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity; and
- (e) None of the grounds of unfitness specified in Part 1 of Schedule 4 apply to the individual.

The grounds of unfitness specified in Part 1 of Schedule 4 to the Registered Activities Regulations are:

- (f) The person is an undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and who has not been discharged;
- (g) The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland;
- (h) The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986;
- (i) The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it;
- (j) The person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland;
- (k) The person is prohibited from holding the relevant office or position, or in the case of an individual carrying on the regulated

activity, by or under any enactment.

Under Schedule 4, Part 2 a director will fail the 'good character' test, if they:

- 1.1. Have been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in an part of the Unity Kingdom, would constitute an offence;
- 1.2. Have been erased, removed or struck off a register of professionals maintained by a regulator of health or social care.

Appendix 3

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST VERY SENIOR MANAGER / BOARD DECLARATION

The position you have been offered is subject to Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 ("the Regulations") and in particular the requirement that Very Senior Manager level appointments must be "fit and proper persons."

Before you can commence employment with the Trust we need to be satisfied you are a fit and proper person pursuant to the Regulations. In order to assist us with this determination, we ask that you please complete the following declaration.

1. Are you currently bound over, or do you have any current unspent convictions or cautions, or have you ever been convicted of any offence by a Court or Court-Martial in the United Kingdom or in any other country?

NO ☐

YES ☐ please include details of the order binding you over and/or the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing.

Please note: you do not need to tell us about parking offences.

2. Have you been charged with any offence in the United Kingdom or in any other country that has not yet been disposed of?

NO ☐

YES ☐ If **YES**, please include details of the nature of the offence with which you are charged, date on which you were charged, and details of any on-going proceedings by a prosecuting body.

You are reminded that, if you are appointed, you have a continued responsibility to inform us immediately where you are charged with any new offence, criminal conviction or fitness to practise proceedings in the United Kingdom or in any other country that might arise in the future.

You do not need to tell us if you are charged with a parking offence.

3. Are you aware of any current or previous investigation being undertaken by the NHS Counter Fraud and Security Management Services (NHS CFSMS) or other body or organisation following allegations made against you in relation to matters of fraud or other financial mismanagement?

NO ☐

YES ☐ If **YES**, please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by NHS Counter Fraud and Security Management Services (NHS CFSMS) or other body or organisation.

4. Are you aware of any current or previous investigation that indicates that you, or an organisation for which you held responsibility, has failed to adhere to recognised best practice, guidance or processes regarding care quality?

NO ☐

YES ☐ If **YES**, please include details of the nature of the investigation made against you or the organisation, and if known to you, any action to be taken against you or the organisation by the investigatory body.

5. Have you been investigated by the Police, NHS CFSMS or any other investigatory body resulting in a current or past conviction or dismissal from your employment or volunteering position?

NO ☐

YES ☐ If **YES**, please include details of the nature of the allegations made against you, and if known to you, any action to be taken against you by the Investigatory Body.

6. Have you ever been dismissed or disciplined by reason of serious misconduct from any employment, volunteering, office or other position previously held by you?

NO ☐

YES ☐ If **YES**, please include details of the employment, office or position held, the date that you were dismissed or had disciplinary action taken against you, including the nature of the action or sanction, and provide details of the nature of allegations of misconduct made against you.

7. Have you been convicted of breaching any health and safety requirements or legislation on the basis of whether you or an organisation for which you have, or have had, responsibility for has organised or managed its activities?

NO ☐

YES ☐ If **YES**, please include details of the nature of the health and safety conviction against you or the organisation, and if known to you, any action to be taken.

8. Have you ever been disqualified, erased, removed or struck off from the practise of a profession, or required to practise subject to specified limitations following fitness to practise proceedings, by a regulatory or licensing body in the United Kingdom or in any other country?

NO ☐

YES ☐ If **YES**, please include details of the nature of the disqualification, erasure, removal, limitation or restriction, the date, and the name and address of the licensing or regulatory body concerned.

The information required includes being convicted of an offence or removal from the register of a professional health or social care regulator.

9. Are you currently or have you ever been the subject of any investigation or fitness to practise proceedings by any licensing or regulatory body in the United Kingdom or in any other country?

NO ☐

YES ☐ If **YES**, please include details of the reason given for the investigation and/or proceedings undertaken, the date, details of any limitation or restriction to which you are currently subject, and the name and address of the licensing or regulatory body concerned.

10. Have you been responsible for, privy to, contributed to or facilitated any serious misconduct or mismanagement in the carrying out of any health and social care services and/or any other services that may require registration with the CQC?

NO ☐

YES ☐ If **YES**, please include details.

"Responsible for, contributed to or facilitated" means that there is evidence that you have intentionally, or through neglect, behaved in a manner (whether whilst holding a Very Senior Manager / Board appointment or otherwise) that would be considered to be, or would have led to, serious misconduct or mismanagement.

"Privy to" means that there is evidence to suggest you were aware (whether whilst holding a Very Senior Manager / Board appointment or otherwise) of serious misconduct or mismanagement but did not take appropriate action to ensure it was addressed.

"Serious misconduct or mismanagement" means behaviour that would constitute a breach of any legislation/enactment that CQC deems relevant. "Serious misconduct" might be expected to include assault, fraud and theft.

“Mismanagement” might be expected to include mismanaging funds and/or not adhering to recognised practice, guidance or processes regarding care quality within which you are required to work.

11. Are you :

- an undischarged bankrupt;
- a person who has had sequestration awarded in respect of your estate which is not discharged;
- subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to the like effect made in Scotland or Northern Ireland;
- a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986; or
- a person who has made a composition arrangement with, or granted a trust deed for, creditors, and not been discharged in respect of it?

NO ☐

YES ☐ If **YES**, please include details.

12. Are you subject to any other prohibition, limitation, or restriction that means we are unable to consider you for the position for which you are applying, for example, you are prohibited from holding the post of director?

NO ☐

YES ☐ If **YES**, please include details.

13. Have you previously been employed in a position that involved work with children or vulnerable adults?

NO ☐

YES ☐ If **YES**, please include details/reasons as to why this position ended.

14. Do you know of any other matters in your background which might cause your reliability or suitability for employment to be called into question?

NO ☐

YES ☐ If **YES**, please include details.

If you have answered ‘yes’ to any of the questions above, please use this space to provide details. Please indicate clearly the number(s) of the question that you are answering.

You may continue on a separate sheet if necessary and may attach supplementary comments should you wish to do so.

IMPORTANT - DECLARATION

The *Data Protection Act 1998* requires us to advise you that we will be processing your personal data. Processing includes: holding, obtaining, recording, using, sharing and deleting information. The *Data Protection Act 1998* defines 'sensitive personal data' as racial or ethnic origin, political opinions, religious or other beliefs, trade union membership, physical or mental health, sexual life, criminal offences, criminal convictions, criminal proceedings, disposal or sentence. Where you are applying for a position which involves regulated activity, this will also include any barring decisions made by the Disclosure and Barring Service (DBS) against the Children's or Adults barred lists under the terms of the *Safeguarding Vulnerable Groups Act 2006 (as amended by the Protection of Freedoms Act 2012)*.

The information that you provide in this declaration form will be processed in accordance with the *Data Protection Act 1998*. It will be used for the purpose of determining your application for this position. It will also be used for purposes of enquiries in relation to the prevention and detection of fraud.

Once a decision has been made concerning your appointment, Berkshire Healthcare NHS Foundation Trust will not retain this declaration form any longer than necessary. This declaration will be kept securely and in confidence. Access to this information will be restricted to designated persons within the organisation who are authorised to view it as a necessary part of their work.

In signing the declaration on this form, you are explicitly consenting for the data you provide to be processed in the manner described above.

I consent to the information provided in this declaration form being used by Berkshire Healthcare NHS Foundation Trust for the purpose of assessing my suitability for employment, and for enquiries in relation to the prevention and detection of fraud. I understand that I have an ongoing duty of disclosure and must provide any further relevant information up to the date of commencement of employment.

I confirm that the information that I have provided in this declaration form is correct and complete. I understand and accept that if I knowingly withhold information, or provide false or misleading information, this may result in my offer of employment being withdrawn, or if I am appointed, in my dismissal, and I may be liable to prosecution.

Please sign and date this form.

SIGNATURE.....

NAME (in block capitals)

DATE.....

Please complete and return this Declaration Form in a separate envelope marked 'Confidential'. Forms should be returned to: the Company Secretary

If you wish to withdraw your consent at any time after completing this declaration form or you have any enquiries relating to information required in this form, please contact the HR Department directly. All enquiries will be treated in strict confidence.

Board of Directors Code of Conduct

1. Introduction

High standards of corporate and personal conduct are an essential component of public service. The purpose of this Code is to provide clear guidance on the standards of conduct and behaviour expected of all directors.

This Code, with the Code of Conduct for governors and the NHS Constitution, forms part of the framework designed to promote the highest possible standards of conduct and behaviour within the Trust. The Code is intended to operate in conjunction with the Trust's Constitution, Standing Orders and Monitor's (now NHS Improvement) Code of Governance. The Code applies at all times when directors are carrying out the business of the Trust or representing the Trust.

2. Principles of public life

All directors are expected to abide by the Nolan principles of public life:

- **Selflessness** - Holders of public office should act solely in terms of the public interest: they should not do so in order to gain financial or other benefits for themselves, their family or their friends.
- **Integrity** - Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.
- **Objectivity** - In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
- **Accountability** - Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
- **Openness** - Holders of public office should be as open as possible about all the decisions and actions they take: they should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
- **Honesty** - Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
- **Leadership** - Holders of public office should promote and support these principles by leadership and example.

3. General principles

Boards have a duty to conduct business with probity; to respond to staff, patients and suppliers impartially; to achieve value for money from the public

funds with which they are entrusted and to demonstrate high ethical standards of personal conduct.

The general duty of the Board, and of each director individually, is to act with a view to promoting the success of the Trust so as to maximise the benefits for the members of the Trust as a whole and for the public. The Board therefore undertakes to set an example in the conduct of its business and to promote the highest corporate standards of conduct and corporate governance.

4. Trust Vision and Values

Directors are also required to promote the Trust's Vision and to abide by the Trust's Values.

The Trust's Vision is: "to be recognised as the leading community and mental health service provider by our staff, patients and partners".

The Trust's Values are:

- **Caring** for and about you is our top priority
- **Committed** to providing good quality, safe services
- **Working together** with you to provide innovative solutions

5. Confidentiality and Access to Information

Directors must comply with the Trust's confidentiality policies and procedures. Directors must not disclose any confidential information, except in specified lawful circumstances.

Information on decisions made by the Board and information supporting those decisions should be made available in a way that is understandable. Positive responses should be given to reasonable requests for information and in accordance with the Freedom of Information Act 2000 and other applicable legislation, and directors must not seek to prevent a person from gaining access to information to which they are legally entitled.

The Trust has adopted policies and procedures to protect confidentiality of personal information and to ensure compliance with the Data Protection Act, the Freedom of Information Act and other relevant legislation which will be followed at all times by the Board of directors.

6. Media, public speaking and use of social media

Care should be taken about any invitation to speak publicly about the Trust, including speaking to journalists. Particular care must also be taken in the publication of any articles or expression of views about the Trust on social media. In any such instance, the Chairman and/or the Chief Executive should be informed in good time before such an article is proposed to be submitted or views put forward on the Trust's behalf.

Speaking publicly on the Trust's behalf about the Trust's leadership, policy, performance and regulatory relationships is a matter generally reserved to the Chief Executive and Chairman, or as delegated by them. Appropriate training should have been given to all individuals asked to speak to the media on the Trust's behalf. Speaking to, or providing written statements to the media about the Trust should be undertaken in liaison with the Trust's Marketing and Communications Team. In all cases views should not be

expressed on the Trust's behalf that are at variance from agreed Trust policy.

7. Fit and proper person

All directors are required to comply with requirements of the Fit and Proper Person Test. Directors must certify on appointment, and sign an annual declaration that they are/remain a fit and proper person. If circumstances change so that a director can no longer be regarded as a fit and proper person or if it comes to light that a director is not a fit and proper person, they are suspended from being a director with immediate effect pending confirmation and any appeal. Where it is confirmed that a director is no longer a fit and proper person, their Board membership is terminated.

8. Register of interests

Directors are required to register all relevant interests in accordance with the provisions of the Constitution. It is the responsibility of each director to provide an update to their register entry if their interests change. Failure to register a relevant interest in a timely manner may constitute a breach of this Code. The Board's register of interests is published on the Trust's website.

9. Conflicts of interest

Directors have a statutory duty to avoid a situation in which they have (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the Trust. Directors have a further statutory duty not to accept a benefit from a third party by reason of being a director or doing (or not doing) anything in that capacity.

If a director has, in any way, a direct or indirect interest in a proposed transaction or arrangement with the Trust, the director must declare the nature and extent of that interest to the other directors. If such a declaration proves to be, or becomes, inaccurate or incomplete, a further declaration must be made. Any such declaration must be made at the earliest opportunity and before the Trust enters into the transaction or arrangement.

The Chair will advise directors in respect of any conflicts of interest that arise during Board meetings, including whether the interest is such that the director should withdraw from the meeting for the period of the discussion. In the event of disagreement, it is for the Board to decide whether a director must withdraw from the meeting. The Company Secretary will provide advice on any conflicts that arise between meetings.

10. Gifts and hospitality

The Board will set an example in the use of public funds and the need for good value when incurring public expenditure. The use of Trust funds for hospitality and entertainment, including hospitality at conferences or seminars, will be carefully considered. All expenditure on these items should be capable of justification as reasonable in the light of the general practice in the public sector. The Board is conscious of the fact that expenditure on hospitality or entertainment is the responsibility of management and is open to be challenged by the internal and external auditors and that ill-considered actions can damage the reputation of the Trust in the eyes of the community.

Further information about gifts and hospitality is contained in the Trust's Standards of Business Conduct Policy. Directors must not accept gifts or hospitality other than in compliance with this policy.

11. Personal conduct

Directors are expected to conduct themselves in a manner that reflects positively on the Trust and not to conduct themselves in a manner that could reasonably be regarded as bringing their office or the Trust into disrepute.

Specifically directors must:

- act in the best interests of the Trust and adhere to its values and this Code of conduct;
- respect others and treat them with dignity and fairness;
- seek to ensure that no one is unlawfully discriminated against and promote equal opportunities and social inclusion;
- be honest and act with integrity and probity;
- contribute to the workings of the Board in order for it to fulfill its role and functions;
- recognise that the Board is collectively responsible for the exercise of its powers and the performance of the Trust;
- raise concerns and provide appropriate challenge regarding the running of the Trust or a proposed action where appropriate;
- recognise the differing roles of the Chair, Senior Independent Director, Chief Executive, executive directors and non-executive directors;
- make every effort to attend meetings where practicable;
- adhere to good practice in respect of the conduct of meetings and respect the views of others;
- take and consider advice on issues where appropriate;
- Be mindful of the environmental impact of Trust Board decisions;
- acknowledge the responsibility of the council of governors to hold the non-executive directors individually and collectively to account for the performance of the Board; represent the interests of the Trust's members, public and partner organisations in the governance and performance of the Trust; and to have regard to the views of the council of governors;
- not use their position for personal advantage or seek to gain preferential treatment; nor seek improperly to confer an advantage or disadvantage on any other person;
- accept responsibility for their performance, learning and development.

12. Compliance

The members of the Board will satisfy themselves that the actions of the Board and directors in conducting business fully reflect the values, general principles and provisions in this Code and, as far as is reasonably practicable, that concerns expressed by staff or others are fully investigated and acted upon. All directors, on appointment, will be required to give an undertaking to abide by the provisions of this Code.



Trust Board Paper

Board Meeting Date	11 February 2020
Title	Annual Board Planner 2020
Purpose	The attached sets out the non-standing items of business which will be presented to the public and in committee Trust Board meetings during 2020.
Business Area	Corporate
Author	Julie Hill, Company Secretary
Relevant Strategic Objectives	N/A
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	None
Equality and Diversity Implications	N/A
SUMMARY	The attached Board Planner sets out the forthcoming business of the Trust Board. During the course of the year, other items of business are likely to occur and these items will be added to the relevant agenda.
ACTION	To note the annual Trust Board planner 2020.

Rolling Annual Trust Board Planner – Non-Standing Items

January 2020 – Discursive Meeting	
<ul style="list-style-type: none"> Global Digital Exemplar Presentation Strategy Update 	Alex Gild Kathryn MacDermott
February 2020	Executive Lead
<ul style="list-style-type: none"> Learning Disability Unit – Using Quality Improvement Methodology to Reduce Physical Assaults on Staff 	David Townsend
<ul style="list-style-type: none"> Patient Experience Report Qtr 3 	Debbie Fulton
<ul style="list-style-type: none"> Annual Fit and Proper Person Test and Declarations of Interest Report 	Julie Hill
<ul style="list-style-type: none"> Annual Health and Safety Report 	David Townsend
<ul style="list-style-type: none"> Annual Board Planner 	Julie Hill
<ul style="list-style-type: none"> Amended Pensions Policy 	Alex Gild
<ul style="list-style-type: none"> Strategy Implementation Progress Report 	Kathryn MacDermott
<ul style="list-style-type: none"> Equality Strategy – Six Monthly Update Report 	Kathryn MacDermott
<ul style="list-style-type: none"> Annual Community Mental Health Survey Report 	Debbie Fulton
<ul style="list-style-type: none"> Draft Annual Plan on a Page (In Committee) 	Kathryn MacDermott
<ul style="list-style-type: none"> Draft Financial Planning and Budget Setting (In Committee) 	Alex Gild
March 2020 – Discursive Meeting	
<ul style="list-style-type: none"> Draft 3 Year Strategy 	Kathryn MacDermott
April 2020	
<ul style="list-style-type: none"> Trust Three Year Strategy 2020-2023 	Kathryn MacDermott
<ul style="list-style-type: none"> Board Vision Metrics Report 	Alex Gild
<ul style="list-style-type: none"> Guardians of Safe Working Report Quarterly Report* Learning from Deaths Quarterly Report* <p>*included as part of the QAC minutes</p>	Minoo Irani
<ul style="list-style-type: none"> Quality Impact Assessment Annual Report 	Debbie Fulton
<ul style="list-style-type: none"> Human Resources Practices Assurance Paper in response to a letter from NHSE/I 	Alex Gild
<ul style="list-style-type: none"> Annual Financial Plan (In Committee) 	Alex Gild
<ul style="list-style-type: none"> Quality Concerns (In Committee) 	Debbie Fulton
<ul style="list-style-type: none"> Workforce Implementation Strategy Progress Report (In Committee) 	Alex Gild
May 2020	
<ul style="list-style-type: none"> Quality Accounts 	Minoo Irani
<ul style="list-style-type: none"> Annual Report (<i>circulated to members of the Board but not published until the Annual Report is laid before Parliament</i>) 	Julian Emms
<ul style="list-style-type: none"> Final Financial Plan 2020-21 	Alex Gild
<ul style="list-style-type: none"> Strategy Implementation Plan Update Report 	Kathryn MacDermott
<ul style="list-style-type: none"> Staff Survey Results 	Alex Gild
<ul style="list-style-type: none"> NHS Improvement – Board Declarations 	Alex Gild
<ul style="list-style-type: none"> Patient Experience – Qtr 4 Report 	Debbie Fulton
<ul style="list-style-type: none"> Mental Health Strategy Implementation 	Kathryn MacDermott
<ul style="list-style-type: none"> Six monthly Safe Staffing Report 	Debbie Fulton

June 2020 – Discursive Meeting	
• TBC	
July 2020	
• Equality Strategy – Annual Report	Kathryn MacDermott
• Estates Strategy - Six monthly Update Report	David Townsend
• Annual Complaints Report	Debbie Fulton
• Peer Mentor Programme Update Report	Debbie Fulton
• Revalidation Annual Report	Minoo Irani
• Board Vision Metrics Report	Alex Gild
• Annual Freedom to Speak Up Guardian Report	FTSU Guardian
• Guardians of Safe Working Report Quarterly Report*	Minoo Irani
• Learning from Deaths Quarterly Report* *included as part of the QAC minutes	
• Quality Concerns (In Committee)	Debbie Fulton
• IT Strategy Six Monthly Update Report (In Committee)	Alex Gild
September 2020	
• Patient Experience Report – Qtr 1	Debbie Fulton
• Strategy Implementation Plan Update Report	Kathryn MacDermott
• Workforce Disability Equality Standard Report	Kathryn MacDermott
• Race Equality Standard Report	Kathryn MacDermott
• Guardians of Safe Working Report Quarterly Report*	Minoo Irani
• Learning from Deaths Quarterly Report* *included as part of the QAC minutes	
• Quality Concerns (In Committee)	Debbie Fulton
• Trust Board Away Day Agenda (In Committee)	Chair/Julie Hill
October 2020 – Annual Strategic Planning Away Day	
• Strategic Planning	Alex Gild/Kathryn MacDermott
• Board Assurance Framework Risks	Alex Gild/Julie Hill
November 2020	
• Patient Experience – Qtr 2	Debbie Fulton
• Annual Research and Development Report	Minoo Irani
• Mental Health Strategy Implementation – Update report	Kathryn MacDermott
• Strategy Implementation Progress Report	Kathryn MacDermott
• Information Governance Annual Report	Minoo Irani
• Six Monthly Safe Staffing Report	Debbie Fulton
• Global Digital Exemplar Six Monthly Update Report (In Committee)	Alex Gild
• Board Assurance Framework and Corporate Risk Register Annual Review (in Committee)	Alex Gild/Julie Hill
• TB Away Day – Notes and Actions (in Committee)	Julie Hill
• Strategy – System Plans (in Committee)	Kathryn MacDermott
December 2020	
• Board Vision Metrics Report	Alex Gild
• Estates Strategy – 6 monthly Update	David Townsend
• Guardians of Safe Working Report Quarterly Report*	Minoo Irani
• Learning from Deaths Quarterly Report* *included as part of the QAC minutes	
• Freedom to Speak Up Six monthly Report	FTSU Guardian

• Quality Concerns (In Committee)	Debbie Fulton
• Workforce Development Strategy Annual Update Report (In Committee)	Alex Gild

Trust Board Paper

Board Meeting Date	11 February 2020
Title	Use of Trust Seal
Purpose	This paper notifies the Board of use of the Trust Seal
Business Area	Corporate
Author	Chief Financial Officer
Relevant Strategic Objectives	N/A
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Compliance with Standing Orders
Equalities and Diversity Implications	N/A
SUMMARY	<p>The Trust's Seal was affixed to the following documents in respect of Erleigh House (Science and Technology Centre Building), University of Reading:</p> <ul style="list-style-type: none"> • Surrender of the existing Erleigh House Lease to the Trust • Grant of a new lease of Erleigh House • Supplementary car parking lease • Licence to carry out alterations <p>Planning permission has been granted for both changes of use to healthcare and to the car park works.</p>
ACTION	To note the update.