Berkshire Healthcare
NHS Foundation Trust

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

TRUST BOARD MEETING

(conducted electronically via Microsoft Teams)

10:00am on Tuesday 12 April 2022

AGENDA

No	Item	Presenter	Enc.
	OPENING BUSINESS		
1.	Chairman's Welcome and Public Questions	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 08 February 2022	Martin Earwicker, Chair	Enc.
5.2	Action Log and Matters Arising	Martin Earwicker, Chair	Enc.
	QUALITY		
6.0	Patient Story – Dietetics Case Study	Debbie Fulton, Director of Nursing and Therapies/Tammy Ives, Dietetics	Verbal
6.1	Quality Assurance Committee a) Minutes of the meeting held on 01 March 2022 b) Learning from Deaths Quarterly Report c) Guardians of Safe Working Quarterly Report	David Buckle, Chair of the Quality Assurance Committee	Enc.
	EXECUTIVE UPDATE		
7.0	Executive Report	Julian Emms, Chief Executive	Enc.
7.1	National NHS Staff Survey Results Report	Alex Gild, Deputy Chief Executive	Enc.
7.2	Gender Pay Gap Report	Alex Gild, Deputy Chief Executive	Enc.
	PERFORMANCE		
8.0	Month 11 2021/22 Finance Report	Paul Gray, Chief Financial Officer	Enc.
8.1	Month 11 2021/22 Performance Report	Paul Gray, Chief Financial Officer	Enc.
8.2	Board Vision Metrics Report	Paul Gray, Chief Financial Officer	Enc.

No	Item	Presenter	Enc.
8.3	Finance, Investment and Performance Committee meeting on 24 March 2022	Naomi Coxwell, Chair of the Finance, Investment and Performance Committee	Enc.
STRATEGY			
CORPORATE GOVERNANCE			
9.0	Council of Governors Update	Martin Earwicker, Trust Chair	Verbal
9.1	Trust Seal Report	Paul Gray, Chief Financial Officer	Enc.
Closing Business			
10.	Any Other Business	Martin Earwicker, Chair	Verbal
11.	Date of the Next Public Trust Board Meeting –10 May 2022	Martin Earwicker, Chair	Verbal
12.	**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

Berkshire Healthcare
NHS Foundation Trust

Unconfirmed minutes

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Minutes of a Board Meeting held in Public on Tuesday, 08 February 2022

(Conducted via Microsoft Teams)

Present:	Martin Earwicker	Chair
	David Buckle	Non-Executive Director
	Naomi Coxwell	Non-Executive Director
	Rajiv Gatha	Non-Executive Director
	Mark Day	Non-Executive Director
	Aileen Feeney	Non-Executive Director
	Mehmuda Mian	Non-Executive Director
	Julian Emms	Chief Executive
	Alex Gild	Chief Financial Officer
	Dr Minoo Irani	Medical Director
	Debbie Fulton	Director of Nursing and Therapies
	David Townsend	Chief Operating Officer
	Paul Gray	Chief Financial Officer
In attendance:	Julie Hill	Company Secretary
	Jayne Reynolds	Regional Director, East
	James Momoh	Talking Therapies *(present for agenda item 6.0)*
	Rani Griffiths,	Talking Therapies *(present for agenda item 6.0)*
	Jane Nicholson	Director of People *(present for agenda item 9.0)*

22/001	**Welcome and Public Questions** (agenda item 1)
	The Chair welcomed everyone to the meeting. There were no public questions.
22/002	**Apologies** (agenda item 2)
	There were no apologies.
22/003	**Declaration of Any Other Business** (agenda item 3)

	There was no other business.
22/004	**Declarations of Interest** (agenda item 4)
	i. **Amendments to Register** – none
	ii. **Agenda Items** – none
22/005	**Minutes of the previous meeting – 14 December 2021** (agenda item 5.1)
	The Minutes of the Trust Board meeting held in public on Tuesday 14 December 2021 were approved as a correct record.
22/006	**Action Log and Matters Arising** (agenda item 5.2)
	The schedule of actions had been circulated. **The Trust Board:** noted the action log.
22/007	**Board Story – Working with Cultural and Ethnic Diversity in the Talking Therapies Service (Improving Access to Psychological Therapies) (**agenda item 6.0)
	The Chair welcomed James Momoh and Rani Griffiths, Talking Therapies. The Director of Nursing and Therapies said that the Board Story was to highlight the work the Talking Therapies service was undertaking to ensure hard to reach communities were able to access the service. Rani Griffiths said that ethnic health inequalities existed in both physical and mental health and had been exacerbated by the COVID-19 pandemic. Nationally, people from an ethnic background were under-represented in psychological therapy services. It was noted that the Trust had developed a ten point plan to improve access to the Talking Therapies Service to non-English speakers or people with limited English language skills. This included working with interpreters, adapting therapy to meet different cultural requirements and outreach work with community and faith leaders. Rani Griffiths reported that the Talking Therapies service was also using social media to raise the profile of the service. James Momoh presented a case study of a 36 year old Kenyan woman who presented to the Talking Therapies Service with symptoms of depression and severe anxiety. Mr Momoh explained how the Talking Therapies service was able to adapt its practice within an African cultural context and was therefore better able to treat the woman. James Momoh shared the patient's positive feedback about the service which included valuing being treated by someone who was from her own cultural background and who understood her issues. It was noted that the woman was now recovering well. The Chair commented that he was impressed by the inclusiveness of the Talking Therapies service and asked whether this degree of cultural sensitivity and understanding was reflected across the Trust.

	Rani Griffiths said that James Momoh and herself were working closely with the Trust's Staff Networks to share good practice across the Trust. Mr Momoh said that he was a member of the Black, Asian and Minority Ethnic (BAME) Staff Network and he held a "Let's Talk" session every two weeks which provided an opportunity for BAME staff to come together in an informal way and connect with each other and to talk about anything that was on their minds. David Buckle, Non-Executive Director pointed out that health inequalities and access to services had got worse over the last 10 years. It was noted that many of the wider determinants of health, for example, education and public health resided outside of the NHS. Dr Buckle pointed out that there was a danger that the move to more online services may adversely impact people who were already disadvantaged in terms of accessing services and asked what more the Trust could do to address the issue. The Chief Executive asked whether seeing more people online rather than face to face was helpful or a hindrance. Ms Griffiths said that it was very person specific with some people preferring virtual sessions whilst others wanted face to face contact. Ms Griffiths said that having a blended approach was often the preferred option. Ms Griffiths said that the Talking Therapies cultural and ethnic diversity work was focused around engaging with faith leaders and grass roots community workers. This included outreach work and running clinics in the community and in non-healthcare settings. In this way, the Talking Therapies service was able to encourage "hard to reach" people to access the service. The slides of the presentation are attached to the minutes. The Chair thanked Rani Griffiths and James Momoh for their excellent presentation and for the work they do to improve access to the Talking Therapies service.
22/008	**NHS Community Mental Health Benchmarking Report** (agenda item 6.1)
	The Director of Nursing and Therapies presented the paper and reported that the Community Mental Health Survey was part of the NHS Patient Survey Programme which was commissioned by the Care Quality Commission. The Director of Nursing and Therapies said that the Trust's results were similar to the previous year. The Chief Executive commented that he hoped that the Trust's new patient experience tool would provide the Trust with more granular information about services and would help to identify areas for further improvement. **The Trust Board:** noted the report.

22/009	**Patient Experience Report** (agenda item 6.2)
	The Director of Nursing and Therapies presented the paper and highlighted the following points: • There were no new themes or trends identified from the patient experience data during quarter 3. • The total number of complaints was comparable with the previous quarter and there was also a similar percentage of closed complaints that were either partially or fully upheld with these generally being spread across services. • The highest numbers of upheld/partially upheld complaints related to care and treatment with these being very specific to the individual with no obvious themes emerging. • The demographic data showed that for ethnicity and gender there was a correlation between the percentage of attendances and percentage of complaints received. • The new patient experience tool which had been developed in partnership with 'I WantGreatCare' was launched towards the end of quarter 3. It was recognised that the new tool and optimum use of the information received through it would take time to embed. A sample of the free text feedback had been provided in the report alongside the overall percentage satisfaction of those who had responded using the new tool during December 2021. Appendix 3 of the report showed some examples of how feedback was provided back to team/services and the wider organisation. • Some 15 Step Visits had recommenced and appendix 2 of the report provided a short summary of the outcome of these visits. Naomi Coxwell, Non-Executive Director asked how the data from the new patient experience tool would be shared with the Trust Board. The Director of Nursing and Therapies confirmed that the information would be included as part of the quarterly Patient Experience Reports. The Director of Nursing and Therapies confirmed that she was reviewing the format of the Patient experience report so that it was reflective of patient experience as a whole rather than focusing too narrowly on complaints. **The Trust Board**: noted the report
22/010	**Infection Prevention and Control Board Assurance Framework** (agenda item 6.3)
	The latest Infection Prevention and Control Board Assurance Framework had been circulated. The Director of Nursing and Therapies presented the paper and reported that the national Infection Prevention and Control Board Assurance Framework had been updated and re-issued on 24 December 2021. The Director of Nursing and Therapies pointed out the Trust's key gap in assurance was around ensuring that records for all staff who were fitted tested for FFP3 face masks were transferred into the Trust's staff record system (ESR). It was noted that there was ongoing work to improve fit testing record keeping. **The Trust Board:** noted the report:

22/011	**Executive Report** (agenda item 7.0)
	The Executive Report had been circulated. The following issues were discussed further: **a) COVID-19 Vaccination as a Condition of Employment** The Director of Nursing and Therapies reported that on 31 January 2022, the Secretary of State for Health and Social Care announced that the legislation requiring NHS staff to receive a first and second COVID-19 vaccination was being reconsidered. The Government's original decision was subject to the Parliamentary process and would require further consultation and a vote to be passed into legislation. NHS England have requested that employers do not serve notice of termination to employees affected by the Vaccination as a Condition of Employment regulations. They do however remain clear that vaccination was the best way to protect individuals, their family, colleagues and patients from the virus and that staff had a professional duty to do so. Reporting on organisational position regarding vaccines therefore remained a requirement and the Trust would continue to do all that it could to encourage staff to take up the offer of vaccination. **b) Modern Day Slavery Statement** The Modern Slavery Act 2015 was designed to consolidate various offences relating to human trafficking and slavery. The Trust's Modern Day Slavery was set out at appendix 1 of the report. The Trust Board was invited to approve the statement which would be published on the Trust's website and included in the Trust's Annual Report. **Action: Company Secretary** **The Trust Board**: a) noted the paper. b) Approved the Trust's Modern Day Slavery Statement
22/012	**Month 09 2121-22 Finance Report** (agenda item 8.0)
	The Chief Financial Officer presented the paper and highlighted the following points: • The Trust was reporting a surplus of £0.7m to the end of December 2021, which was £1.5m better than planned. • The Trust was in a strong position going into the final quarter of the year and had improved its forecast to breakeven for the second half of the year against a £1m deficit plan, taking the full year forecast to a £1m surplus. • Overall workforce growth was lower than planned, with elements of investment income deferred as a result. It was anticipated that unused Spending Review and Service Development Funding would be returned to NHS England/Improvement rather than deferred at year end. • The Trust was working with Commissioners to defer as much income as possible into the next financial year. • Marginal COVID-19 costs continued to be at a lower level than funded. • Capital expenditure year to date was £4m, £2.1m behind plan. There was currently an underspend against the Trust's share of the Integrated Care System capital control total, but it was expected that the underspend would be minimal by the end

	• of the year. • Both Integrated Care Systems (Frimley Health and Care and Buckinghamshire, Oxfordshire and Berkshire West) were expecting to either breakeven or be in surplus at year end. The Chair commented that the current complex funding position was a concern because it made it difficult to understand the Trust's underlying financial position and said that it was important that moving into 2022-23 for the Trust Board to keep a close eye on the Trust's financial position excluding any additional non-recurrent financial allocations. The Chief Financial Officer agreed to ensure that this was reflected in the Trust's financial plan 2022-23. **Action: Chief Financial Officer** The Deputy Chief Executive expressed concern about the centre planning to claw back any unspent mental health investment standard funding at year end because of the workforce challenges around staff shortages rather than allowing trusts to carry forward the funding into 2022-23 and asked what message this sent in terms of mental health having parity of esteem with physical health. The Chief Executive reminded the Trust Board that some of the additional funding being made available to the acutes was to enable them to pay for additional capacity in the private sector, for example, to reduce waiting lists for non-urgent surgery. The Chief Executive queried whether the Trust could do more to increase local capacity for mental health services by working with the voluntary sector and other non-NHS organisations. The Chair made the point that it was not about the Trust losing money, it was about the Trust losing its ability to treat patients in need of mental health services. The Chief Financial Officer pointed out that at the start of the current financial year, the Trust did explore alternative non-NHS mental health provision but the difficulty was that other mental health trusts were also trying to source additional non-NHS mental health provision at the same time. The Chief Financial Officer confirmed that moving into 2022-23, in view of the national workforce constraints, the Trust was discussing alternative ways of expanding the provision of mental health services which were not reliant on recruiting additional staff. **The Trust Board:** noted the report.
22/013	**Month 09 2121-22 "True North" Performance Scorecard Report** (agenda item 8.1)
	The Month 09 "True North" Performance Scorecard had been circulated. The Chief Financial Officer presented the paper and reported that the number of falls had increased slightly with 27 falls against a target of 20. It was also noted that staff turnover was above target (16.3% against a target of less than 16% per month). **The Trust Board:** noted the report.
22/014	**Finance, Investment and Performance Committee Meeting – 27 January 2022** (agenda item 8.2)
	Naomi Coxwell, Non-Executive Director reported that the Finance, Investment and Performance Committee meeting held on 27 January 2022 had received a presentation

	from the Director of People on the Trust's employee casework from April 2021-September 2021 and the Trust's work to reduce the number of formal disciplinaries in line with the Trust's People Strategy and the national NHS "Just Culture" initiative which focused on learning from mistakes. It was noted that the Frimley Health and Care Integrated Care System had agreed to commission a piece of work to try and understand the underlying reasons why BAME staff were disproportionately involved in disciplinary cases. Ms Coxwell reported that the meeting had also discussed the national financial planning guidance and the development of the Trust's financial plan for 2022-23. The Chair thanked Ms Coxwell for her update.
22/015	**Health and Wellbeing Update Report** (agenda item 9.0)
	The Chair welcomed the Director of People to the meeting. The Deputy Chief Executive presented the paper and thanked Mark Day, Non-Executive Director Lead for Staff Health and Wellbeing for his support. The Deputy Chief Executive said that in line with the Trust's People Strategy, the national NHS People Promise and the new NHS Health and Wellbeing Framework, staff health and wellbeing continued to be a high priority for the Trust. The Deputy Chief Executive reported the Integrated Care System Staff Mental Health Hub which was hosted by the Trust had received funding for another year of delivery. The aim was to increase engagement in the service from all health and social care partners throughout the next financial year. The Chair commented that staff health and wellbeing was transitioning well into a core part of the Trust's work. Aileen Feeney, Non-Executive Director noted that one of the actions for February 2022 was around considering a proposal for staff to be able to buy and sell annual leave and asked whether it was likely that this would be introduced. The Deputy Chief Executive confirmed that this was the case. Mark Day, Non-Executive Director reported that in one of the governor breakout sessions at last week's joint Non-Executive Director and Council of Governors meetings, governors had raised concerns about the financial hardship staff were going to face because of significantly high energy bills etc. and asked what support would be available to staff. The Deputy Chief Executive said that the Trust was currently reviewing what support (both internal and external) was available to staff experiencing hardship and was reviewing its internal arrangements around the use of charitable funds and hardship loans. The Director of People pointed out that staff sometimes suffered financial hardship when they received a top up benefit and that in response to staff feedback, the Trust was changing the pay date to a fixed date every month rather than the last Thursday of the month and that this would help staff with financial planning. Mehmuda Mian, Non-Executive Director asked for more information about the Wellbeing Champion Network which was launched in January 2022.

	The Director of People explained that the role of the Wellbeing Champion Network was a Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System initiative and its aim was to bring together people who were focused on wellbeing in their teams, giving them extra support and knowledge. **The Trust Board**: noted the report.
22/016	**Trust's Green Plan 2022-25** (agenda item 9.1)
	The Regional Director, East presented the report and highlighted the following points: • The Climate Change Act (2008) had a national statutory target to bring all greenhouse gas emissions to net zero by 2050. The NHS had set a net zero carbon emissions target by 2045. The Trust Board may want to consider whether it wanted the Trust to set itself a more ambitious target. • The Trust's Green Plan 2022-25 built upon the Trust's previous sustainability work, for example, the elimination of single use plastics, zero clinical waste to landfill, improved recycling rates across the Trust, increased clinical waste segregation and more recently, reduced mileage due to increased use of virtual meetings. • The Trust had also planted a tiny forest at West Berkshire Community Hospital and had developed a therapy garden project at West Berkshire Community Hospital which provided fruit and vegetables which was used by onsite catering • Moving forward, the Trust would be continuing with hybrid and remote working which would reduce mileage costs and CO2 emissions. The Trust was also developing a Trust wide policy on Electric Vehicle use. • The Trust's five year Green Plan was underpinned by detailed action plans Mark Day, Non-Executive Director asked whether the Trust recycled IT equipment. The Regional Director East agreed to contact the Chief Information Officer and inform the Trust Board about the disposal of IT equipment. **Action: Regional Director, East** Mr Day said that there was a real opportunity for the Trust to collaborate with others and make an impact on green issues and asked about the role of the Integrated Care Systems. The Regional Director, East said that both Integrated Care Systems had requested copies of the Trust's Green Plan. It was noted that the Integrated Care Systems were developing their own system wide Green Plans and that the Trust's Green Plan was in alignment with the Integrated Care System plans. The Chief Executive commented that at the system level, it was the individual provider organisations which were largely responsible for delivering the sustainability agenda. The Deputy Chief Executive added that there were partnership opportunities around creating social value with others, including working with commercial and industry partners. Naomi Coxwell, Non-Executive Director welcomed the Trust's Green Plan and its detailed action plans. Ms Coxwell suggested that the Trust could do more to describe the impact of climate change. Ms Coxwell also suggested exploring whether there were any local initiatives around recycling Personal Protective Equipment and more sustainable options for sourcing uniforms etc.

	The Regional Director, East thanked Ms Coxwell for her suggestions. The Chair said that the Trust Board was committed to the Green Plan and said that he looked forward to receiving updates on its implementation. **The Trust Board**: noted the report.
22/017	**Strategy Implementation Plan Update Report** (agenda item 9.2)
	The Strategy Implementation Plan Update Report had been circulated. The Deputy Chief Executive said that following feedback from the last Trust Board meeting, the format of the report had been changed from tabular to a narrative report. The Chair requested an update on the Trust's Bed Optimisation Project. The Regional Director, East reported that the Bed Optimisation Project had been paused during January 2022 because of the COVID-19 pandemic but it had now re-started and was focusing on improving discharge processes and reducing the length of stay. It was noted that the Trust was not an outlier in terms of the number of inappropriate Out of Area Placements and was tracking well against NHS England/Improvement's trajectory to achieve zero inappropriate Out of Area Placements by the end of 2023. **The Trust Board**: noted the report.
22/018	**Council of Governors Update** (agenda item 10.0)
	The Chair reported that the Joint Non-Executive Directors and Council of Governors meeting held on 2 February 2022 had received two excellent presentations on the Trust's new Patient Experience Tool and on Staff Health and Wellbeing. The Chair commented that the Governors really appreciated the opportunity to have informal conversations with the Non-Executive Directors in the small breakout groups.
22/019	**Annual Health and Safety Report** (agenda item 10.1)
	The Chief Operating Officer presented the annual Health and Safety Report and highlighted the following points: • The Trust had received no Enforcement Notices from the Health and Safety Executive or from Local Authorities during 2021 • There were eight incidents reported under the RIDDOR regulations in the year 2021, (no false reports) showing a decrease of one incident compared to 2020. Manual Handling, Assaults and Slips, Trips and Falls were the main incident types reported under RIDDOR • During 2021, the Trust reported 861 physical assaults against staff. This was an increase of 283 (49%) compared to 2020. The Trust also reported 938 Non-Physical Assaults against staff, an increase of 512 (120.2%) over the previous year.

	• During 2021, the Royal Berkshire Fire and Rescue Service undertook three fire safety visits to ensure that the Trust was compliant with the Regulatory Reform (Fire Safety) Order 2005. • Seven fires were reported during 2021. All seven were arson, with one being in the community at a patient's home, and six at Prospect Park Hospital. This was an increase of 133% on the previous year's arson figure. • Compliancy in statutory training: Fire Awareness – The number of staff trained throughout 2021 had averaged 89.15% over the year. This fell short of the Trust's target of 95% compliance. • Compliancy in statutory training: Health & Safety - the number of staff trained throughout 2021 had averaged 94.53%. This was above the Trust's target of 90% compliance. • The overall sickness rate for 2021 was 4.26%, an increase from 4.05% in 2020. The most common reason for absence remained anxiety/stress/depression, accounting for 28% of all sickness in the 12-month period. Covid-19 related sickness accounted for 16.5% of all sickness in 2021, a reduction from 18.7% in 2020. Absences attributed to musculoskeletal/back problems remained consistent with last year, at 15.7%. • The number of full time equivalent days lost to sickness in 2021 had increased by 9.5% when compared to 2020. The overall sickness rate for Covid-19 related sickness for the year was 0.70%. If Covid-19 related sickness was excluded from the figures, the overall sickness rate for 2021 was 3.56%, an increase from 3.29% in 2020. The Chief Executive reported that the Trust was working with Frimley Health NHS Foundation Trust to try and collectively reduce violence and aggression towards staff which had increased since the start of the pandemic. **The Trust Board**: noted the report.
22/020	**Audit Committee Minutes – 19 January 2022** (agenda item 10.2)
	The minutes of the Audit Committee held on 19 January 2022 had been circulated. Rajiv Gatha, Chair of the Audit Committee reported that in addition to the standard agenda items, the Committee had received a presentation on the Quality Improvement Programme covering value for money, performance and governance arrangements. It was noted that the Audit Committee had supported the proposal that there would be an annual review of the governance and effectiveness of the Quality Improvement Programme submitted to the Quality and Performance Executive Group. Mr Gatha also reported that the Audit Committee had resumed its Audit Seminars prior to the formal meetings. The Audit Seminars had been paused at the start of the pandemic but had now been reinstated via MS Teams. It was noted that the topic of the January Audit Committee Seminar was fraud awareness. The Chair thanked Rajiv Gatha for his update. **The Trust Board**: noted the Audit Committee minutes of the meeting held on 19 January 2022.
22/021	**Annual Declarations of Interest and Fit and Proper Persons Test Report** (agenda item 10.3)

	The Company Secretary presented the paper and reported that its purpose was to provide assurance to the Trust Board that individual members of the Trust Board continued to meet the Fit and Proper Person requirements. The Company Secretary reported that it was also an opportunity for the Board to review the individual Board members' declarations of interests. **The Trust Board**: noted the report.
22/022	**Annual Trust Board Meeting Planner** (agenda item 10.4)
	The Annual Trust Board Meeting Planner had been circulated for information **The Trust Board**: noted the report.
22/023	**Trust Seal Report** (agenda item 10.5)
	The Chief Financial Officer reported that the Trust's Seal was affixed to the sale agreement of 3-5 Craven Road, Reading. **The Trust Board**: noted the report.
22/024	**Any Other Business** (agenda item 11)
	There was no other business.
22/025	**Date of Next Public Meeting** (agenda item 12)
	The next Public Trust Board meeting would take place on 12 April 2022
22/026	**CONFIDENTIAL ISSUES:** (agenda item 13)
	The Board resolved to meet In Committee for the remainder of the business 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 08 February 2022.

Signed…….. Date 12 April 2022

(Martin Earwicker, Chair)

NHS
Talking Therapies
Berkshire Healthcare

Working with

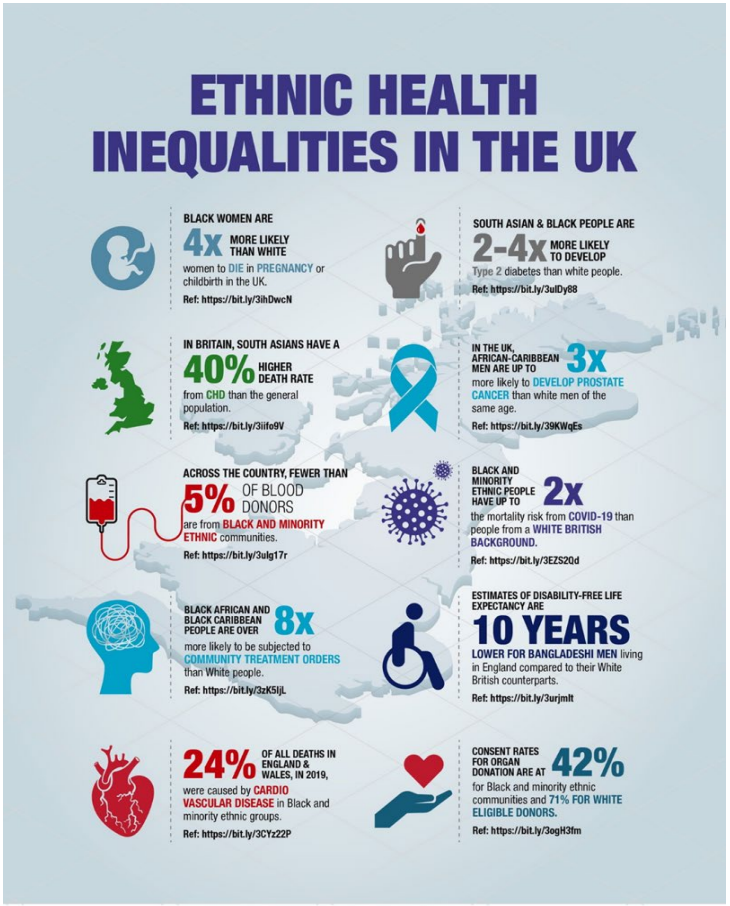
Cultural and Ethnic Diversity in IAPT

CareQuality Commission Inspected and rated Outstanding

ARMED FORCES COVENANT

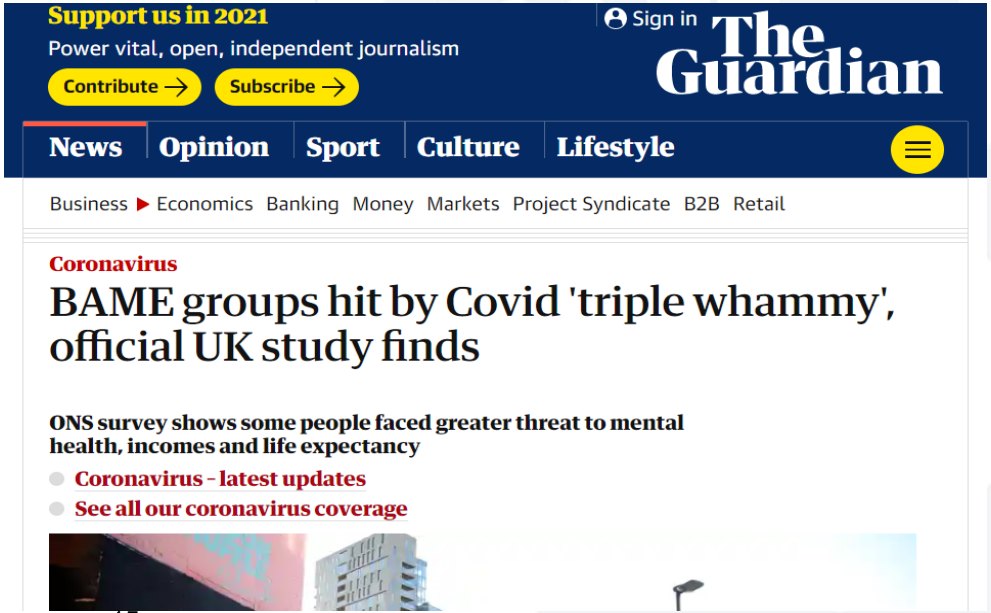
Diversity and Inclusion Bringing us together

Rani Griffiths & James Momoh



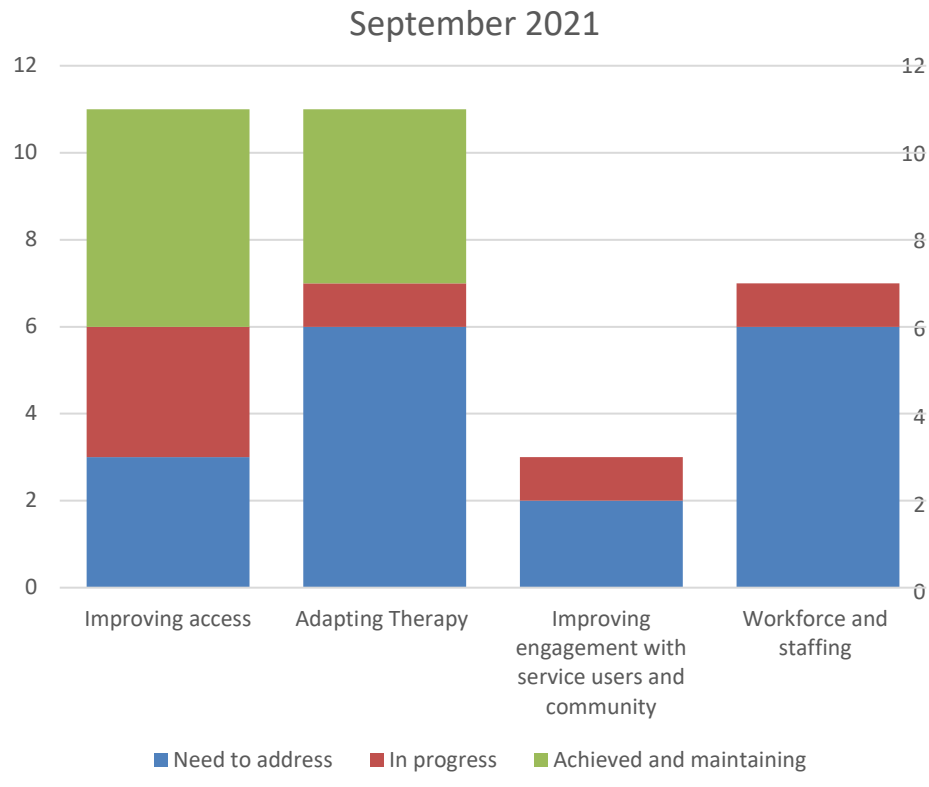
MIND THE GAP

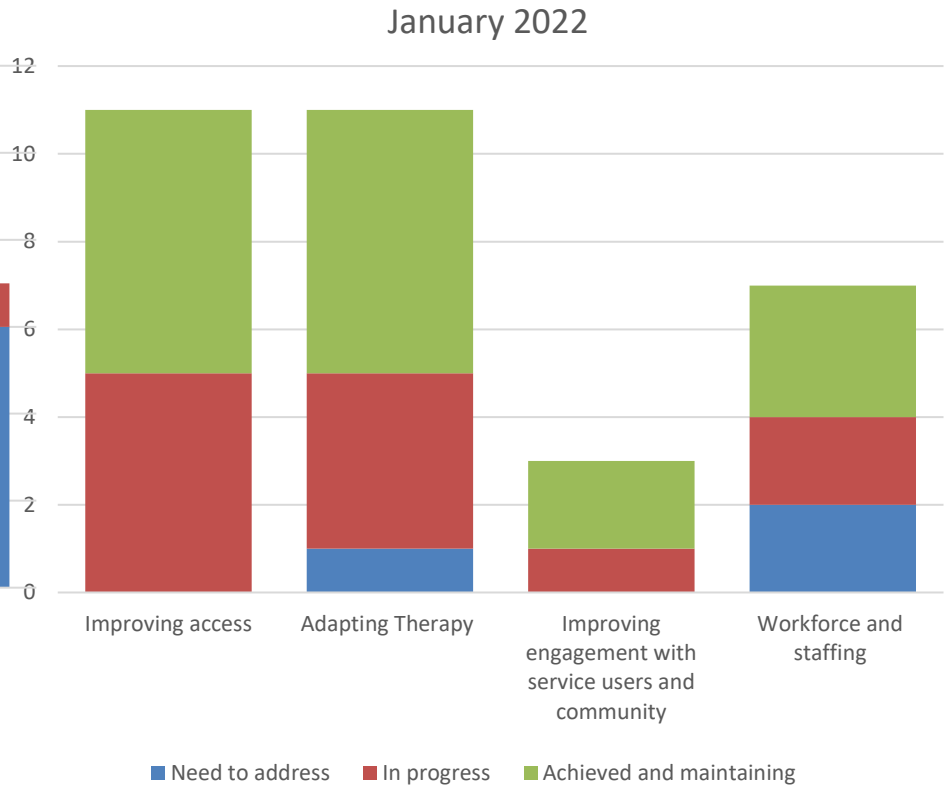
NHS
Talking Therapies
Berkshire Healthcare



Positive practice guide audit

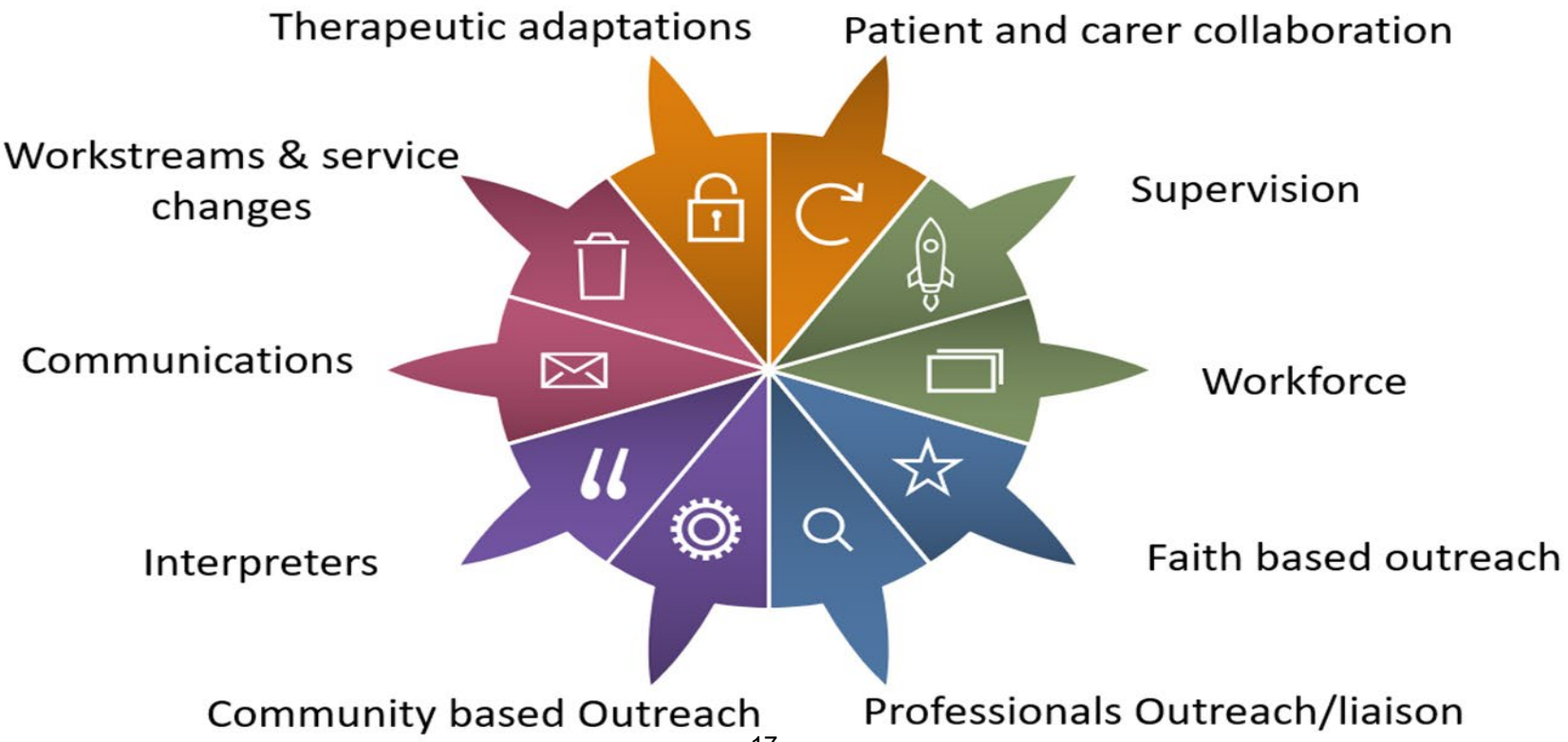
NHS Talking Therapies Berkshire Healthcare





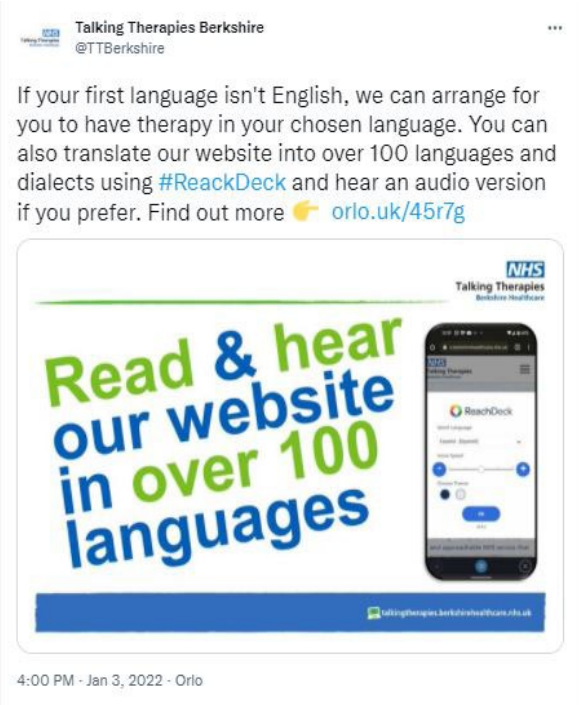
Our ten point plan

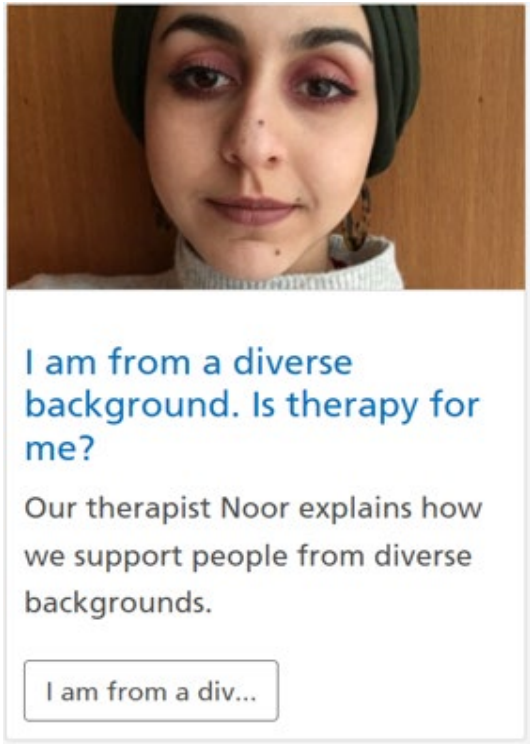
NHS
Talking Therapies
Berkshire Healthcare



Raising our profile online

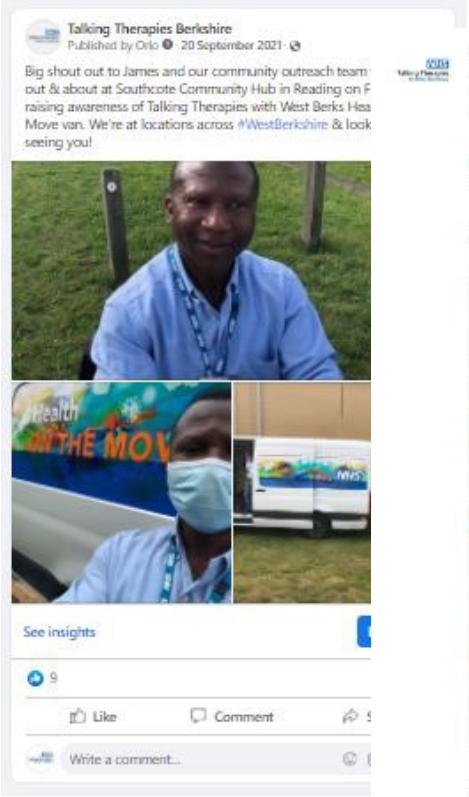
NHS Talking Therapies
Berkshire Healthcare

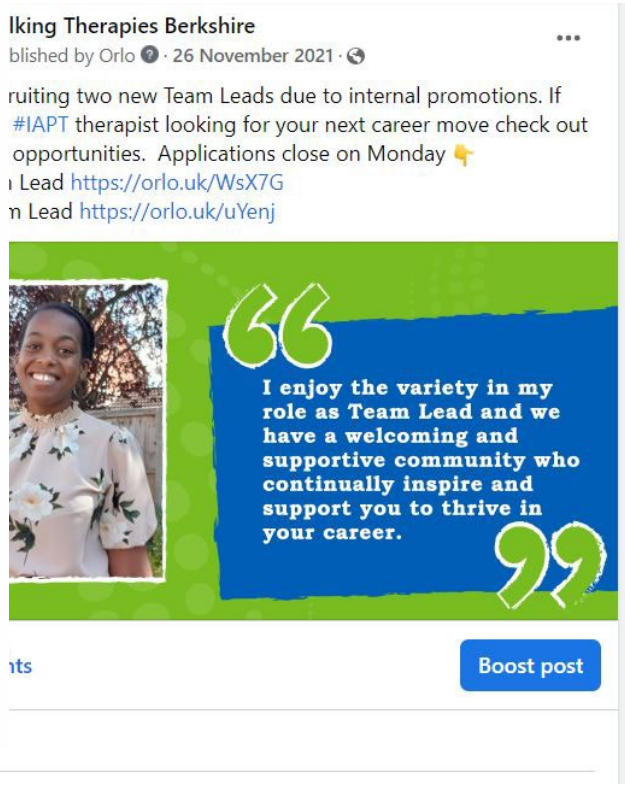




Raising our profile online

NHS
Talking Therapies
Berkshire Healthcare





Our work some examples

NHS Talking Therapies Berkshire Healthcare

Access

Engagement

Adapting therapy

Case study

NHS Talking Therapies
Berkshire Healthcare

- 36-year-old Kenyan lady, presenting with symptoms of depression. Scoring 21/27 on PHQ9 indicating severe range of depression and 17/21 on GAD7 indicating severe anxiety.

- Left school at an early age to settle in marriage. Experienced abuse from husband.

- Reported the abuse incidents to the Kenyan authorities but no action was taken and in fact her husband was on several occasions seen as the victim of a ‘bad wife’.

- Came to the UK in 2020, submitted an asylum application to UK home office with the support of a solicitor, this is yet to be approved.

Case study key areas

NHS Talking Therapies Berkshire Healthcare

Every story matters

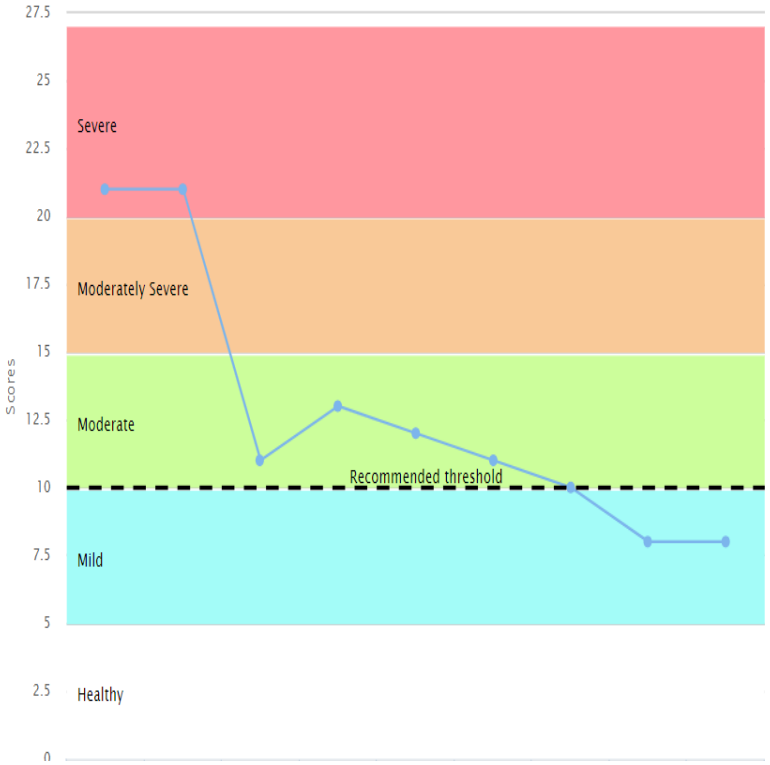
Helplessness within the context of cultural beliefs, values, limitations and burdensomeness.

Help seeking ideology- faith-religion or professional help

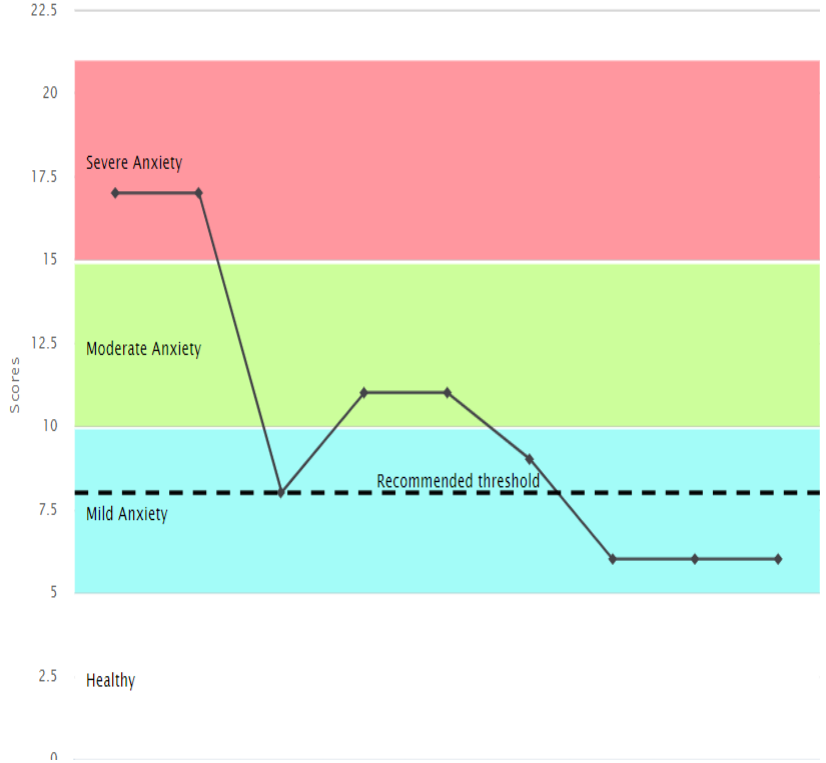
Language sensitivity and appropriateness

Key cultural focus for the formulation and treatment

Patient outcomes clinical scores



Depression scores on PHQ9 over 6 months



Anxiety scores on GAD7 over 6 months

Patient outcomes feedback

NHS Talking Therapies Berkshire Healthcare

" I feel you **understand my issues** and my experience in the past with someone not from my cultural background was not positive as they were not able to understand why I don't ask my mother to support me whilst I am living here‘’

"I am really glad that I came to you for treatment **because you can relate well with my issues** and that is **very reassuring and inclusive**‘’

“I am grateful for your support without you I would not have been able to **feel hopeful and confident** by now, you understand me and guide me to adjust my culture appropriately in order to access support in this country‘’

NHS
Talking Therapies
Berkshire Healthcare

Thank you

questions…

Berkshire Healthcare NHS Foundation Trust

BOARD OF DIRECTORS MEETING 22/04/2022

Board Meeting Matters Arising Log – 2022 – 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
13.07.21	21/130	Vision Metrics	The Vision Metrics to be expanded to include System performance.	March 2022	**PG**	Completed - System segmentation ratings included, pending refresh of metrics for 2022/23	
14.12.21	21/234	Freedom to Speak Up Guardian Report	Future reports to provide more targeted examples of where the learning from concerns raised had not been fully implemented.	July 2022	**MC**		

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
08.02.22	22/011	Executive Report – Modern Day Slavery Statement	The Trust's Modern Day Slavery Statement 2021-22 to be published on the Trust's website and included in the Trust's Annual Report.	April 2022	**JH**	Completed – the Modern Day Slavery Statement is on the Trust's website and included in the Trust's Annual Report 2021-22	
08.02.22	22/012	Finance Report	The Financial Plan 2022-23 to set out the Trust's underlying financial position excluding any additional non-recurrent financial allocations.	March 2022	**PG**	Completed and referenced in the 2022/23 Planning Paper	
08.02.22	22/016	Trust's Green Plan	The Board to be informed about whether the Trust recycled its IT equipment	April 2022	**DT/JR**	The Head of IT confirmed that the Trust recycled its IT equipment in line with the Waste Electrical and Electronic Equipment Regulations	

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	12 April 2022
Title	**Quality Assurance Committee – 01 March 2022**
	ITEM FOR NOTING
Purpose	To receive the unconfirmed minutes of the meeting of the Quality Assurance Committee of 01 March 2022
Business Area	Corporate
Author	Julie Hill, Company Secretary for David Buckle, Committee Chair
Relevant Strategic Objectives	To provide good outcomes from treatment and care.
CQC Registration/Patient Care Impacts	Supports ongoing registration
Resource Impacts	None
Legal Implications	Meeting requirements of terms of reference.
Equalities and Diversity Implications	N/A
SUMMARY	The unconfirmed minutes of the Quality Assurance Committee meeting held on 01 March 2022 are provided for information. Attached to the minutes are the following reports which were discussed at the Quality Assurance Committee meeting and are presented to the Trust Board for information: • Learning from Deaths Quarterly Report • Guardians of Safe Working Hours Quarterly Report
ACTION REQUIRED	The Trust Board is requested to: a) receive the minutes and the quarterly Guardians of Safe Working Hours and Learning from Deaths Reports and to seek any clarification on issues covered.

Berkshire Healthcare
NHS Foundation Trust

Minutes of the Quality Assurance Committee Meeting held on Tuesday, 01 March 2022

(the meeting was conducted via MS Teams)

Present:	David Buckle, Non-Executive Director (Chair) Aileen Feeney, Non-Executive Director David Townsend, Chief Operating Officer (present from 10.30) Dr Minoo Irani, Medical Director Debbie Fulton, Director of Nursing and Therapies Amanda Mollett, Head of Clinical Effectiveness and Audit
In attendance:	Julie Hill, Company Secretary Louise Noble, Head of CAMHS & Berkshire, Eating Disorder Service Stacey Evans-Charles, Tissue Viability Service Lead Kerry Harrison, Senior Physical Health Lead Helen Philips, Drug and Alcohol Lead Jason Hibbitt, Quality Account and NICE Lead Dr Emma Bingham, Consultant, Diabetes

Opening Business

1 Apologies for absence and welcome

Apologies were received from: Mehmuda Mian, Non-Executive Director, Julian Emms, Chief Executive and Guy Northover, Lead Clinical Director.

Apologies for lateness were received from David Townsend, Chief Operating Officer who joined the meeting at 10.30.

The Chair welcomed everyone to the meeting,

2. Declaration of Any Other Business

There was no other business declared.

3. Declarations of Interest

There were no declarations of interest.

4.1 Minutes of the Meeting held on 16 November 2021

The minutes of the meeting held on 16 November 2021 were confirmed as an accurate record of the proceedings.

4.2 Matters Arising

The Matters Arising Log had been circulated and no matters required discussion.

Patient Safety and Experience

5.0 Berkshire All Age Eating Disorders Service Presentation

The Chair welcomed Louise Noble, Head of CAMHS & Berkshire, Eating Disorder Service.

Louise Noble gave a presentation and highlighted the following points:

- The Berkshire Eating Disorders Service (BEDS) for Adults was established as a specialist countywide service in 2002 with a multidisciplinary team which included: psychiatry, psychological therapy, dietetics, nursing and occupational therapy. It provides a range of NICE-concordant in-patient and outpatient treatment and a Day programme for adults across Berkshire
- providing range of NICE-concordant in-patient and outpatient treatment and a Day programme for adults across Berkshire
- BEDS developed the first online support network (SHaRON) for adult patients and their relatives and carers in 2009,. The SHaRON offer was extended to include parents and carers of children and young people with eating disorders in 2020
- BEDS inpatient beds were relinquished in 2013 and the Home Treatment Team (subsequently renamed as Intensive Outreach team) was established to reduce inpatient admissions
- BEDS for Children and Young People was established in 2016
- The adult and children and young people services worked increasingly collaboratively, forming a single All Age Eating Disorders Service in 2020
- BEDS had a proud and long history of flexible, patient-centred approach to care, innovative and creative team with low staff turnover, high conversion rate of students and trainees into permanent staff and staff who returned to BEDS
- Pre-COVID-19 there was a national increase being seen in the numbers of people referred to Eating Disorder Services. There was also an increase in the acuity of people at the point of presentation leading to a greater demand (resulting in a shortage of inpatient beds. The increase in both continued more steeply throughout the pandemic.
- During the COVID-19 lockdown, BEDS was the only adult day care service in the country that kept running throughout the pandemic. There was a surge of referrals after each lockdown of acutely unwell children putting extreme pressure on acute hospitals and shortage of Tier 4 eating disorder beds
- There was also a rise in in atypical eating disorders and “disordered eating” in response to individuals own and their families distress exacerbated by a loss of support networks
- There was a significant rise in the numbers of young people and adults referred with eating difficulties with autistic presentation for whom existing/traditional treatments were less effective or appropriate
- There was an increase in waiting times for both assessment and treatment
- There were currently significant difficulties with recruitment and retention with staff leaving the Eating Disorder specialism
- Due to difficulties in recruiting to both permanent and parental leave cover, the Trust was breaching the NHS Long-Term Plan target in relation to access and waiting times standards for children and young people with eating disorders

- The Trust's Phoenix Unit's Tier 4 Hospital from Home Service was designed to increase capacity for Children and Young People needing intensive care for an eating disorder, providing a day programme and intensive meal support for children and young people with eating disorders.
- The Trust had developed the PEACE pathway (Pathway for Eating Disorders and Autism developed from Clinical Experience) in conjunction with partners in the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (this also included East Berkshire) to provide collaborative recruitment and shared resources. This pathway provided more support for autistic children and young people who had eating disorders (23% of patients with eating disorders were autistic)
- BEDS had established a FREED (First episode Rapid Early Intervention for Eating Disorders pathway which combined early detection, active outreach and engagement, rapid assessment and access to psychoeducation, nutritional management, evidence-based psychological interventions

The Chair said that as a former GP, he understood the challenges around treating people with eating disorders. The Chair commented that from the presentation, it was clear that not being able to recruit suitably qualified staff was impacting on the service.

Aileen Feeney, Non-Executive Director commented that she was hoping to visit the BEDS service. Ms Feeney noted that the Trust did not have any in-patient beds for people with eating disorders.

Ms Noble said that both the Priory and Huntercombe Groups were commissioned by the Provider Collaboratives (CAMHS Tier 4 & HOPE) to provide specialist inpatient Eating Disorder Beds. Trust patients may therefore be referred to NHS beds delivered by these private providers.

Ms Feeney asked whether the Trust referred patients with eating disorders to the private sector.

Ms Noble said that the Trust tended to refer children and young people requiring specialist in-patient treatment to the Priory or Huntercombe Groups.

Ms Feeney asked whether older people presented with eating disorders.

Ms Noble said that the number of older people presenting with eating disorders was significantly lower than for younger age groups but confirmed that the service treated people in their 60s and 70s.

The Chair commented that acutely ill young people with eating disorders were sometimes admitted to acute physical health wards which was not optimal and asked whether this was an issue for Berkshire.

Ms Noble said that there were circumstances where children and young people with eating disorders were admitted to acute paediatric wards but pointed out that the CAMHs and BEDs staff worked collaboratively with their acute colleagues and had undertaken joint training exercises to better understand the needs of this cohort of patients.

The Chair thanked Louise Noble for her informative presentation.

The Committee noted the presentation.

5.1 Tissue Viability Service Improvement 2021-22 Presentation

The Chair welcomed Stacey Evans-Charles, Tissue Viability Service Lead.

Stacey Evans-Charles gave an update and highlighted the following points:

- The Tissue Viability service provided a specialist advisory service that involved teaching, undertaking audits for pressure ulcers and wound care, leg ulcer prevention and management. The service worked closely with stakeholders, including the West and East Berkshire Clinical Commissioning Groups, Social Services, Children's' Services, Nursing and Residential Homes
- One of the main challenges faced by the Tissue Viability Nurse service was mental health staff training.
- The Tissue Viability Service worked closely with Prospect Park Hospital mental health wards to upskill staff around wound care management, pressure ulcer identification and reporting, awareness of equipment for pressure area prevention, management and lower limb assessments
- The Tissue Viability Service had developed a more pictorial pressure ulcer policy which also included darker skin tones
- The Tissue Viability Service was working more collaboratively with the Patient Safety Team and Infection and Control Team to improve training on Sepsis
- The Tissue Viability Service was also running a few “Stop the Pressure” Campaigns and Conferences across Berkshire

The Chair commented that this was another example of the importance of the interface between physical health and mental health.

Aileen Feeney, Non-Executive Director welcomed the move towards having a more pictorial Pressure Ulcer Policy which also included people with darker skin tones.

The Chair thanked Stacey Evans-Charles for her informative presentation.

The Committee noted the presentation.

5.2 COIVD-19 Lock Down Review and its Impact on the Trust’s Demand for Services (particularly mental health services)

The Chief Operating Officer presented an overview of the Trust’s demand for services following the COVID-19 Lock Down and made the following points:

- Demand on services had been impacted by changes to referral patterns
- Several services had seen an increase in urgent referrals
- Most services had seen an increase in patient acuity and complexity of referrals
- Demand on services had been impacted by reduced capacity
- Workforce pressures were having the greatest impact
- The biggest impact from increased demands had been increased waiting lists
- Some services were managing both increased referrals and larger wait lists
- Quality and safety impacts were being monitored in services, at Divisional Patient Safety and Quality meetings and by the Quality and Performance Executive Group
- Tracking was via wait list reports, heat maps, quality concerns report, benchmark reports, harm review principles/templates and service mitigation plans
- Community Services had seen a gradual increase in referrals over the last two years

- Referrals were now mostly above pre-pandemic levels
- Referral levels for February 2022 are lower than February 2021
- Mental Health Out of Area Placements had been high but were now decreasing
- Increased demand from system pressures was impacting some services
- CAMHs and the Berkshire Eating Disorder service had seen a 45% increase in the number of referrals
- There had been a 44% increase in young people on a Child Protection plan accessing CAMHs
- The Psychological Medicine Service was seeing higher numbers of patients with increased social problems and co-morbidities

The Chief Operating Officer reported that the Trust's actions and mitigations for managing the demand for services included:

- Less face to face to increase and protect workforce capacity
- Increased focus on urgent and less/none on routine
- Review of service models including skills mix and service specifications
- Increased investment in services and use of third parties
- Reviewing referral criteria
- Some redeployment and use of business continuity measures
- Community bed modelling
- Focus on refusing Out of Area Placements
- System prioritisation and joint working

The Chair thanked the Chief Operating Officer for his helpful summary and noted the variability and complexity of the Trust's demand for services and the individual service waiting list times.

The Chair pointed out that the national focus on reducing the waiting list for acute hospital treatment would inevitably impact the Trust's services, for example, an increased demand for Community Nursing services.

The Chief Operating Officer said that the Trust would also be impacted by the ability of social care to meet increasing demands for its services.

Aileen Feeney, Non-Executive Director noted the actions and mitigations put in place to manage the demand for Trust services and asked how the Trust monitored the impact of back logs and increased demand on services Trust.

The Chief Operating reported that the Trust provided around 154 services and explained that the Medical Director, Director of Nursing and Therapies and himself reviewed the monthly Divisional Reports, Heat Maps etc and had an oversight of the mitigating actions being taken by the Divisions to manage service demands etc. Services which needed additional corporate support were placed on the Quality Concerns Register. The Chief Operating Officer said that actions and mitigations were put in place to maintain patient safety but inevitably increased demand for services would have an impact on patient experience.

The Chair thanked the Chief Operating Officer for his verbal update.

The Committee noted the presentation.

5.3 Quality Concerns Status Report

The Director of Nursing and Therapies presented the paper and highlighted the following points:

- **Quality Concerns No 1 Workforce Vacancies** - had been amended to include Community Health Wards both east and west since the Quality Concerns Register was last received by the Committee
- **Quality Concerns No 9 Record Keeping in Mental Health Services particularly in relation to risk and safety planning** – the action summary had been re-written to provide clarity on the current actions and progress.
- The Quality and Performance Executive Group meeting in December 2021 had approved the removal of the following Quality Concerns based on the progress made:
    - **Quality Concern No 5 Mental Health Act Compliance** – this would continue to be monitored through the Mental Health Act Governance Board
    - **Quality Concern No 8 Physical Health Monitoring in Mental Health Services** – this would continue to be monitored as a breakthrough objective by the Quality and Performance Executive Group

The Director of Nursing and Therapies pointed out that those services flagging on the operational services "heat map" triangulated with those which also featured on the Quality Concerns Register.

The Chair commented that it was pleasing that some of the Quality Concerns had been removed.

The Committee noted the report.

5.4 Serious Incidents Report

The Director of Nursing and Therapies presented the paper and reported that there were a total of 15 serious incidents initially reported with one downgraded during the quarter. There were also 13 incidents investigated through internal review.

It was noted that there was one COVID-19 related death reported as a serious incident. This was a 101 year old who had been admitted for end of life care and contracted COVID-19 during their inpatient stay on one of the Trust's wards. It was also noted that the Trust had been involved in 19 inquests during the quarter and that there were no Preventing Future Death reports issued to the Trust following these inquests.

The Director of Nursing and Therapies reported that learning from incidents continued to be taken forward.

The Committee noted the report.

5.5 Learning from Deaths Quarterly Report

The Medical Director presented the paper and highlighted the following points:

- 1,013 deaths were recorded on the clinical information system (RiO) during Quarter 3 where a patient had been in contact with a Trust service in the year before they died.
- Of these 111 met the criteria to be reviewed further. All 111 were reviewed by the Executive Mortality Review Group and the outcomes were as follows:
    - 64 were closed with no further action
    - 47 required 'second stage' review (using an initial finding review/ Structured Judgement Review methodology).

- Of the 47, 9 were classed as Serious Incident Requiring Investigation

The Chair said that it was unfortunate to have a lapse in care during this quarter but commented that he would be surprised if there were zero lapses in care during the year.

The Committee noted the report.

5.6 CQC "Must Do" and "Should Do" Action Plans

The Director of Nursing and Therapies presented the paper and reported that the Prospect Park Hospital estates related works were now almost complete having been delayed because of the pandemic.

It was noted that the actions to support a reduction in Neurodiversity waitlists were progressing including some success with recruitment but not all posts were yet recruited to.

The Chair commented that it was understandable that the implementation of some of the actions had been delayed because of the pandemic.

The Committee noted the report.

5.7 Sexual Safety on the Wards Six Monthly Report

The Director of Nursing and Therapies presented the paper and reported that the data continued to show a reduction in the number of reported sexual safety incidents from the baseline in 2019-2020.

Aileen Feeney, Non-Executive Director asked about the target of the reduction in the number of sexual safety incidents.

The Director of Nursing and Therapies confirmed that the target was a 50% reduction in the number of sexual safety incidents reported in 2019-20. It was noted that in 2019-20 there were 85 incidents, in 2020-21 there were 36 incidents and 14 incidents year to date in 2021-22.

The Committee noted the report.

5.8 National Patient Safety Strategy Implementation Report

The Director of Nursing and Therapies presented the paper and reported that the Trust was awaiting further information from NHS England/Improvement relating to the Patient Safety Incident Response Framework which would replace the Serious Incident Framework but had taken actions to ensure readiness for implementing the new framework when further information was received.

The Chair asked whether the Trust had a "culture of safety".

The Director of Nursing and Therapies pointed out that the national NHS Staff Survey results provided evidence that overall, the Trust had a culture of safety but acknowledged that there were pockets across the Trust where further work was required. This included actions relating to the Just Culture programme and reducing the disproportionately high number of non-white staff who were involved with disciplinaries.

The Director of Nursing and Therapies reported that the Trust had strengthened its support to staff post-incidents and that this had been well received by staff.

The Committee noted the report.

5.9 COVID-19 Related BAF and CRR Risks

The Director of Nursing and Therapies presented the paper and reported the Trust was waiting for national guidance in relation to COVID-19 vaccination as a condition of employment. The Director of Nursing and Therapies also pointed out that although COVID-19 restrictions had been lifted in most areas of life, the NHS was still required to adhere to COVID-19 regulations.

The Chair commented that according to the latest ONS data, COVID-19 infection rate remained high, particularly amongst school age children but this was not leading to a rise in hospital admission.

Aileen Feeney, Non-Executive Director said that “learning to live” with COVID-19 presented the NHS with significant challenges, particularly around staff sickness.

The Committee noted the report.

Clinical Effectiveness and Outcomes

6.0 Quality Accounts Report 2021-22

The Chair welcomed Jason Hibbitt, Quality Account and NICE Lead

The Quarter 3 Quality Accounts Report 2021-22 had been circulated. The Head of Clinical Audit and Effectiveness reminded the meeting that the Quarter 3 version of the Quality Accounts would be shared with stakeholders.

Members of the Committee were invited to forward any comments on the draft Quality Accounts Report by 8 March 2022. It was noted that the final Quality Accounts Report would be shared with the Committee electronically.

Aileen Feeney, Non-Executive Director asked whether any of the service developments were in response to feedback via the I Want Great Care Tool.

Jason Hibbitt, Quality Account and NICE Lead explained that the complaints section of the Quality Accounts included some examples of improvements to services in response to patient feedback but said that it was too soon to include any examples from the I Want Great Care patient experience tool.

The Chair commented that the Quality Accounts Report was well laid down and provided a clear and easy to read summary of the Trust’s quality related work. The Chair referred to the *Learning from Deaths* section (page 56 of the Quality Accounts Report) and suggested re-wording: “for many people death under the care of the NHS is an inevitable outcome…”.

Action: Head of Clinical Effectiveness and Audit

The Chair referred to page 23 of the Quality Accounts Report and noted that the word at the bottom “Prospect” should be moved to the top of the column so that it was clear that this was “Prospect Park Hospital.

Action: Head of Clinical Effectiveness and Audit

The Chair commented that inevitably the Trust Board and the Committee tended to focus on areas for improvement and that the Quality Accounts Report provided an overview of the Trust’s quality work and performance and provided a more balanced view.

The Committee noted the report.

6.1 Clinical Audit Report

The Medical Director presented the paper which provided a summary of the following national clinical audit reports:

- Prescribing Observatory for Mental Health (POMH) Alcohol Detoxification report
- National Clinical Audit of Psychosis (NCAP) Physical Health and Employment Spotlight audit report

a) Alcohol Detoxification Report

The Chair welcomed Helen Philips, Drug and Alcohol Lead. Ms Phillips reported that overall the identification of patients at risk of alcohol withdrawal was high. 92% of patients had documented assessments of alcohol intake and a validated management withdrawal tool was used routinely to monitor the severity of withdrawal and to influence treatment.

Ms Philips reported that the audit highlighted that there was a culture of only documenting in clinical records when symptoms were present and not documenting an absence of symptoms. The Trust was also below the national average against all the blood tests required to effectively identify alcohol related physical health problems. It was noted that 31% of patients were having breath alcohol measured as part of the initial assessment.

It was noted that the Trust was currently not commissioned to prescribe post detoxification treatment, however it was discussed with patients as an option through specialist services referral when appropriate as part of discharge planning.

An action plan was in place to address the areas which required improvement.

The Chair confirmed that he was happy with the action plans in place and commented that ensuring that all appropriate blood tests were undertaken should be easy to fix. The Chair asked for more information about relapse prevention medication.

Ms Philips said that specialist substance misuse services were not NHS services and were provided by local authorities. It was noted that the Trust's Chief Pharmacist was reviewing the issue of relapse medication.

The Chair asked about the timescale for the next clinical audit. The Head of Clinical Audit and Effectiveness said that it was likely to be in around 18 months' time.

b) Physical Health and Employment Spotlight audit report

The Chair welcomed Kerry Harrison, Senior Physical Health Lead. It was noted that annual physical health checks were a breakthrough objective for the Trust and offered to patients within a year of Serious Mental Illness diagnosis or referral following a relapse. The Trust was now achieving over 70% for this cohort of patients.

Ms Harrison reported that the audit had highlighted that overall physical health screening was in line with or above the national average except for substance misuse. For those cases where screening identified the need for an intervention, for

example, where someone was overweight, no evidence of this was documented (30 cases). All were followed up by the physical health team and assurance was given that these were actioned. An action plan was in place to address the areas for improvement and recording of information.

Ms Harrison reported that an ongoing programme of education was becoming established with the Trust to make parity of physical and mental health a reality. A new training package in the form of bite size physical health sessions was in development as well as twice yearly educational meetings on physical health for all staff and external partners.

The Chair commented that it was pleasing to see a high level of smoking cessation interventions being offer and accepted.

Ms Harrison said that the audit was undertaken shortly after the Trust had held a smoking cessation event.

The Committee noted the report.

Update Items for Information

7.0 Guardian of Safe Working Hours Quarterly Report

It was noted that during the reporting period (1 November 2021 to 01 February 2022) there had been two “hours and rest” exception reports and no “education” reports. The ‘*hours and rest’* exception reports were where the trainees’ worked in excess of their work schedule and totalled 6 hours. All six were straightforwardly unpredicted additional hours.

It was noted that the Guardian of Safe Working Hours had provided assurance to the Trust Board that no unsafe working hours had been identified and there were no other patient safety issues requiring escalation.

The Committee noted the report.

7.1 Minutes of the Mental Health Act Governance Board

The minutes of the Mental Health Act Governance Board meeting held on 10 November had been circulated.

The Committee noted the minutes.

7.2 Quality and Performance Executive Group Minutes – November 2021, December 2021 and January 2022

The minutes of the Quality and Performance Executive Group meetings held on 15 November 2021, 20 December 2021 and 17 January 2022 had been circulated.

The Committee noted the minutes.

7.3 Council of Governors Quality Assurance Group – Visits to Services

The Chair had agreed that in future, governor reports on their visits to clinical services would be presented to the Committee for information. There were no governor reports for this meeting.

Closing Business

8.0 Quality Assurance Committee Horizon Scanning

There were no items identified.

8.1. Any Other Business

a) Farewell and Thanks to David Buckle, Chair

On behalf of the Committee, the Director of Nursing and Therapies paid tribute to David Buckle, Chair who would be stepping down as a Non-Executive Director at the end of May 2022. It was noted that Dr Buckle had joined the Trust in June 2015 and had chaired the Committee from November 2019.

The Director of Nursing and Therapies said that Dr Buckle had been an outstanding member and Chair of the Committee and had a good balance between curiosity and challenging in a positive way. The Director of Nursing and Therapies thanked Dr Buckle for his contribution to the work of the Trust and wished him well for the future.

Dr Buckle thanked the Director of Nursing and Therapies for her warm words and commented that the Committee was well supported and worked extremely well. Dr Buckle said that during his time as a Non-Executive Director he had endeavoured to provide the patient perspective on issues.

b) Farewell and Thanks to David Townsend, Chief Operating Officer

The Medical Director noted that David Townsend, Chief Operating Officer was also attending his last Committee meeting. On behalf of the Committee, the Medical Director paid tribute to David Townsend's leadership and his ability to manage a complex and diverse range of services.

Mr Townsend thanked the Medical Director for his warm words and said that the Trust was fortunate in having high calibre operational teams to support his work as Chief Operating Officer.

8.2. Date of the Next Meeting

The next meeting is scheduled to take place on 7 June 2022 at 10am.

These minutes are an accurate record of the Quality Assurance Committee meeting held on 01 March 2022.

Signed:- _____

Date: - 7 June 2022 _____

Berkshire Healthcare
NHS Foundation Trust

Quality Assurance Committee Paper

QAC/ Trust Board	1 March 2022
Title	**Learning from Deaths Quarter 3 Report 2021/22**
Purpose	To provide assurance to the Trust Board that the trust is appropriately reviewing and learning from deaths
Business Area	Clinical Trust Wide
Authors	Head of Clinical Effectiveness and Audit, Medical Director
Relevant Strategic Objectives	1 – To provide accessible, safe, and clinically effective services that improve patient experience and outcomes of care
Equality Diversity Implications	A national requirement is that deaths of patients with a learning disability are reviewed to promote accessibility to equitable care. This report provides positive assurance of learning from these deaths
Summary	1013 deaths were recorded on the clinical information system (RiO) during Q3 where a patient had been in contact with a trust service in the year before they died. Of these 111 met the criteria to be reviewed further. All 111 were reviewed by the Executive Mortality Review Group (EMRG) and the outcomes were as follows: • 64 were closed with no further action • 47 required 'second stage' review (using an initial finding review (IFR)/ Structured Judgement Review (SJR) methodology). • Of the 47, 9 were classed as Serious Incident Requiring Investigation (SI) During Q3, the trust mortality review group (TMRG) received the findings of 44 2nd stage review reports, of which 9 related to patients with a learning disability. **Lapse in care (LIC)** One lapse in care was identified by the TMRG in Q3 and is being reviewed as a serious incident. **COVID 19 reported inpatient deaths in Q3.** 2 inpatient deaths were reported in Q3 where Covid 19 infections were acquired during the hospital stay, 2nd stage reviews have been requested for both. **Learning was identified for:** • Incidents involving patients given 'Dual diagnosis', this continues to be a theme in mortality reviews, a review has been requested by the Medical Director and is being led by the Deputy Director of Nursing. • Follow up of patients who do not attend appointments with CPE • Ensuring adult safeguarding referrals are considered by staff and done when required. • Safe triage of patients during telephone consultation and consideration of venous thromboembolism (VTE) risk assessment specifically for patients who are pregnant. • When an advanced care plan is in place, when and how this should be discussed with the patient following a change in clinical condition.

	• The potential for accidental ingestion of topical application creams by elderly patients when left on bedside lockers.
ACTION REQUIRED	The committee is asked to receive and note the Q3 learning from deaths.

Figure 1. Summary of Deaths and Reviews completed in 2021/22.

Figure 1	19/20 total	20/21 total	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Total 21/22
Number of deaths seen by a service within 365 days of death	3884	4805	858	953	**1013**	-	**2824**
Total deaths screened (Datix) 1st stage review	406	510	110	128	**111**	-	**349**
Total number of 2nd stage reviews requested (SJR/IFR/RCA)	198	269	50	58	**47**	-	**155**
Total number of deaths reported as serious incidents	43	48	10	6	**9**	-	**25**
Total number of deaths judged > 50% likely to be due to problems with care (lapse in care)	3	1	3	0	**1**	-	**4**
Number of Hospital Inpatient deaths reported (Including patients at the end of life and unexpected deaths)	124	185	37	41	**40**	-	**118**
Total number of deaths of patients with a Learning Disability (1st stage reviews)	47	53	12	13	**11**	-	**36**
Total number of deaths of patients with LD judged > 50% likely to be due to problems with care	0	0	0	0	**0**	-	**0**

Note: The date is recorded by the month we receive the form which is not always the month the patient died

1.1 Total Deaths Screened (1st stage review)

111 deaths were submitted by services through the trust Datix reporting system for a first stage review by the EMRG. Of these 111 deaths reviewed, EMRG advised closing 64 cases, 47 were referred for a second stage review of which 9 were referred for SI investigation.

1.2. 2nd Stage Reviews Completed

The Trust-wide mortality review group (TMRG) meets monthly and is chaired by the Medical Director; 44 second stage reviews have been received and considered by the group in Q3. Figure 2 details the service where the review was conducted.

Figure 2: 2nd Stage Reviews Completed in Q3

Month	Total Number:	Divisions
October 2021	15 SJR 5 IFR **20 Total** Complaints: 4	Learning Disabilities: 2 SJR West Mental Health: 1 SJR, 3 IFR East Mental Health: 1 SJR, 1 IFR Mental Health Inpatients: 1 SJR West Physical Health: 9 SJR 1 IFR East Physical Health: 1 SJR
November 2021	6 SJR 4 IFR **10 Total** Complaints:0	Learning Disabilities: 3 SJR West Mental Health: 2 SJR and 1 IFR East Mental Health: 1 SJR, 1 IFR West Physical Health: 1 IFR East Physical Health: 1 SJR
December 2021	12 SJR 2 IFR **14 Total** Complaints: 1	Learning Disabilities: 4 SJR West Mental Health: 1 IFR East Mental Health: 1 SJR West Physical Health: 6 SJR East Physical Health: 1 IFR, 1 SJR

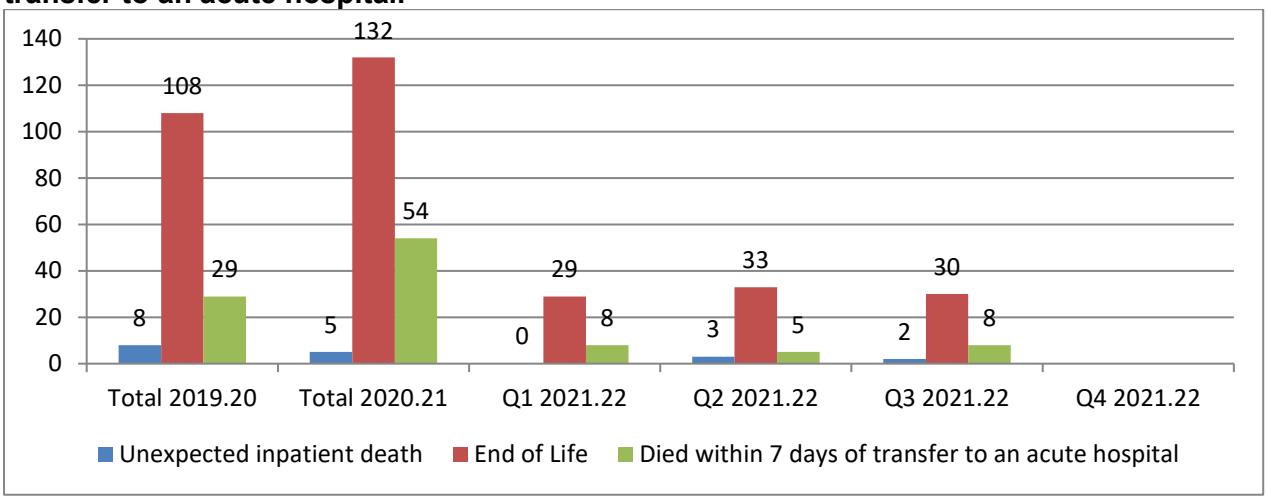
2. Concerns or Complaints

In Q3 5 complaints in total were received from families following the death of a relative, 2nd stage reviews were requested for all. None of the complaint related SJR reviews at TMRG raised concern about a lapse in care (LIC).

3.1 Deaths of patients (including palliative care) on Community Health Inpatient Wards

For community health inpatients we require all deaths to be reported on the Datix system including patients who are expected to die and receiving palliative care. Figure 3 details these.

Figure 3: Deaths occurring on the community health inpatients wards or following deterioration and transfer to an acute hospital.



In Q3 there were 40 deaths reported by Community Inpatient Wards, of which:

- 30 were expected deaths and related to patients who were receiving end of life care (EOLC).
- 10 were classed as unexpected deaths, 2 inpatients and 8 due to ill health deterioration where they were transferred to an acute hospital and died within 7 days.

Of the 30 EOLC deaths reviewed by the EMRG, 29 were closed at 1st stage review and 1 was referred for 2nd stage review.

Of the 10 unexpected deaths, 8 2nd stage reviews were requested and 2 were closed at 1st stage review.

3.2 Covid-19 Inpatient deaths.

2 inpatient deaths occurred in Q3 where the patient had a confirmed hospital acquired infection, 2nd stage reviews have been requested for both and are included in the numbers above (1 EOL and 1 unexpected).

3.3 Medical Examiner

We completed the pilot implementation of the Medical Examiner process at West Berkshire Community Hospital at the end of November 2021. Since December, all inpatient deaths have been independently scrutinised by a Medical Examiner.

	November	December
Total Inpatient Deaths	11	12
SJRs requested by ME and reason	0	1 (Covid 19 HAI)
Coroner Referrals by ME and outcome	0	1 (100A)

100A: When a doctor has informed a coroner of the death but the doctor has been given permission by the coroner to issue a Medical Certificate

4. Deaths of Children and Young People

In Q3, 9 deaths were submitted as a Datix for 1st stage review. 8 cases were closed at EMRG following 1st stage review. Cause of death was either extreme prematurity or complex disability in most cases. 1 death

was referred for 2nd stage review and no concern was identified about care provided. All deaths of children and young people are reviewed by the Berkshire Child Death Overview Panel.

5. Deaths of adults with a learning disability
In Q3 the Trust Mortality Review Group (TMRG) reviewed a total of 9 deaths of adults with learning disabilities who had received services from Berkshire Healthcare in the 12 months prior to their death.

Of these 9 deaths there were no identified lapses in care provided by Berkshire Healthcare.

The deaths were attributed to the following causes:

Immediate cause of death	Number of deaths
Diseases of the respiratory system	6 (2 covid related)
Diseases of the heart & circulatory system	1
Diseases of the digestive system	1
Other	1

Demographics:
Gender:

Female	4
Male	5

Age:
The age at time of death ranged from 25 to 80 years of age (median age: 64yrs)
Severity of Learning Disability:

Mild	2
Moderate	2
Severe	3
Not Known	2

Ethnicity:

White British	7
Mixed – White & Black Caribbean	1
Asian or Asian British - Pakistani	1

6. Deaths categorised as Serious Incidents (In line with Trust SI policy and Learning from deaths policy)
In Q3,9 deaths were reported as serious incidents.

7. Lapse in Care
A lapse in care is defined as greater than 50% likelihood that problems in care of the patient could have contributed to the death of the patient.

Of the 44 second stage reviews received by the TMRG in Q3 (and using the current definition for lapse in care), one lapse in care was identified and is currently being reviewed as a serious incident.

8.Learning from Deaths
The aim of the trust policy and process is to ensure that we learn from deaths and improve care even when the death may not be due to a lapse in care. The following section details areas of quality improvement identified in Q3.

8.1 Learning from Serious Incidents (SI)
Please refer to Q3 SI Report

8.2 Learning from deaths of patients with a learning disability (LD)
Actions and learning identified during the previous quarter have been completed. In Q3, there was ongoing evidence of good multidisciplinary working, coordination of care and communication with families, support

staff and across local services. There was also ongoing evidence to show that trust services were responsive to people's needs and that care was delivered in a timely way.
One case highlighted learning with regards to the assessment and management of risk of falls, local actions have been taken as well as highlighting the broader aspects to the national learning disability review team (LeDeR) to consider.

8.3 Key Learning from Mental Health Services

- Incidents involving patients given a Dual diagnosis continues to be a theme in mortality reviews, a review has been requested by the Medical Director and is being led by the Deputy Director of Nursing.
- Learning was identified for patients who do not attend appointments with CPE, a pan- Berkshire Model is in place for this and will be shared with the relevant consultants.
- Learning was identified to ensure adult safeguarding referrals are considered by staff and done when required.

8.4 Key Learning from Community Physical Health

- Learning was identified around the safe triage of patients during telephone consultation and consideration of venous thromboembolism (VTE) risk assessment specifically for patients who are pregnant.
- Learning when an advanced care plan is in place, when and how this should be discussed with the patient following a change in clinical condition.
- Trust-wide learning was identified for the potential accidental ingestion of topical creams by elderly patients when left on bedside lockers.

9.Conclusion

During Q3, the trust mortality review group (TMRG) received the findings of 44 2nd stage review reports.

Lapse in care (LIC)

Of the 44 reviews received by the TMRG in Q3 and using the current definition for lapse in care, one death was confirmed as a LIC and is currently being reviewed as a serious incident.

COVID 19 inpatient deaths.

2 inpatient deaths were reported in Q3 where Covid 19 infections were acquired during their hospital stay.

Berkshire Healthcare NHS Foundation Trust

Quality Assurance Committee Paper

Meeting Date	1 March 2022
Title	Guardian of Safe Working Hours Quarterly Report (November 2021 to February 2022)
Purpose	To assure the Trust Board of safe working hours for junior doctors in BHFT
Business Area	Medical Director
Author	Dr Marjan Ghazirad, Ian Stephenson
Relevant Strategic Objectives	1 – To provide accessible, safe and clinically effective services that improve patient experience and outcomes of care
CQC Registration/Patient Care Impacts	Supports maintenance of CQC registration and safe patient care
Resource Impacts	Currently 1 PA medical time
Legal Implications	Statutory role
Equalities and Diversity Implications	N/A
SUMMARY	This is the latest quarterly report for consideration by Trust Board from the Guardian of Safe Working. This report focusses on the period 1st November 2021 to 1st February 2022. Since the last report to the Trust Board, we have received two exception reports. We do not foresee any problems with the exception reporting policy or process; neither do we see a significant likelihood of BHFT being in frequent breach of safe working hours in the next quarter.
ACTION REQUIRED	The QAC/Trust Board is requested to: Note the assurance provided by the Guardian.

Berkshire Healthcare
NHS Foundation Trust

QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING

This report covers the period 1st November 2021 to the 1st of February 2022

Executive summary

This is the latest quarterly report for consideration by Trust Board from the Guardian of Safe Working.

This report focusses on the period the period 1st November 2021 to 1st February 2022. Since the last report to the Trust Board, we have received two '*hours & rest'* exception reports and no '*education*' reports.

We do not foresee any problems with the exception reporting policy or process; neither do we see a significant likelihood of BHFT being in frequent breach of safe working hours in the next quarter.

Introduction

The current reporting period covers the second half of a six-month CT and GPVTS rotation.

High level data

Number of doctors in training (total): 43 (FY1 – ST6)

Included in the above figure are 2 MTI (Medical Training Initiative) trainees.

Number of doctors in training on 2016 TCS (total): 43

Amount of time available in job plan for guardian to do the role: 1PA

Admin support provided to the guardian (if any): Medical Staffing

Amount of job-planned time for educational supervisors: 0.25 PAs per trainee

a) **Exception reports (with regard to '*hours & rest*')**

Exception reports by department				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Psychiatry	0	2	2	0
Sexual Health	0	0	0	0
Total	0	2	2	0

Exception reports by grade				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
FY1	0	2	2	0
CT	0	0	0	0
ST	0	0	0	0
Total	0	2	2	0

Exception reports by rota				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Psychiatry	0	2	2	0

Exception reports (response time)				
	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days	Still open
FY1	0	0	2	0
CT1-3	0	0	0	0
ST4-6	0	0	0	0
Total	0	0	2	0

In this period, we have received two '*hours and rest'* exception reports where the trainees' worked hours in excess of their work schedule, totaling an extra six hours worked over and above the trainee's work schedules. All six hours were straightforwardly unpredicted additional hours (see below).

Exception reporting is a neutral action and is encouraged by the Guardian and Director of Medical Education (DME). We continue to promote the use of exception reporting by trainees, and make sure that they are aware that we will support them in putting in these reports. It has been the opinion of Medical Staffing and the Guardian of Safe Working that in most cases "time off in lieu" (TOIL) is the most appropriate action following an exception report to minimize the effects of excessive work.

Of the two reports, none related to work on the out-of-hours rota. All were related to patients became unwell towards the end of doctors' shift which needed urgent attention before handing over to on call doctor.
It has been the opinion of Medical Staffing and the Guardian of Safe Working that in all cases "time off in lieu" (TOIL) is the most appropriate action following an exception report to minimize the effects of excessive work.

There have been no systemic concerns about working hours, within the definitions of the 2016 TCS.

We remain mindful of the possibility of under-reporting by our trainees, whilst having no evidence of this. Trainees are strongly encouraged to make reports by the Guardian at induction and at every Junior Doctor Forum. In addition, a flyer about exception reporting is being mounted in junior doctors on call room.

b) Work schedule reviews

There have been no work schedule reviews in this period. The Medical Staffing department has created Generic Work Schedules. The DME, working with tutors, the School of Psychiatry and Clinical Supervisors, has developed Specific Work Schedules. These are both required by the contract.

Work schedule reviews by grade	
CT1-3	0
ST4-6	0

Work schedule reviews by department	
Psychiatry	0
Dentistry	0
Sexual Health	0

c) **Gaps**

(All data provided below for bookings (bank/agency/trainees) covers the period 1st November 2021 to 1st February 2022)

Psychiatry	Number of shifts requested	Number of shifts worked	Number of shifts worked by:			Number of hours requested	Number of hours worked	Number of hours worked by:		
			Bank	Trainee	Agency			Bank	Trainee	Agency
	110	108	51	57	0	1077	1059	465.5	593.5	0

Reason	Number of shifts requested	Number of shifts worked	Number of shifts worked by:			Number of hours requested	Number of hours worked	Number of hours worked by:		
			Bank	Trainee	Agency			Bank	Trainee	Agency
Gap	33	33	21	12	0	326.5	326.5	193.5	133	0
Sickness	77	75	30	45	0	750.5	732.5	272	460.5	0
Maternity	0	0	0	0	0	0	0	0	0	0
Total	110	108	51	57	0	1077	1059	465.5	593.5	0

d) **Fines**

Fines levied by the Guardians of Safe Working should be applied to individual departments, as is the intent of the contract. No fines have been levied in this quarter.

Fines by department		
Department	Number of fines levied	Value of fines levied
None	None	None
Total	0	0

Fines (cumulative)			
Balance at end of last quarter	Fines this quarter	Disbursements this quarter	Balance at end of this quarter
£0	£0	£0	£0

Qualitative information

The OOH rota continues operating at 1:11 and our system for cover continues to work as normal, with gaps generally being quickly filled. Although we have had 2 unfilled gaps this rotation, which is unusual for the Trust, patient safety was not an issue and we always had one junior doctor on duty out of hours.

Our bank doctors in particular have continued to be an asset, and we continue to increase this pool.

No immediate patient safety concerns have been raised to the guardian in this quarter.

Issues arising

Exception reporting remains at a level consistent with previous GOSW Board reports. None of these reports indicate problems with posts that have required the work schedules to be reviewed. The current level of exception reporting suggests that Junior Doctors are not working unsafe hours, and this is confirmed by the qualitative information from the Junior Doctors Forum. However, it is possible that there may be under-reporting of small excess hours worked.

Actions taken to resolve issues

Next report to be submitted May 2022.

Summary

All work schedules are currently compliant with the Contract Terms and Conditions of Service. No trainee has breached the key mandated working limits of the new contract.

The Guardian gives assurance to the Trust Board that no unsafe working hours have been identified, and no other patient safety issues requiring escalation have been identified.

We remain mindful of the possibility of under-reporting by our trainees, whilst having no evidence of this. Trainees are strongly encouraged to make reports by the Guardian at induction and at every Junior Doctor Forum, in addition a flyer about exception reporting is being mounted in junior doctors' on call room. They are assured that it is a neutral act and asked to complete exceptions so that the Guardian of Safe Working can understand working patterns in the trust. An anonymized survey is being conducted to gather Junior doctors' view about the exception reporting and it is in the data gathering stage.

Questions for consideration

The Guardian ask the Board to note the report and the assurances given above.

The Guardian make no recommendations to the Board for escalation/further actions.

Report compiled by Dr Marjan Ghazirad, GOSW, & Ian Stephenson, Medical Workforce Manager.

Appendix A: Glossary of frequently used terms and abbreviations

Guardian of Safe working hours: A new role created by the Junior Doctors Contract that came into effect for the majority of trainees in BHFT in February 2017. The Guardian has a duty to advocate for safe working hours for junior doctors and to hold the board to account for ensuring this.

FY – Foundation Years – Doctors who are practicing usually in the first two years after completing their medical degrees.

CT – Core Trainee – The period usually following FY where a junior doctor is specializing in a particular area of medicine (in BHFT this is primarily for Psychiatry or General Practice). Typically, 3 years for psychiatry trainees.

ST- Speciality Trainee – The period following Core training where a junior doctor sub-specializes in an area of medicine, for example Older Adult Psychiatry. Typically, 3 years for psychiatry trainees.

Work Schedule – A work schedule is a new concept for junior doctors that is similar to a Job Plan for Consultants. A work schedule sets out the expectations of the clinical and educational work that a Junior Doctor will be expected to do and have access to. Before entering each post, the Junior Doctor will have a "Generic Work Schedule" that the Clinical Supervisor and Medical Staffing feels sums up the expectations and opportunities for the that post. At the initial meeting between Clinical Supervisor and trainee this will be personalized to a "Specific Work Schedule" giving the expectations of that trainee in that post. If exception reporting or other information indicates a need to change the work schedule this is called a work schedule review. The new policy indicates the procedures for this process and appeal if it is not considered satisfactory.

Junior doctors' forum – A formalized meeting of Junior Doctors that is mandated in the Junior Doctors Contract. The Junior Doctors under the supervision of the Guardians are amalgamating other pre-existing fora under this meeting so it will be the single forum for Junior Doctors to discuss and formally share any concerns relating to their working patterns, education or patient safety. The Junior Doctor Forum includes representation from the Guardians, Director of Medical Education and others as required to ensure these concerns can be dealt with appropriately.

Fines – If doctors work over the hours in their Specific Work Schedule they are entitled to pay or to time back in lieu for that time. In this trust we are looking for trainees to have time back as the preference. However if the doctor works so many hours as to further breach certain key mandated working limits the trust will be fined with the fine going into a separate fund managed by the Guardians to be used for educational purposes for the trainees.

Appendix B

Factsheet: Safety limits and rest

The below table highlights the changes to the safety limits and rest provisions between the 2016 terms and conditions and the 2018 contract refresh. For full details please refer to schedule 3 of the terms and conditions of service (TCS).

2016 terms and conditions	2018 contract refresh
Maximum of 72 hours work in any 7 consecutive day period.	Maximum of 72 hours work in any 168-hour consecutive period.
46-hours rest required after 3-4 consecutive night shifts.	46-hours rest required after any number of rostered nights.
Doctors paid at nodal point 2 are exempt from the requirements that no doctor shall be rostered for work at the weekends greater than 1 week in 2 for one placement during their foundation year.	No doctor shall be rostered for work at the weekend at a frequency of more than 1 week in 2.
No doctor shall be rostered for work at the weekend at a frequency of greater than 1 week in 2.	All reasonable steps should be taken to avoid rostering trainees at a frequency of greater than 1 in 3 weekends.
Where 8 shifts of any length are rostered or worked on 8 consecutive days, there must be a minimum 48-hours rest rostered immediately following the conclusion of the eighth and final shift.	Maximum of 7 shifts of any length can be rostered or worked on 7 consecutive days. Where a shift contains hours of work across more than one day, the work on each day will be counted independently toward the total number of consecutive days*.
No more than 5 long shifts shall be rostered or worked on consecutive days. Where 5 long shifts are rostered on consecutive days, there must be a minimum 48-hour rest period rostered immediately following the conclusion of the fifth long shift.	No more than 4 long shifts shall be rostered or worked on consecutive days. There must be a minimum 48-hour rest period rostered immediately following the conclusion of the final long shift*.
A doctor must receive: • at least one 30 minute paid break for a shift rostered to last more than 5 hours, and • a second 30 minute paid break for a shift rostered to last more than 9 hours.	A doctor must receive: • at least one 30 minute paid break for a shift rostered to last more than 5 hours • a second 30 minute paid break for a shift rostered to last more than 9 hours • A third 30-minute paid break for a night shift as described in paragraph 15 of Schedule 2, rostered to last 12 hours or more.

*As soon as reasonably practicable from August 2019, and in any event as soon as possible before 5 August 2020, the employer will consult with doctors and agree to alter existing rotas.

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	12 April 2022
Title	**Executive Report**
	For Noting
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.

Berkshire Healthcare
NHS Foundation Trust

Trust Board Meeting 12 April 2022

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

Presented by Julian Emms
Chief Executive
April 2022

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	12th April 2022
Title	2021 National Staff Survey Results
ITEM FOR NOTING	
Purpose	To provide the Board with a summary of the results of the 2021 National Staff Survey
Business Area	Workforce
Author	Alex Gild, Deputy Chief Executive Jane Nicholson, Director of People
Relevant Strategic Objectives	Supporting Our Staff
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Meeting regulatory requirements
Equalities and Diversity Implications	N/A
SUMMARY	The 2021 National Staff Survey results are summarised in the paper. The survey has gone through its biggest change in recent years, aligning questions (some changed or added) to seven the NHS "People Promise" elements – staff engagement and morale themes remain. Our response rate remains consistently high over the last three years (60% in 2021, 8% above the average). Our results are again strong overall, with above average scores in all elements and themes. Our **Staff Engagement result remains at the top of our national peer group** (7.4 score). We are also **strongest in our peer group for the "We are always learning"** element.

	In another difficult year of the covid pandemic, undoubtedly impacting the resilience of staff, our results in some areas have dropped but these are largely in line with falls in the best/average/worse scores for our peer group. Whilst we can no longer compare the theme trends from previous years, our overall performance remains strong, with certain **questions showing significant improvement** since last year including ***acting on concerns of patients*** and ***addressing staff concerns of unsafe clinical practice***. **Top scoring questions in peer group** include ***recommending Berkshire Healthcare as a place to work*** and ***shared team objectives***. The staff survey results help us triangulate where we need to improve the experience of our staff, to truly be "Outstanding for Everyone". The results show that we are making minimal progress in areas such as work pressures and the unwarranted differential experiences of our staff with protected characteristics. These areas remain a focus for action.
ACTION REQUIRED	The Board is asked to note the update.

NHS
Berkshire Healthcare
NHS Foundation Trust

Making Berkshire Healthcare…

Outstanding for everyone

National staff survey results: 2021

CareQuality Commission Inspected and rated Outstanding

Berkshire Healthcare Charity Reg. charity 1049733

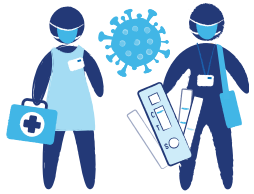
VETERAN AWARE

Stonewall TOP 100 EMPLOYER 2022

Alex Gild and Jane Nicholson

2021…

Another challenging year



Berkshire Healthcare NHS Foundation Trust

2021 was another atypical year within the NHS. 2020 saw a huge positive increase in results in the wake of Covid. 2021 came with its **own set of challenges: fatigue** after nearly two years of the pandemic and **constant changes**. **Covid pressures** were increasing again around the time of the survey, so expectation was for a **decline in performance**.

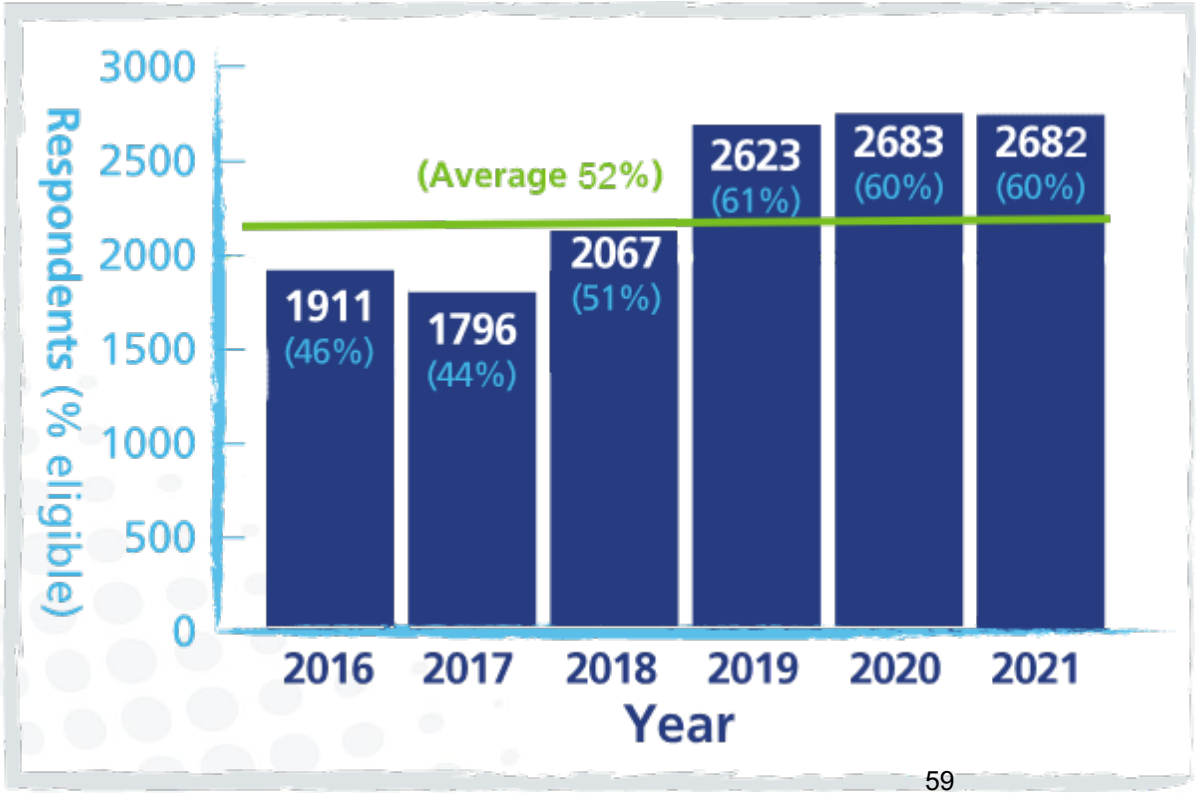
This has been seen in some areas but we are heartened to see that our results are **broadly in line with 2019** and so have maintained our **pre pandemic performance.**

Of the 80 questions which were the same as in 2019...	
Increased more than 3%	11
Within 3% (+/-) of our 2019 score	62
Decreased more then 3%	7

National staff survey response rates

- year on year

Berkshire Healthcare NHS Foundation Trust



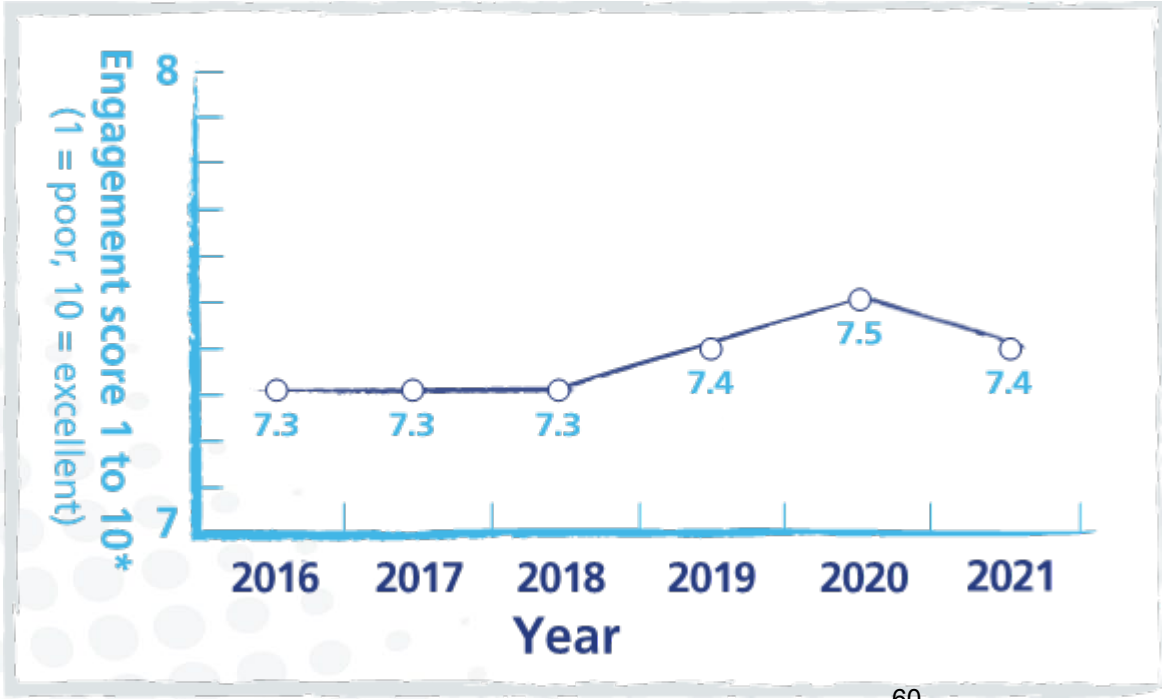
In 2021 60% of staff took the time to tell us what it feels like to work here.

We have remained at least 7% above average for the last three years.

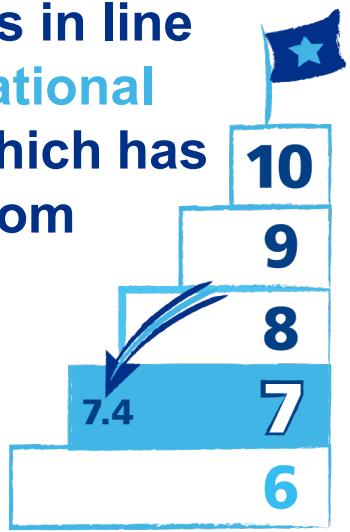
The average response rate for 51 Mental Health / Learning Disability and Community combined Trusts is **52%.**

Overall engagement score

Our overall engagement score is 7.4. No other combined Trust has scored higher than this.



Our slight decrease is in line with the national average which has reduced from 7.2 to 7.0.



*10 being the highest score available.

Overall engagement score
- how it's calculated

NHS
Berkshire Healthcare
NHS Foundation Trust

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

NHS national staff survey			Berkshire Healthcare		
EEI	Qs	Statement	2019	2020	2021
Motivation	2a	Often/always look forward to going to work	65.8	66	61.4
	2b	Often/always enthusiastic about my job	78.6	78.3	74
	2c	Time often/always passes quickly when I am working	82	82.8	79.6
Advocacy	18a	Care of patients/service users is organisations top priority	83.9	87.7	86.4
	18c	Would recommend organisation as a place to work	70.4	77.8	73.5
	18d	If friends or relatives needed treatment would be happy with the standard of care provided by organisation	74.4	80.1	77
Involvement	4a	Opportunities to show initiative in my role	76.7	78.6	77.1
	4b	Able to make suggestions to improve the work of my team/dept	81.6	81.9	80
	4d	Able to make improvements happen in my area of work	65.7	66.5	65
Response rate	%		61	60	60

Staff survey results - themes

Berkshire Healthcare NHS Foundation Trust

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Best	7.9	6.8	7.4	6.6	6.1	7.1	7.4	7.4	6.5
Your org	7.7	6.5	7.3	6.4	6.1	6.9	7.3	7.4	6.2
Average	7.5	6.3	7.0	6.2	5.6	6.7	7.1	7.0	6.0
Worst	7.1	5.9	6.4	5.8	4.8	6.1	6.6	6.5	5.5
Responses	2,607	2,653	2,581	2,602	2,537	2,639	2,609	2,654	2,654

The **nine themes** from the survey have been updated this year to reflect the People Promise, along with Staff Engagement and Morale. Our scores are **above average** for combined Trusts in **all ten themes** and the **best** for two themes out of the ten.

We've had great success in areas…

	Average	Our Score
If a friend or relative needed treatment I would be happy with the standard of care provided	64.9%	77%
My organisation acts on concerns raised by patients / service users	77%	85.6%
I would recommend my organisation as a place to work	63.2%	73.5%
I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).	72.2%	80.7%
The extent to which my organisation values my work	49.1%	58.6%
If I spoke up about something that concerned me I am confident my organisation would address my concern	55.1%	65.8%
I am confident that my organisation would address my concern about unsafe clinical practice	64.2%	72.8%
My organisation takes positive action on health and well-being	63.5%	74.5%
I am able to access the right learning and development opportunities when I need to	59.4%	67.4%
The team I work in has a set of shared objectives	75.6%	84%
Teams within this organisation work well together to achieve their objectives	53.1%	63.2%

We have had the top score on this question for the last 5 years

NHS
Berkshire Healthcare
NHS Foundation Trust

These are our top 11 scores compared to the national average.

The stars indicate where we have achieved the **top score** compared to other **combined trusts** and the **arrows** are where we have **increased** since **2020.**

There's always more we can do...

Berkshire Healthcare NHS Foundation Trust

While we've made **excellent progress** in many areas, there is still room for improvement. Two of our key areas for improvement are

- **Equality, diversity and inclusion**
- **Work pressures and workload**

There are programmes of work in progress, but these are relatively new and will take time to embed. We may need to do something **differently** in these areas so we'll be engaging with divisions to get views on how we achieve this change

Focus on… Equality, diversity and inclusion

NHS
Berkshire Healthcare
Diversity and Inclusion

The Trust is committed to **eliminating differentials** that too many of our workforce continue to face. To tackle this we have:

- introduced a **Just Culture** approach to case work
- improved the **reasonable adjustments process,**
- introducing a more transparent **Secondment Policy** and
- launched a new **'Ready for Change'** programme.

There has some **positive progress** on a number of indicators such as staff with a long term condition or illness saying that we have **adequate adjustments** to enable them to carry out their work **increasing 7.7%** over the last four years.

Despite this work, over the last four to five years, the indicators show we are **making little change,** especially for our BAME staff. This is a **major concern** and as **we must reduce** the inequalities affecting people with protected characteristics.

Sexual orientation & Gender Identity

NHS
Berkshire Healthcare
Diversity and Inclusion

We have an unwavering commitment to the **Pride agenda,** and we're proud that we have made it into the **Stonewall Top 100 LGBTQ+ inclusive workplaces**. We are 5th in the health sector and were also awarded a **Gold rating**. We have also commissioned experts to deliver training and raise awareness of LGBTQ+ issues.

We are pleased to see that the Staff Survey was updated this year to include inclusive gender identity options and will look further into this data with the Pride network.

Our scores show that there is a significant **differential in experience** between each of the different sexual orientations (as listed on the staff survey). We will work with the Pride network to look at these differentials and potential route causes.

	Gay or Lesbian (2%)	Bisexual (2%)	Other (1%)	Prefer not to say (6%)
Questions scoring at least 3% above the average	28	10	18	3
Questions scoring within 3% (+/-) of the average	35	32	22	9
Questions scoring at least 3% below the average	28	49	48	80

Workforce Race Equality Standard (WRES)

NHS
Berkshire Healthcare
Diversity and Inclusion

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

Question		2020	2021
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	White	20%	20%
	BAME	31%	29%
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White	18%	14%
	BAME	23%	23%
Percentage believing that the trust provides equal opportunities for career progression or promotion	White	70%	67%
	BAME	50%	46%
In the last 12 months have you personally experienced discrimination at work from any of the following? Manager / team leader or other colleagues	White	5%	5%
	BAME	12%	14%

In the last year, we have held a 3 day **rapid improvement event** to address racial abuse of staff at Prospect Park Hospital, with projects and actions set as a result. We have also continued our work on **Just Culture** and introduced a new **Violence Reduction Role.**

BAME Network
Together we can be the change

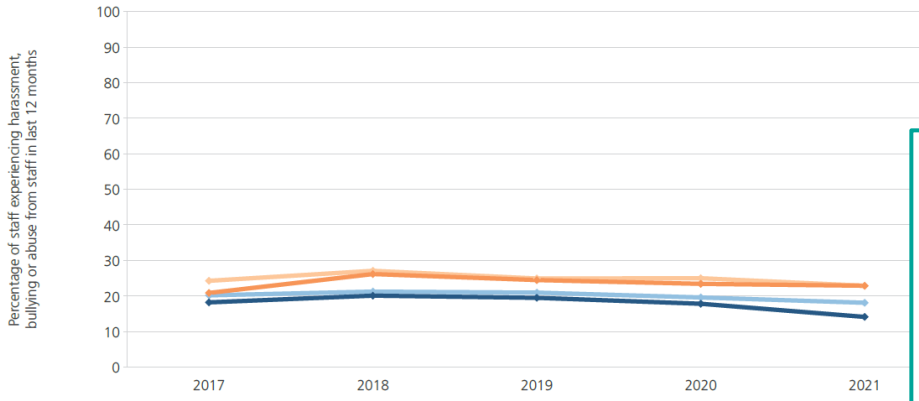
The BAME Network held a series of **conversations with the Exec team** and have since launched **Let's Talk sessions**.

Workforce Race Equality Trend Data

Berkshire Healthcare
Diversity and Inclusion

Survey Coordination Centre

2021 NHS Staff Survey Results > WRES > **Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months**

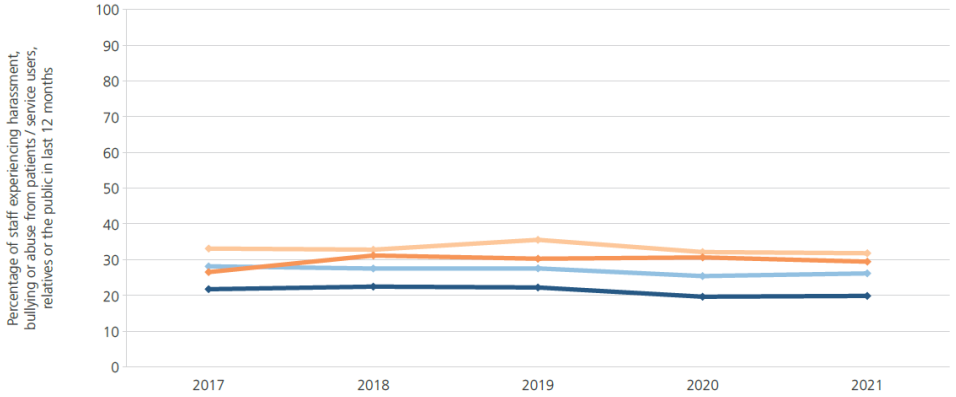


	2017	2018	2019	2020	2021
White: Your org	18.2%	20.1%	19.5%	17.8%	14.1%
BME: Your org	20.9%	26.2%	24.5%	23.4%	22.9%
White: Average	20.2%	21.2%	21.0%	19.6%	18.1%
BME: Average	24.3%	27.1%	24.9%	25.0%	22.9%
White: Responses	1,318	1,492	1,852	1,863	1,834
BME: Responses	326	405	576	538	590

Average calculated as the median for the benchmark group

Survey Coordination Centre

2021 NHS Staff Survey Results > WRES > **Percentage of staff experiencing harassment, bullying or abuse from patients / service users, relatives or the public in last 12 months**



	2017	2018	2019	2020	2021
White: Your org	21.7%	22.5%	22.2%	19.6%	19.9%
BME: Your org	26.5%	31.2%	30.3%	30.6%	29.4%
White: Average	28.1%	27.5%	27.6%	25.4%	26.2%
BME: Average	33.1%	32.8%	35.5%	32.1%	31.8%
White: Responses	1,339	1,514	1,859	1,864	1,833
BME: Responses	328	414	575	542	591

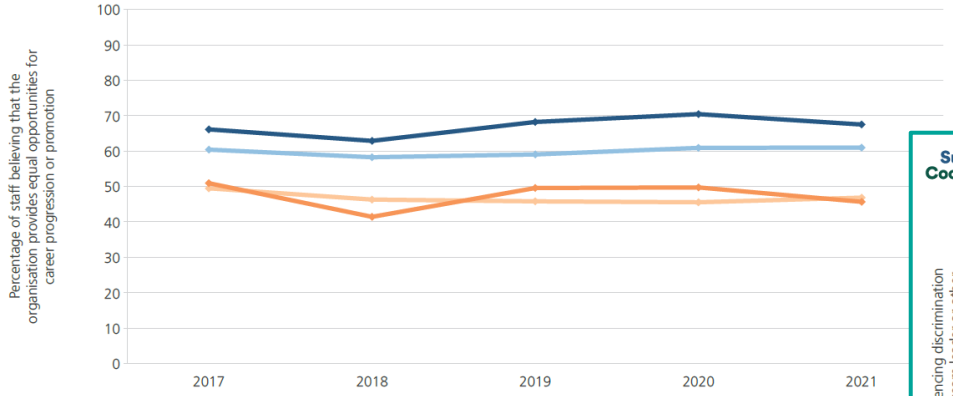
Average calculated as the median for the benchmark group

Workforce Race Equality Trend Data (cont.)

NHS
Berkshire Healthcare
Diversity and Inclusion

Survey Coordination Centre

2021 NHS Staff Survey Results > WRES > **Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion**

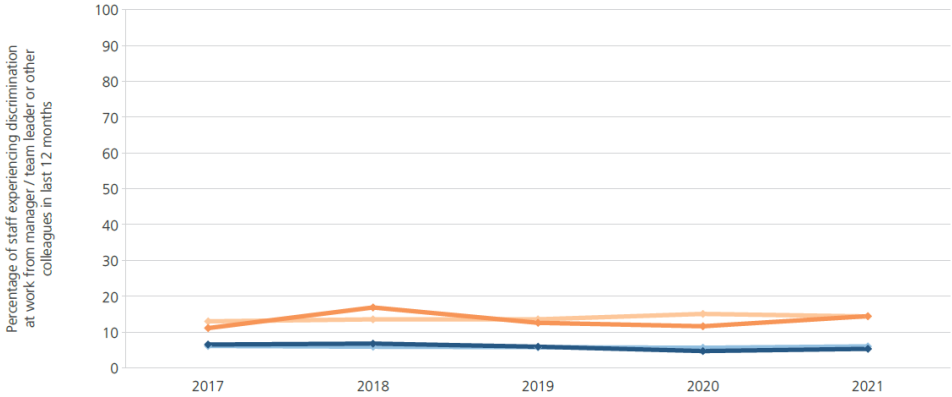


	2017	2018	2019	2020	2021
White: Your org	66.1%	62.9%	68.2%	70.4%	67.5%
BME: Your org	50.9%	41.4%	49.6%	49.7%	45.7%
White: Average	60.4%	58.3%	59.0%	60.9%	61.0%
BME: Average	49.5%	46.3%	45.8%	45.5%	46.8%
White: Responses	1,328	1,503	1,859	1,924	1,901
BME: Responses	326	408	575	555	611

Average calculated as the median for the benchmark group

Survey Coordination Centre

2021 NHS Staff Survey Results > WRES > **Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in last 12 months**



	2017	2018	2019	2020	2021
White: Your org	6.5%	6.8%	5.9%	4.7%	5.3%
BME: Your org	11.1%	16.9%	12.6%	11.6%	14.4%
White: Average	6.1%	5.9%	5.8%	5.6%	6.0%
BME: Average	13.0%	13.6%	13.6%	15.1%	14.4%
White: Responses	1,334	1,503	1,858	1,932	1,913
BME: Responses	324	403	572	559	616

Average calculated as the median for the benchmark group

Workforce Disability Equality Standard (WDES)

NHS
Berkshire Healthcare
Diversity and Inclusion

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

Question		2020	2021
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	Non-disabled	20%	20%
	Disabled	30%	**30%**
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	Non-disabled	13%	11%
	Disabled	21%	**19%**
Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion	Non-disabled	67%	64%
	Disabled	59%	**53%**
Percentage of staff satisfied with the extent to which their organisation values their work	Non-disabled	67%	61%
	Disabled	55%	**51%**
Percentage of disabled staff saying their employer has made adequate adjustment(s) to enable them to carry out their work	**Disabled**	77%	**81%**

In the last year, we have revamped the **Reasonable Adjustments** policy and processes. This has included introducing a **central fund** for adjustments and a point of contact for **expert support**.

We are launching a project to **better understand and support neurodivergent colleagues**.

PURPLE Network

disability confident LEADER

Equality, diversity and inclusion -

NHS
Berkshire Healthcare
Diversity and Inclusion

So what are we doing in 2022?

We are continuing to address the differentials in experience as aligned with our **EDI strategy**, as well as support the development of allies of this culture change. This is a three year strategy and we know that it may take time to make these changes translate into results but are committed to seeing these results.

Some of the actions to support this workstream include:

- ✓ Review staff survey results and work with networks and services to **agree priorities**
- ✓ Review the **recruitment processes** and introduce **inclusive recruitment training**
- ✓ Design and deliver an inclusive **talent strategy**
- ✓ Refresh our **leadership** offers
- ✓ Focus on **declaration rates**

Focus on… work pressures and workload

Berkshire Healthcare NHS Foundation Trust

What we're hearing through various forums around workplace pressures and workload experienced by staff are reflected in some of our lowest scores.

The three questions below were in our **10 lowest scoring questions** and there are other questions which contribute to this picture. Results reflect the workforce gaps that we continue to see, that has been heightened by Covid.

We are working with our ICS partners and national team to look for ways to reduce burden on staff due to the cost of living as well as lobbying for pay support.

Question	Average	Our Score
Do you work additional unpaid hours over and above your contracted hours?	62.1%	67.2%
Satisfaction with level of pay	37%	34.5%
Do you experience unrealistic time pressures? (Sometimes/often/always)	26.2%	24.4%

So what are we doing about work pressures?

Berkshire Healthcare NHS Foundation Trust

This information reinforces that we need to continue focus on recruitment and retention, as well as looking at how we can balance operational pressures.

Some of the work we will be looking at in the next year includes:

- ✓ Re-establishing a small working group to conduct a deep dive into the number of people working additional unpaid hours and how we can **reduce those work pressures.**
- ✓ Address clunky systems and processes through business process improvement work to reduce burden
- ✓ Enhancing our **benefits package** to support staff with the increased financial burden in the coming year
- ✓ Expanding our newly launched **Wellbeing Champion Network** to support a focus on wellbeing at team level
- ✓ Continuing to focus on **improving staff experience** to improve our retention for all staff

This work continues to be at the centre of the **people strategy,** focusing on keeping the wellbeing of our people firmly at the centre of our organisational culture.

Next steps…

Berkshire Healthcare NHS Foundation Trust

HR Business Partners will be sharing initial analysis at a divisional level with the leads and having discussions about next steps to involve staff. This will include looking into the information at a lower level.

We will also be sharing the information with our **Staff Networks** and supporting next steps.

Reviewing the results in teams:

An overview of the Staff Survey results has been communicated in the All Staff Briefing on the 17th March. A link to our results page on **nhsstaffsurveyresults.com** is available from **Wednesday 30 March 2021**

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	12 April 2022
Title	**Gender Pay Gap Annual Report 2022**
ITEM FOR NOTING AND APPROVAL (to approve the publication of the report)	
Purpose	To provide a summary of Berkshire Healthcare Trust Gender Pay Gap results and request approval for their publication.
Business Area	**People Directorate**
Author	**Thanda Mhlanga – OD Lead for Equality, Diversity, and Inclusion** Presented by: Alex Gild – Deputy Chief Executive
Relevant Strategic Objectives	True North Goal 2: Supporting our staff. As part of this objective, we have a duty to facilitate gender equality within the Trust and address the difference in average pay between male and female staff.
CQC Registration/Patient Care Impacts	Deliver safe, compassionate, high-quality care and a good patient experience through a skilled and engaged workforce.
Resource Impacts	N/A
Legal Implications	The Equality Act 2010; Public Sector Equality Duty
Equality and Diversity Implications	The Gender Pay Gap is a requirement for all NHS Trusts – it was mandated in March 2018. The Gender Pay Gap results are an important driver of our equality and inclusion activity in relation to improving gender equality and equalisation of pay within the organisation.
SUMMARY	This paper presents Berkshire Healthcare's 2022 Gender Pay Gap results and associated action

	plan. The Gender Pay Gap is the difference in average pay between the men and women in organisations. In March 2018, the Government Equalities Office formalised its commitment to tackle the historic pay inequality which exists between men and women and made the reporting of gender pay data a mandatory legal requirement for all organisations employing 250 or more staff. It is hoped that the reporting on pay gaps will facilitate understanding of the extent and causes of pay gaps and identification of any issues that need to be addressed. **Key Messages:** • Like other NHS providers, the female workforce makes up most of our staffing (83.01%) – the male cohort is 16.98%. • There has been a slight increase in the number of women in quartiles 1-3 (Q1-Q3) of pay and a significant decrease in the highest quartile of pay (Q4). • The number of females in the lowest quartile of pay (Q1) has remained higher than the proportion of females employed in the Trust. • The gender pay gap is slightly worse than it was three years ago, the number of female employees in the highest quartile of pay (Q4) has reduced. • For different reasons, most staff employed on a part time basis are female – a factor that contributes to the gender pay gap. • The majority number of staff who use the childcare salary scheme are female – this has a disproportionate impact on the hourly rate of female staff. • The average "bonus" pay gap relating to Clinical Excellence Awards has decreased by 11.03%. .
ACTION REQUIRED	The Trust Board is asked to: a) To note the Gender Pay Gap results and proposed actions b) To approve the publication of the Gender Pay Gap results and proposed actions.

Berkshire Healthcare
NHS Foundation Trust

Berkshire Healthcare NHS Foundation Trust

Equality Diversity & Inclusion

Gender Pay Gap Report

Annual Report 2022

To find out more about what Berkshire Healthcare NHS Foundation Trust is doing to be an 'Outstanding and Equal Employer and Care Provider for Everyone', please contact: EDITeam@berkshire.nhs.uk

Gender Pay Gap Report – Data as of 31st March 2022 (Report to Trust Board – April 2022)

Background and Introduction

In March 2018 the Government Equalities Office asked all organisations employing 250 or more staff to report and publish the following metrices:

- Mean Gender Pay Gap
- Median Gender Pay Gap
- Mean Bonus Gender Pay Gap
- Median Bonus Gender Pay Gap
- Proportion of Males and Females receiving a bonus payment
- Proportion of Males and Females in each quartile.

The way the Gender Pay Gap data is reported is standard, organisations must produce their respective figures in tables as set out in Appendices (Table 3 to 6) that capture Berkshire Healthcare's data. For all NHS employers, the NHS Electronic Staff Record system (ESR) has been updated so that they can produce the reports for this annual exercise using default filters.

For the purposes of Gender Pay Gap Reporting, all Trusts have been instructed to split out all payments received by the workforce over the financial year into two defined categories:

(a) Ordinary Pay
(b) Bonus Pay

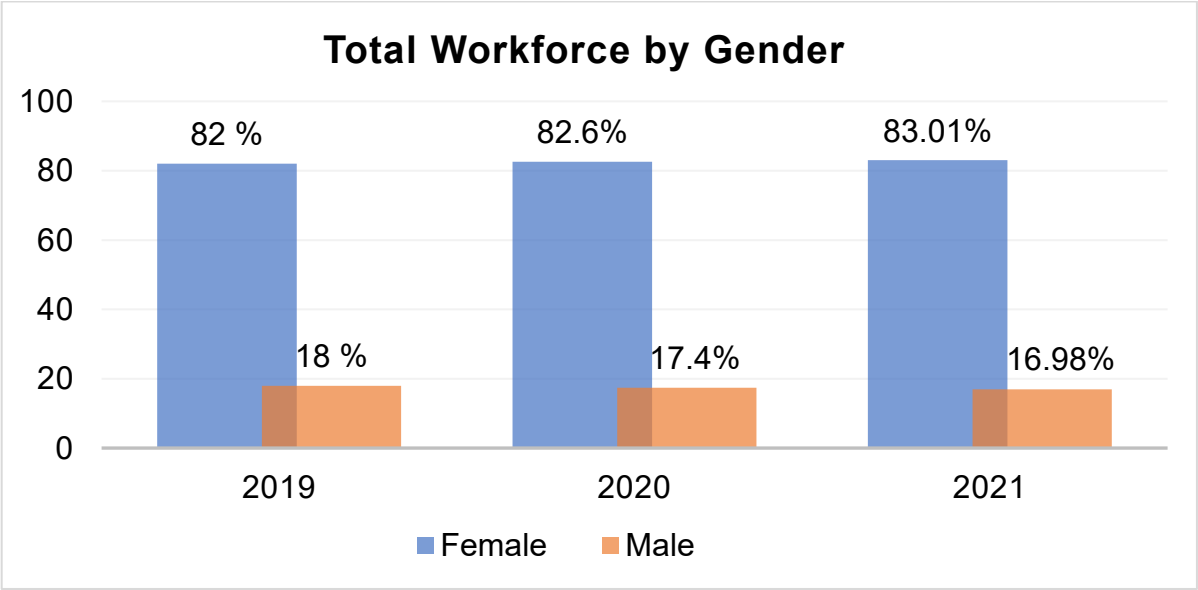
It should be noted that Gender Pay Gap data includes both staff on Agenda for Change and staff on non-Agenda for Change terms and conditions. Also, Clinical Excellence Awards for medical staff are included in both ordinary and bonus pay calculations.

The definition of Gender Pay Gap is prescribed: it is the difference between the average earnings of men and women, expressed relative to men's earnings. It must be noted here that increasingly there is an awareness that gender is not binary. However, currently the NHS ESR system does not capture gender identity, it only captures sexual orientation.

Our Data

From the data that was uploaded by 31st March 2022, the main points to note about Berkshire Healthcare are presented below:

Figure 1: Total Workforce by Gender

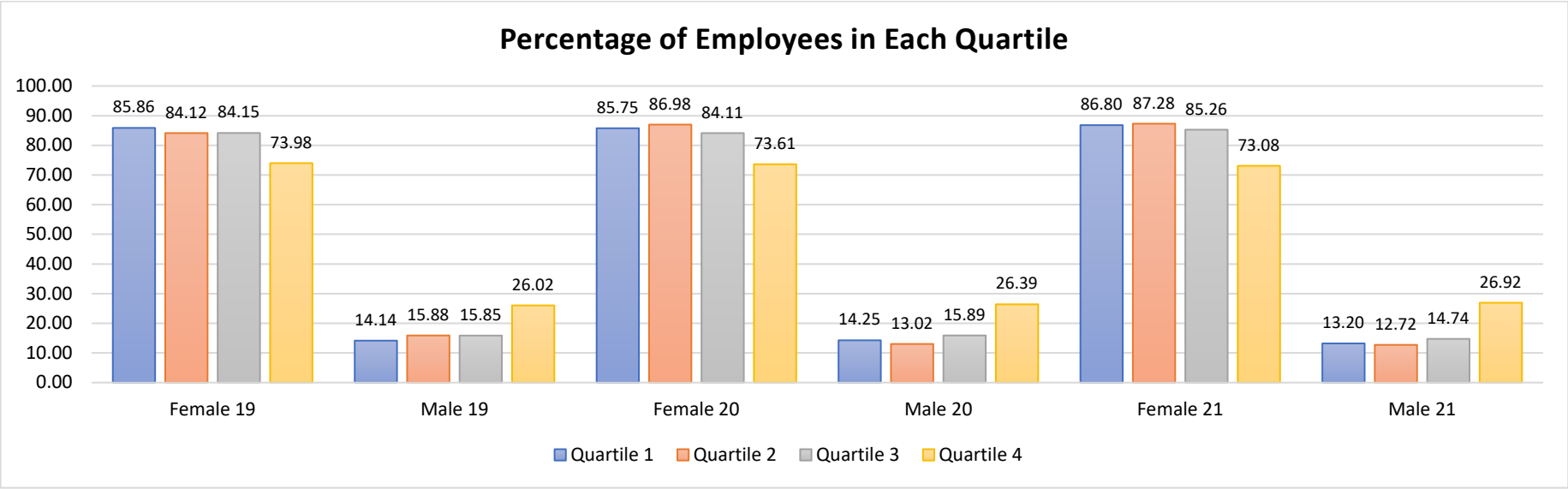


1. The number of employees in the Trust increased slightly from 4545 to 4552. However, like trends in other NHS providers, the female workforce at Berkshire Healthcare makes up most of our staffing at 3779 (83.01%), with the remaining 773 (16.98%) being male. These figures suggest that there has been a nominal increase in the number female employees and a gradual decrease in the number of male employees over the last three years – see Figure 1 above.

2. Since reporting last year, there has been a slight increase in the number of females in the Quartile 1 (Q1), Quartile 2 (Q2) and Quartile 3 (Q3). However, in the highest quartile of pay (Quartile 4 - Q4) the number of female employees has shrunk significantly (by 12.23%). Contrastingly, in the same period the number of males employed by the Trust in the lowest pay quartile (Q1) has decreased by 1.05%, and the number of those in the highest quartile of pay has increased slightly (by 0.53%) - see Figure 2 below for detail.

   The Trust continues to address the challenges highlighted in Figures 1 and 2, however there are a few key societal and market challenges:
   - For a labyrinth of traditional and economic reasons, it has proven difficult to attract males to lowest quartile (Q1) roles.
   - A purposely inclusive recruitment approach has been adopted for the most senior (Q4) roles. However, despite recent efforts to attract diverse candidates for the role of Chief Finance Officer, the market has only delivered male applicants.
   - Our recently advertised COO role has been offered to a female candidate.

Figure 2: Percentage of Employees in Each Quartile



3. The results presented in Table 1 below highlight that the pay gap in the average hourly rate reported this year increased by 1.31% (from 19.14% to 20.45%). Whilst some progress was made in 2020, this year's results illustrate that there has been regression - the female position is worse off than it was three years ago. Deeper analysis demonstrates that one of the major reasons for the pay gap is that there is a higher proportion of men in more senior bands within the Trust. As highlighted in Figure 1, females represent 83.01% of our workforce yet only represent 73.08% of the workforce in the upper quartile; males represent 16.98% of our workforce but are overrepresented in the upper quartile (26.92%) – see Figure 2 above for numbers in each quartile. This means that females are underrepresented by 9.93%% in the senior bands and males overrepresented by 9.94%.

Table 1: Gender Pay Gap

Gender	Average Hourly Rate 2019-20	Average Hourly Rate 2020-21	Average Hourly Rate 2021-22
Male	21.14	22.29	23.74
Female	16.90	18.02	18.88
Difference	4.24	4.27	4.85
Pay Gap %	20.07	19.14	20.45

4. The proportion of females in the lowest quartile of pay (86.80%) represents a slight increase from 85.75% in the previous year: a higher figure than the proportion of females employed in the Trust (83.01%).
5. We currently employ 1832 staff on a part time basis – in the previous year this figure stood at 1816 people. 92.68% of part time staff are female – this figure represents a slight increase from 92.19% the previous year.
6. It should be noted that the calculation of the hourly rate is based on the gross pay after any deductions for salary sacrifice. As at March 2022, a total of 147 staff were on the childcare salary scheme, 131 (89.12%) of them were female. This ratio is consistent with previous trends: last year 169 people used the childcare salary sacrifice scheme and 152 (89.94%) of them were female. This trend is largely underpinned by societal values and expectations – it has a disproportionate impact on the hourly rate of female staff resulting in a lower average.
7. The bonus data relates only to Clinical Excellence Awards (CEA) paid to all eligible substantive Consultant Medical Staff who have been in post for at least a year. However, it is important to note the context and challenges associated with the bonus pay system:
    - First, the word 'bonus' is perceived as inappropriate in an NHS context. CEAs are not a one-off annual performance payment as would be made by private sector. Instead, it relates to a nationally agreed contractual payment which forms part of the salary package for Consultant Medical Staff.
    - Second, this system is prescribed by the British Medical Association (BMA) and NHS Employers – the Trust adopts a nationally agreed system.
    - Third, many of the CEAs that are still being paid out are historic and will be maintained until the recipient's retirement.

That noted, the data presented in Table 2 below suggests that the average bonus pay gap at Berkshire Healthcare has decreased by 11.03% (from 37.00% in 2020-21 to 25.97% in 2021-22). In 2020-21, the Trust used the nationally agreed system presented above and split the CEAs equally (pro-rata) amongst all eligible Consultants due to Covid-19. This approach exacerbated the pay gap seeing that the majority (70%) of the part-time cohort were female and 30% were male. In 2021-22 equal bonus payments were made to all eligible male and female Consultants in the Trust, irrespective of whether they were full-time or part-time without any pro-rata calculations. However, as stated above the gender pay gap arises from on-going annual legacy bonus payments made in relation to CEA points awarded prior to 2018 that some of the Consultants will continue to benefit from until retirement.

Table 2: Average Bonus Pay

Gender	Average Bonus Pay 2019-20	Average Bonus Pay 2020-21	Average Bonus Pay 2021-22
Male	9056.48	8,086.07	6,906.77
Female	5104.27	5,094.43	5,113.12
Difference	3952.21	2,991.63	1,793.65
Pay Gap %	43.64	37.00	25.97

Actions for the Trust to take:

The actions proposed to address the Gender Pay Gap will be considered and agreed as part of the refreshed ED&I Strategy. The following actions are currently proposed:

- We need to increase the focused work to attract more males to work for the Trust, particularly at entry level and in part-time roles. Adverts and social media include an increased number of photographs of our male workforce, but over the coming 12 months, however significantly fewer men than women enter the degrees which are needed for many of our clinical roles such as audiology, speech and language therapy. We need to identify more ways of making these roles an attractive choice for men to study either at university or through degree apprenticeships
- Continue to support the development of female staff through mentoring, leadership development and talent management. We need to focus on ensuring that our female staff at lower bands have the confidence, skills and are supported to apply for our more senior posts at band 8A and above, including executive posts.
- Although the Terms and Conditions do not allow the legacy Consultant bonus payments to be changed, the Trust should continue exploring every opportunity, within the confines of national guidance for Local CEA (bonus payments), to ensure that the gender pay gap arising from Consultant bonus payments continues to reduce year on year.
- Share our Gender Pay Gap position (as reported) with all our staff, including the actions we will take to improve our position.

Appendices

Table 3: Average and Median Hourly Rates

Gender	Average Hourly Rate	Median Hourly Rate
Male	23.74	20.90
Female	18.88	17.35
Difference	4.85	3.55
Pay Gap %	20.45	17.01

Table 4: Number of employees in each quartile (Q1 low pay to Q4 high pay)

Quartile	Female	Male	Female %	Male %
Quartile 1	986.00	150.00	86.80	13.20
Quartile 2	995.00	145.00	87.28	12.72
Quartile 3	943.00	163.00	85.26	14.74
Quartile 4	855.00	315.00	73.08	26.92

Table 5: Bonus Payments

Gender	Avg. Bonus Pay	Median Bonus Pay
Male	6,906.77	3,745.29
Female	5,113.12	3,745.29
Difference	1,793.65	0.00
Pay Gap %	25.97	0.00

Table 6: Payment of Bonuses by Gender

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	40.00	4000.00	1.00
Male	38.00	821.00	4.63

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	12 April 2022
Title	Financial Summary Report February 2022
	ITEM FOR NOTING
Purpose	To provide the Trust Board the financial position for the period ending 28 February 2022.
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 / Diversity Implications	N/A
SUMMARY	The Trust is reporting a deficit of £0.2m against a £0.2m deficit plan for February 2022, with the year to date position being a £0.5m surplus. The Trust continues to forecast a £1m surplus against a target to breakeven for the year. We continue to defer investment income due to workforce availability and some investment funding has been returned to commissioners. Capital expenditure year to date is £5m, £2.3m under plan of which £1.6m relates to the CDEL control total. It is expected that the CDEL control total will be used in full by the end of March. Cash balances remain strong at £54.2m
ACTION REQUIRED	The Board is invited to note the report.

Berkshire Healthcare NHS
NHS Foundation Trust

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Finance Report

Financial Year Ending 2021/22

February 2022

Purpose

To provide the Board and Executive with a summary of the Trust's financial performance for the period ending 28 February 2022.

Document Control

Version	*Date*	*Author*	*Comments*
1.0	17/03/2022	Rebecca Clegg	Draft
2.0	18/03/2022	Paul Gray	Final

Distribution

All Directors.

All staff as appropriate.

Contents

1.0 Income & Expenditure

Feb-22	In Month			YTD			21/22
	Act £'m	Plan £'m	Var £'m	Act £'m	Plan £'m	Var £'m	Plan £'m
Operating Income	24.8	24.1	0.6	265.5	265.9	(0.5)	291.2
Elective Recovery Fund	0.0	0.0	0.0	1.7	1.7	(0.0)	1.7
Top Up Funding	0.4	0.4	0.0	5.2	5.2	0.0	5.7
COVID Funding	0.8	0.8	0.0	8.6	8.6	0.0	9.3
Donated Income	(0.0)	0.0	(0.0)	0.0	0.0	0.0	0.0
Total Income	***25.9***	***25.3***	***0.6***	***281.0***	***281.4***	***(0.4)***	***307.9***
Staff In Post	16.7	17.1	(0.4)	178.2	183.1	(4.9)	200.0
Bank Spend	1.8	1.4	0.4	18.3	15.7	2.6	17.1
Agency Spend	0.6	0.3	0.3	5.2	3.6	1.6	3.9
Total Pay	***19.1***	***18.8***	***0.3***	***201.7***	***202.4***	***(0.7)***	***221.0***
Purchase of Healthcare	1.6	1.7	(0.1)	19.2	19.4	(0.2)	21.2
Drugs	0.5	0.5	0.0	5.0	5.1	(0.1)	5.6
Premises	1.6	1.3	0.4	16.5	17.1	(0.7)	18.4
Other Non Pay	1.7	1.7	0.0	19.6	20.1	(0.5)	21.8
PFI Lease	0.5	0.5	(0.0)	5.8	5.9	(0.0)	6.4
Total Non Pay	***5.9***	***5.6***	***0.3***	***66.1***	***67.6***	***(1.5)***	***73.4***
Total Operating Costs	***25.0***	***24.4***	***0.6***	***267.8***	***270.1***	***(2.2)***	***294.4***
EBITDA	***0.9***	***0.9***	***0.0***	***13.2***	***11.4***	***1.8***	***13.5***
Interest (Net)	0.3	0.3	(0.0)	3.6	3.6	(0.0)	3.9
Depreciation	0.7	0.7	0.0	7.6	7.5	0.1	8.2
Impairments	0.0	0.0	0.0	0.1	0.0	0.1	0.0
Disposals	(0.0)	0.0	(0.0)	(1.4)	0.0	(1.4)	0.0
PDC	0.1	0.1	0.0	1.3	1.3	0.0	1.4
Total Financing	***1.1***	***1.1***	***0.0***	***11.2***	***12.4***	***(1.2)***	***13.5***
Reported Surplus/ (Deficit)	***(0.2)***	***(0.2)***	***0.0***	***1.9***	***(1.0)***	***2.9***	***(0.0)***
Adjusted Surplus/ (Deficit)	***(0.2)***	***(0.2)***	***(0.0)***	***0.5***	***(1.0)***	***1.5***	***(0.0)***

Key Messages

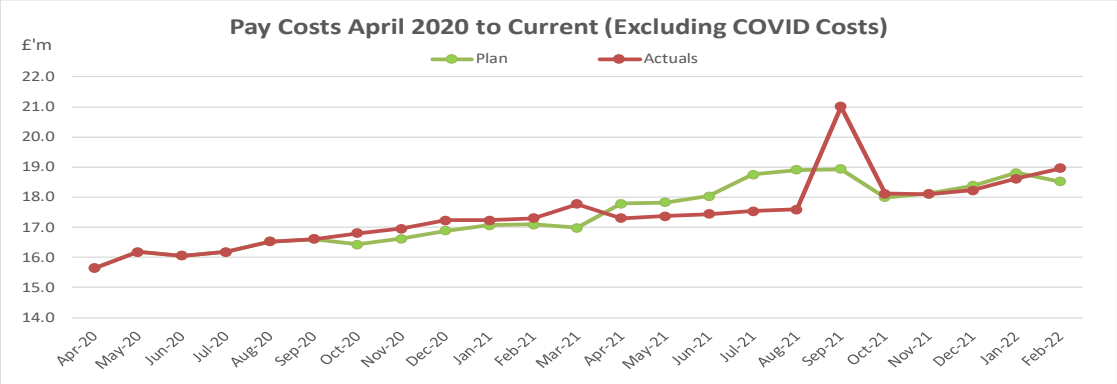
The table above gives the financial performance against the Trust's plan as at 28 February 2022. In month we are reporting £0.2m deficit, which is in line with the plan, with higher than planned income, offsetting pay and non-pay overspends.

As in the first half of the year the plan assumed that Service Development and Spending Review Funding would be recognised, matching planned increases in expenditure but costs, in particular staff costs, have not materialised as planned and this has resulted in deferral of in-year income. It has been agreed with the CCGs that £2m of the unused SDF and SR funding will be returned to NHSE&I, this is lower than anticipated due to acceleration of expenditure plans and agreement of commitments.

In the second half of the year the Trust will not receive any income from the Elective Recovery Fund due to changes in the way this funding is earned. COVID and Top up funding has been reduced and an efficiency target of 0.78% has been applied to the commissioner block contracts.

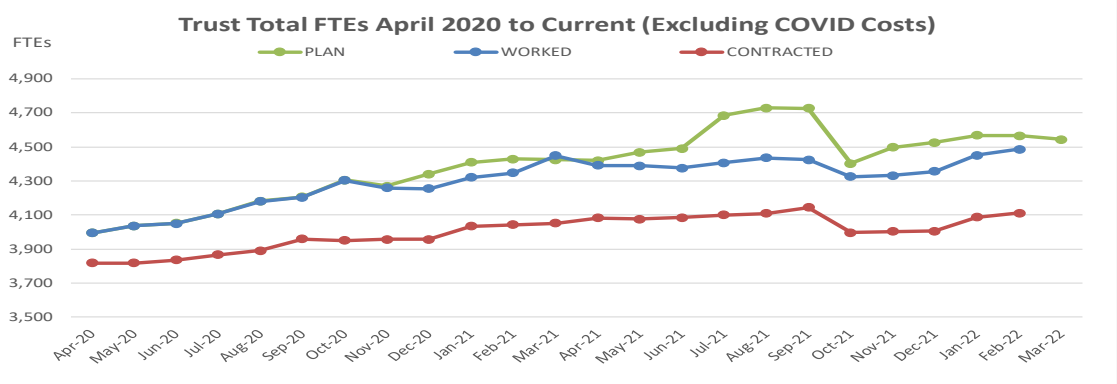
The Trust has been forecasting a £1m surplus against a plan to breakeven since month 9. This is after an adjustment for the disposal of 3-5 Craven Road which does not count against system financial performance.

Workforce



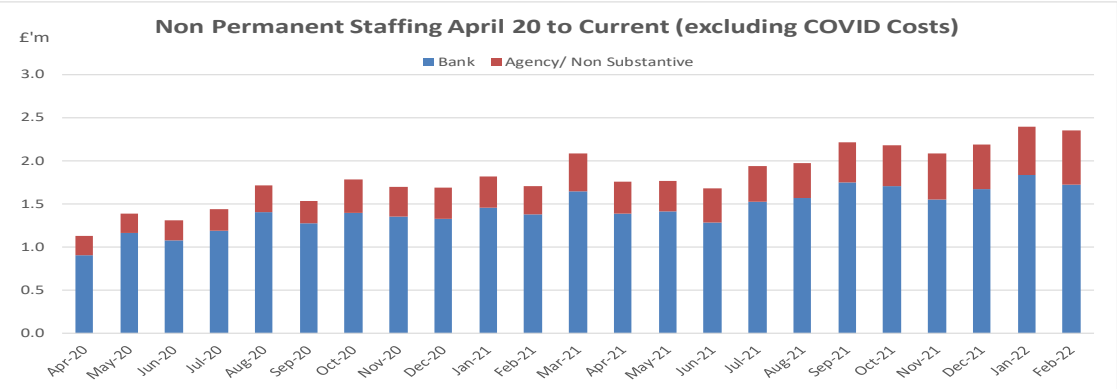
Staff Costs

YTD	£'m
2021/22	200.3
2020/21	182.7
▲	10%
Prior Yr	**£'m**
Feb-22	19.0
Feb-21	17.3
▲	10%



FTEs

Prior Mth	CFTE	WFTE
Feb-22	4,111	4,486
Jan-22	4,086	4,451
	1% ▲	1% ▲
Prior Yr	**CFTE**	**WFTE**
Feb-22	4,111	4,486
Feb-21	4,043	4,348
	2% ▲	3% ▲



Staff Costs

YTD	Bank £'m	Agency £'m
2021/22	17.4	5.1
2020/21	14.0	3.3
	25% ▲	56% ▲
Prior Yr	**Bank £'m**	**Agency £'m**
Feb-22	1.7	0.6
Feb-21	1.4	0.3
	25% ▲	89% ▲

Key Messages

Pay costs in February were £19m (excluding COVID costs). Underlying pay excluding COVID costs has risen since the start of the year with costs in February showing an increase against both core funding allocations and new investment funding. The main variance against plan relates to clinical excellence awards (£0.3m) which were paid in February but budgeted for in January.

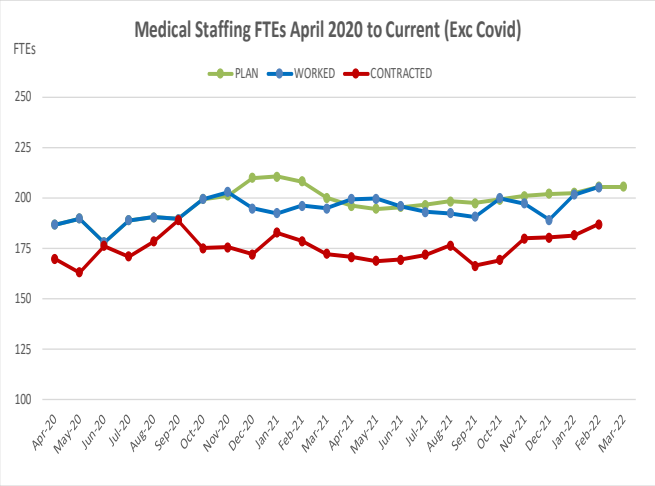
Expenditure on non-permanent staff has reduced slightly since January but is still higher than in the previous year.

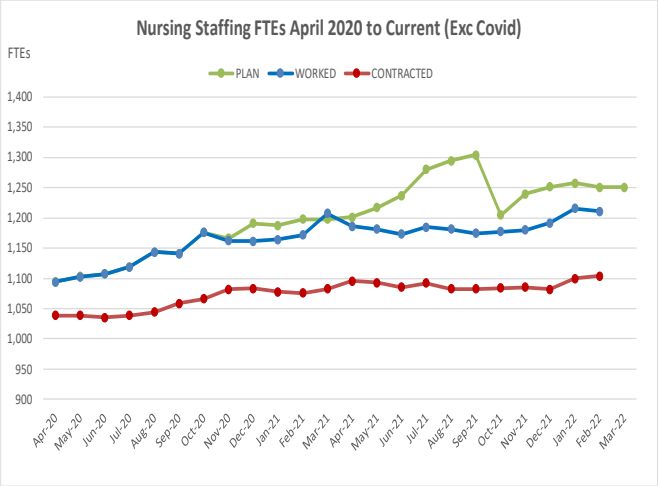
Contracted WTEs increased by 24 and worked WTEs increased by 35 in February. There was an increase in substantive staff of 52 worked WTEs offset by a reduction in bank (21 WTEs). There was a small increase in agency (4 WTEs).

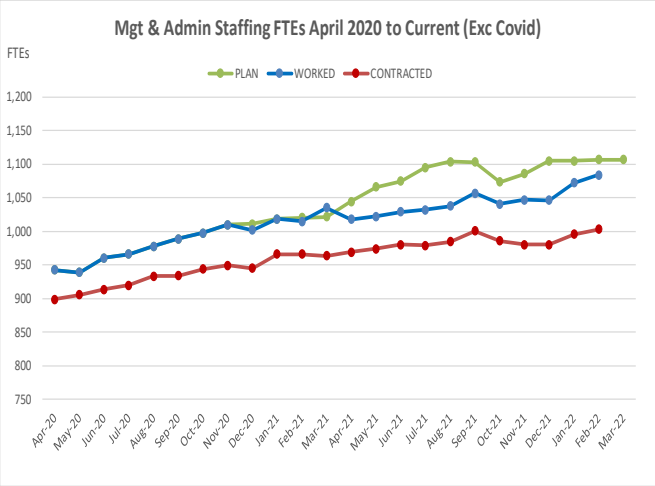
The substantive worked WTE increase was seen across all divisions except CHW. Of the increase in substantive staff, 9 WTEs related to posts funded from specific investment income e.g. MHICS and ICS.

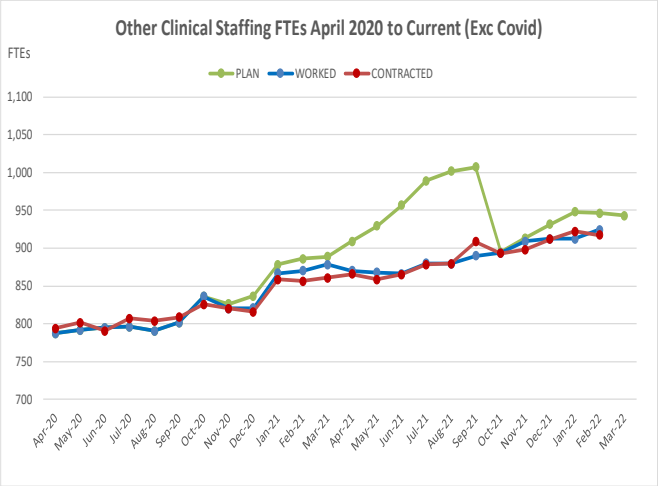
The level of staffing costs attributable to COVID was below £0.1m and lower than in the previous month.

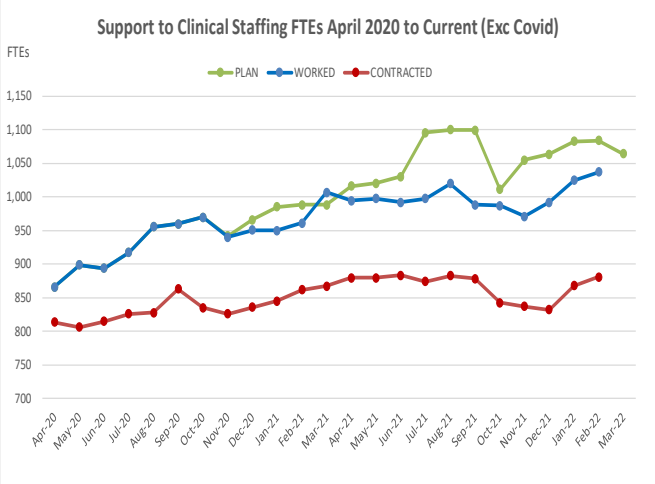
Staffing Detail

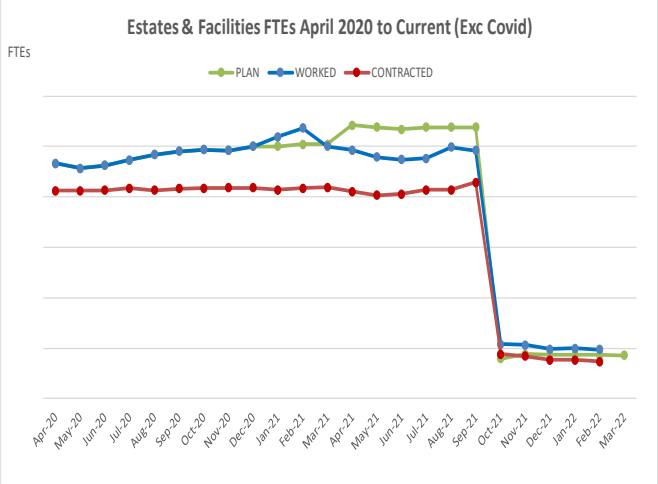








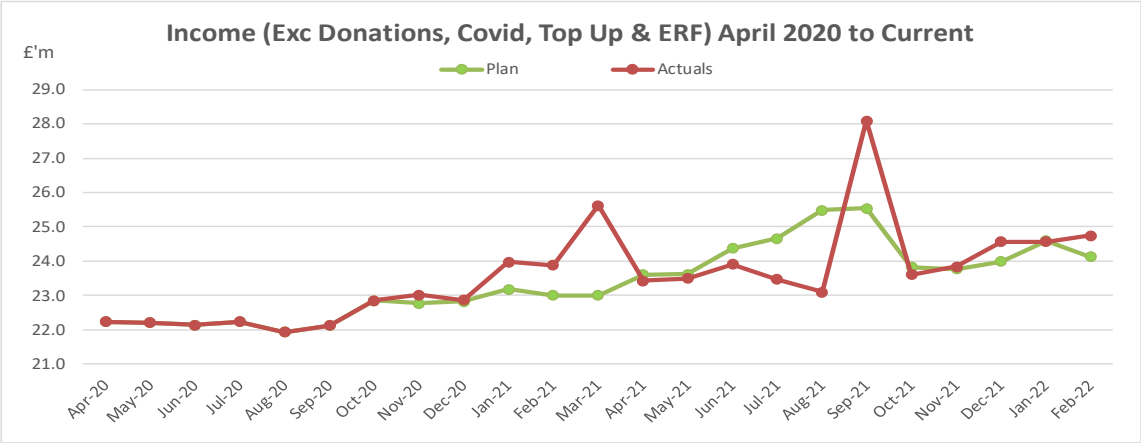




Key Messages

The tables above provide current staffing numbers broken down into core staffing groups. As the plan has been developed for the second half of the year, actuals were closer to plan in the first few months of H2. The gap between plan and actual narrowed following an increase in WTEs in January (95 worked WTEs) and in February there has also been an increase with contracted WTEs increasing by 24 and worked WTEs increasing by 35 compared to January. There were increases in medics (4 Worked WTEs), management and admin (12 Worked WTEs), support to clinical staffing (12 worked WTEs) and other clinical staff (12 Worked WTEs). This was offset in by a decrease of 4 Worked WTEs in nursing and 1 Worked WTE in estates and facilities. Of the increased in Worked WTEs, 52 were substantive offset by a reduction in non-substantive (bank).

Income & Non Pay



Income

YTD	£'m
2021/22	266.8
2020/21	249.5
▲	7%

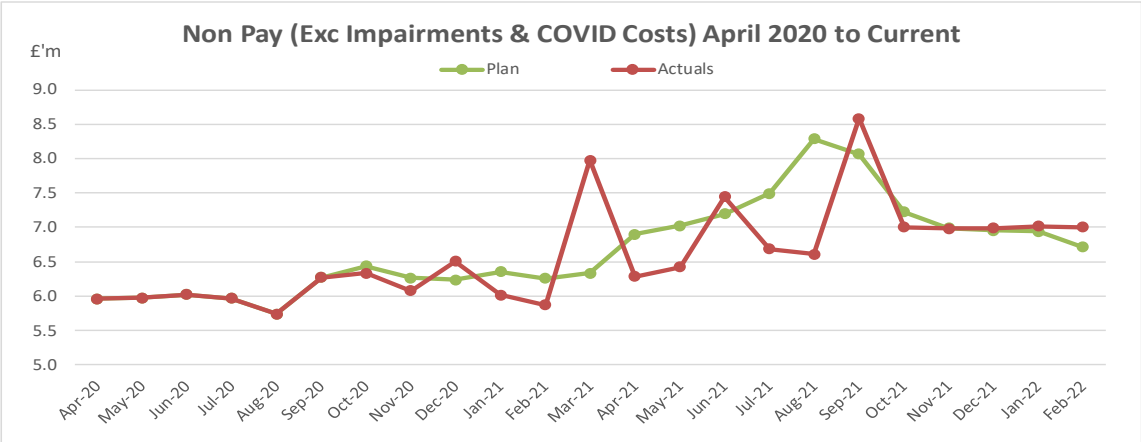
Prior Yr	£'m
Feb-22	24.8
Feb-21	23.9
▲	4%

Key Messages

The graph above reflects the Trust's planned and actual income excluding COVID, top up and Elective Recovery Funding for the year to date. In the second half of the year, the Trust is not expected to earn any Elective Recovery Fund income due to changes in the way the scheme works with a focus on completed pathways.

Discussions have concluded with commissioners regarding the return of SR and SDF funding, which has been agreed at £2m.

There are some variances due to the phasing of income plans.



Non Pay

YTD	£'m
2021/22	77.0
2020/21	66.7
▲	15%

Prior Yr	£'m
Feb-22	7.0
Feb-21	5.9
▲	19%

Key Messages

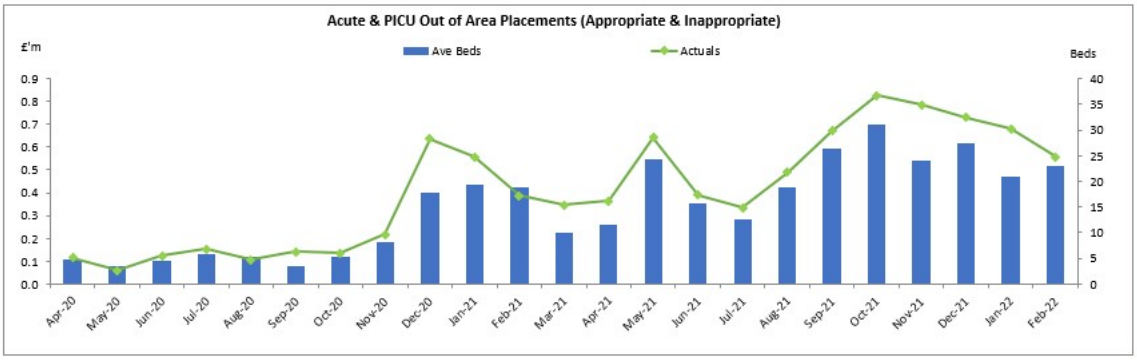
Non Pay spend was £7m in month, which was £0.3m above plan. The main non-pay pressure continues to be the expenditure on Out of Area Placements. The average number of placements has increased from 21 in January to 23 in February but the monthly cost has decreased from £0.68m in January to £0.56m in February. Further analysis and narrative can be found on the next page.

There was an additional charge of £260k has been included for a rates assessment on Erlegh House.

Negotiations are ongoing with NHS Property Services regarding the recharging of costs related to the estates and facilities management services which the Trust continues to provide.

COVID related costs were under £0.1m in month, and slightly higher than in the previous month.

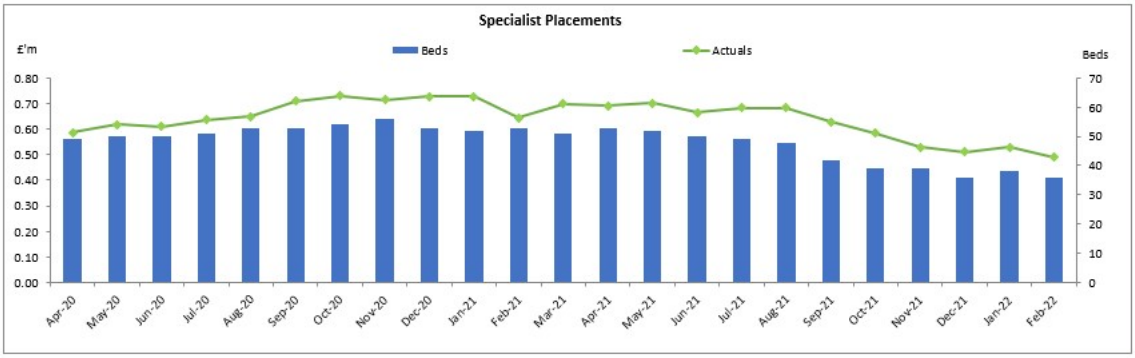
Non Pay Expenditure: Placement Costs



OAPs

YTD	£'m
2021/22	6.5
2020/21	2.6
▲	*146%*

Prior Yr	£'m
Jan-22	0.7
Jan-21	0.6
▲	*22%*



Specialist Placements

YTD	£'m
2021/22	6.7
2020/21	7.4
▼	*-9%*

Prior Yr	£'m
Jan-22	0.5
Jan-21	0.7
▼	*-27%*

Key Messages

Specialist Placements. The number of placements has decreased from 38 in January to 36 in February with costs decreasing from £0.53m in January to £0.49m in February. This is generally in line with improved review processes and step down of patients to less restrictive options.

Out of Area Placements. The average number of placements has increased from 21 in January to 23 in February but the monthly cost has decreased from £0.68m in January to 0.56m in February.

We have offered mutual aid to Surrey and Borders Partnership Trust for any underused Acute Extra contractual beds. We have reset the Bed Optimisation Project and agreed ToR and the 4 workstreams. We have also revised the trajectory for NHSE&I on the achievement of zero inappropriate OAPs by April 2023. We have reduced the covid cohort area from 7 beds to 4 beds which has released capacity into the general bed stock. 3 localities continue to be in an escalated position requiring increased scrutiny and oversight. The pressure continues around PICU beds, but a continued positive reduction in Acute bed usage, with a noticeable reduction in both length of stay and occupied bed days. We have seen an upturn in pressure on our Older People's beds and are doing a targeted piece of work on Orchid (Older people's functional unit) to better understand if this is a one off or a trend.

2.0 Balance Sheet and Cash

Balance Sheet	20/21 Actual £'m	Current Month Act £'m	Current Month Plan £'m	Current Month Var £'m	YTD Act £'m	YTD Plan £'m	YTD Var £'m
Intangibles	5.4	3.5	3.5	(0.0)	3.5	3.5	(0.0)
Property, Plant & Equipment (non PFI)	38.4	36.9	38.0	(1.2)	36.9	38.0	(1.2)
Property, Plant & Equipment (PFI)	55.5	55.3	55.0	0.3	55.3	55.0	0.3
Total Non Current Assets	**99.3**	**95.7**	**96.6**	**(0.9)**	**95.7**	**96.6**	**(0.9)**
Trade Receivables & Accruals	9.4	11.8	14.8	(3.1)	11.8	14.8	(3.1)
Other Receivables	0.2	0.1	0.2	(0.0)	0.1	0.2	(0.0)
Cash	39.1	54.2	47.4	6.8	54.2	47.4	6.8
Trade Payables & Accruals	(30.1)	(34.3)	(33.4)	(0.9)	(34.3)	(33.4)	(0.9)
Current PFI Finance Lease	(1.6)	(1.7)	(1.7)	(0.0)	(1.7)	(1.7)	(0.0)
Other Current Payables	(6.2)	(14.1)	(13.8)	(0.2)	(14.1)	(13.8)	(0.2)
Total Net Current Assets / (Liabilities)	**10.9**	**16.1**	**13.5**	**2.6**	**16.1**	**13.5**	**2.6**
Non Current PFI Finance Lease	(25.5)	(23.9)	(23.9)	(0.0)	(23.9)	(23.9)	(0.0)
Other Non Current Payables	(2.5)	(3.5)	(3.5)	0.0	(3.5)	(3.5)	0.0
Total Net Assets	***82.0***	***84.4***	***82.7***	***1.7***	***84.4***	***82.7***	***1.7***
Income & Expenditure Reserve	30.0	32.5	30.6	1.9	32.5	30.6	1.9
Public Dividend Capital Reserve	20.0	20.5	20.1	0.4	20.5	20.1	0.4
Revaluation Reserve	32.0	31.4	32.0	(0.6)	31.4	32.0	(0.6)
Total Taxpayers Equity	***82.0***	***84.4***	***82.7***	***1.7***	***84.4***	***82.7***	***1.7***

Cashflow	20/21 Actual £'m	Current Month Act £'m	Current Month Plan £'m	Current Month Var £'m	YTD Act £'m	YTD Plan £'m	YTD Var £'m
Operating Surplus/(Deficit)	5.8	0.2	0.4	(0.3)	5.4	4.7	0.6
Depreciation and Impairments	9.4	0.8	0.7	0.1	7.8	6.8	0.9
Operating Cashflow	***15.2***	***0.9***	***1.1***	***(0.2)***	***13.1***	***11.5***	***1.6***
Net Working Capital Movements	***11.0***	***(2.1)***	***(0.1)***	***(2.0)***	***10.7***	***6.7***	***4.0***
Proceeds from Disposals	0.0	(0.0)	0.0	(0.0)	2.2	0.0	2.2
Donations to fund Capital Assets	(0.0)	0.1	0.0	0.1	(0.0)	0.0	(0.0)
Donated Capital Assets	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Capital Expenditure (Net of Accruals)	(7.9)	(0.5)	(0.6)	0.1	(6.2)	(5.3)	(0.9)
Investments	***(7.9)***	***(0.4)***	***(0.6)***	***0.2***	***(4.0)***	***(5.3)***	***1.3***
PFI Finance Lease Repayment	(1.5)	(0.1)	(0.1)	(0.0)	(1.4)	(1.3)	(0.1)
Net Interest	(4.0)	(0.3)	(0.3)	0.0	(3.6)	(3.3)	(0.3)
PDC Received	0.8	0.5	0.0	0.5	0.5	0.1	0.4
PDC Dividends Paid	(1.0)	(0.0)	0.0	(0.0)	(0.2)	(0.2)	(0.0)
Financing Costs	***(5.7)***	***0.1***	***(0.5)***	***0.5***	***(4.7)***	***(4.7)***	***(0.1)***
Other Movements	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Net Cash In/(Out)Flow	***12.7***	***(1.5)***	***(0.0)***	***(1.5)***	***15.1***	***8.3***	***6.8***
Opening Cash	26.4	55.7	47.2	8.5	39.1	39.1	0.0
Closing Cash	***39.1***	***54.2***	***47.2***	***7.0***	***54.2***	***47.4***	***6.8***

Key Messages

The Trust's closing cash balance for February 2022 is £54.2m, which is £7.0m above revised plan and £1.5m lower than at the end of the previous month. Contributing to the cash position is a net inflow of cash related to income received in advance of anticipated activity and a net increase in working capital balances. The first half surplus of £1m and slippage against capital expenditure of £2.3m are both adding to the current cash surplus. It is anticipated that the capital underspend will continue to reduce in Q4. The cash forecast for the end of the year is revised to £51m (£43m M10).

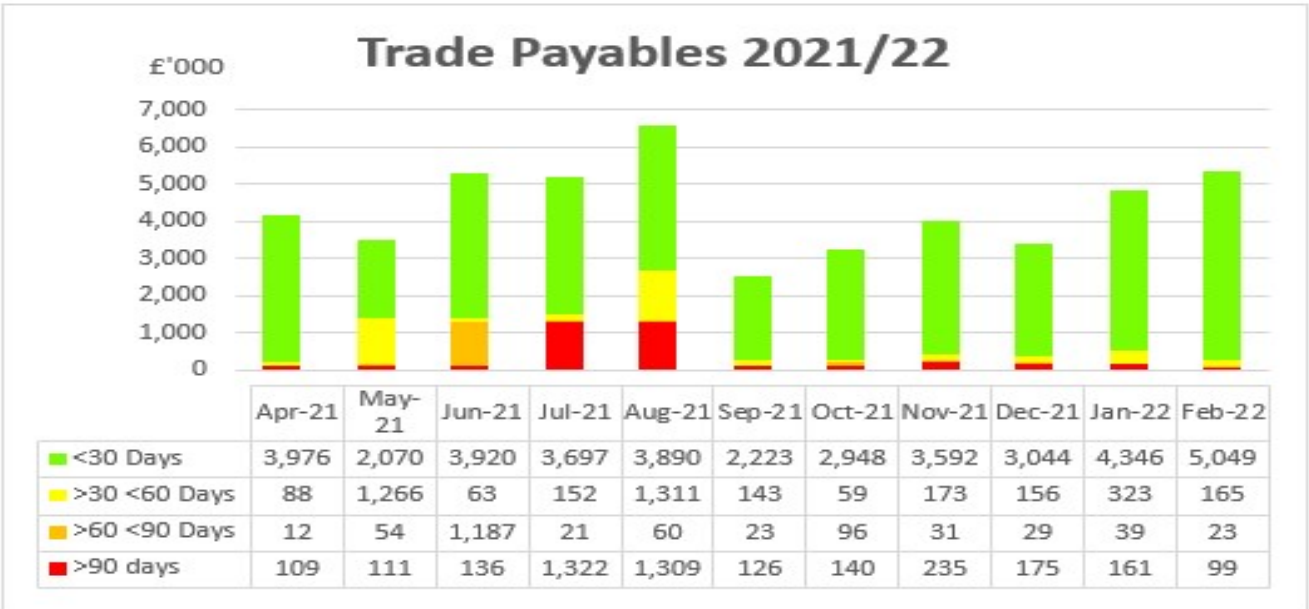
Cash Management

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
<30 Days	1,413	4,488	1,270	5,029	2,507	1,329	4,868	1,690	2,127	1,750	2,402
>30 <60 Days	316	472	2,289	262	2,966	121	72	2,530	297	143	301
>60 <90 Days	73	77	22	2,193	62	139	6	28	118	79	30
>90 < 180 Days	131	124	22	(139)	(84)	70	73	60	38	49	83
>180 Days	163	139	90	69	64	13	55	59	66	66	62

Key Messages

Overall debtors balances increase by £0.8m mainly due to a increase in current and 30-60 day balances. Some balances over 60 days have been cleared since last month and the overall balance has reduced by £0.02m. The largest remaining balances over 60 days relate to Slough Borough Council* (£0.08m) and NHS property Services (£0.01m).

*The majority of the older balances for Slough Borough Council were paid in early March.



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22
<30 Days	3,976	2,070	3,920	3,697	3,890	2,223	2,948	3,592	3,044	4,346	5,049
>30 <60 Days	88	1,266	63	152	1,311	143	59	173	156	323	165
>60 <90 Days	12	54	1,187	21	60	23	96	31	29	39	23
>90 days	109	111	136	1,322	1,309	126	140	235	175	161	99

Key Messages

Overall Creditors increased by £0.5m, mainly due to an increase of £0.7m in current balances offset by reduction in over 30 day balances by £0.2m. The balances over 60 days have also seen an improvement and we continue to review the queries and are expecting these will be cleared before year end.

3.0 Capital Expenditure

Schemes	Current Month			Year to Date			FY
	Actual £'000	Plan £'000	Variance £'000	Actual £'000	Plan £'000	Variance £'000	Plan £'000
Estates Maintenance & Replacement Expenditure							
Erlegh Road (LD etc works)	1	16	(15)	5	118	(113)	135
Other Trust Owned Properties	19	0	19	55	0	55	0
Leased Non Commercial (NHSPS)	11	46	(35)	225	317	(92)	370
Head Office Relocation	0	104	(104)	0	680	(680)	800
Leased Commercial - Erlegh House Atrium	142	17	125	176	115	61	135
Wokingham Willow House Projects	(6)	0	(6)	773	950	(177)	950
Environment & Sustainability	1	5	(4)	21	44	(23)	49
Various All Sites	24	14	10	126	121	5	130
Statutory Compliance	50	24	26	94	213	(119)	240
Subtotal Estates Maintenance & Replacement	**242**	**226**	**16**	**1,475**	**2,558**	**(1,083)**	**2,809**
IM&T Expenditure							
IM&T Business Intelligence and Reporting	0	0	0	(0)	0	(0)	0
IM&T Refresh & Replacement	0	44	(44)	1,787	2,051	(264)	2,102
IM&T System & Network Developments	5	52	(47)	227	406	(179)	466
IM&T GDE & Community Projects	14	42	(28)	311	418	(107)	465
IM&T Share Care Records	49	0	49	49	0	49	0
Subtotal IM&T Expenditure	**68**	**138**	**(70)**	**2,374**	**2,875**	**(502)**	**3,033**
Subtotal CapEx Within Control Total	**310**	**364**	**(54)**	**3,849**	**5,433**	**(1,585)**	**5,842**
CapEx Expenditure Outside of Control Total							
PPH - LD to Jasmine	0	0	0	144	131	13	131
PPH Fire Doors	0	0	0	117	116	1	116
PPH Place of Safety	0	19	(19)	0	175	(175)	200
PPH Zonal Heating Controls	0	44	(44)	0	289	(289)	350
PPH Ward Bedroom Door Mechanisms (Swipe Access)	9	27	(18)	167	283	(116)	320
Service change/redesign (not included in ICH)	0	27	(27)	0	155	(155)	200
Other PFI projects	1	73	(72)	144	534	(390)	631
PPH Elimination of Dormitories - PDC Funded	0	15	(15)	19	99	(80)	120
Donated Assets	0	0	0	14	0	14	0
IM&T Projects - PDC	263	0	263	507	0	507	0
Subtotal Capex Outside of Control Totals	**273**	**205**	**68**	**1,111**	**1,782**	**(671)**	**2,068**
Total Capital Expenditure	**583**	**569**	**14**	**4,960**	**7,215**	**(2,255)**	**7,910**

Key Messages

The Trust has a capital control total of £5.8m, in addition to the £2.1m of spend outside of system control total, with the overall plan being £7.9m. Year to date spend is £2.3m behind plan, of which £1.6m relates to the control total. We are currently forecasting a £0.3m underspend against CDEL but are continuing to look at ways of reducing this.

Estates, Maintenance and Replacement is £1.1m behind plan, year to date with £0.7m relating to the profiling of expenditure on the Willow House and Head Office Relocation schemes. There is a delay in the Head Office Relocation project, which means that the planned £0.8m spend will slip into next year and some of the in-year underspend is being utilised by other projects approved in year including Erlegh House Atrium works (£0.5m), BMS Installation at Church Hill House (£0.1m) and Gosbrook Road and Kings Road upgrades (£0.1m).

IM&T is underspent by £0.5m year to date and this relates to the IT Infrastructure Refresh Projects (£0.3m), ad hoc locality schemes (£0.2m) and GDE & Community projects (£0.1m). IM&T is using £0.2m of the in year underspend resulting from the delay in HQ relocation. We are also in receipt of PDC for various IM&T project which will be spent before the end of the year.

Prospect Park Hospital schemes are underspent by £1.1m year to date. The Ward Bedroom Door Mechanism project is now expected to complete by the end of Q4. The underspend against PFI schemes is in part due to Zonal Heating Controls (£0.3m) and a number of other projects being in the feasibility phase.

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper - Public

Board Meeting Date	12th April 2022
Title	**True North Performance Scorecard** **Month 11 (February 2022) 2021/22**
ITEM FOR NOTING	
Purpose	To provide the Board with the True North Performance Scorecard, aligning divisional driver metric focus to corporate level (Executive and Board) improvement accountability against our True North ambitions, and Quality Improvement (QI) break through objectives for 2021/22.
Business Area	Trust-wide Performance
Author	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 Care Quality Commission (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	The True North Performance Scorecard for Month 11 2021/22 (February 2022) is included. 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.
	
	The business rules apply to three different categories of metric:
	
	• **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.
	
	Note - several indicators have been temporarily suspended nationally or locally due to the COVID-19 pandemic. These are highlighted in grey to indicate this status.
	
	Month 11
	
	Performance business rule exceptions, red rated with the True North domain in brackets:
	
	Driver Metrics
	
	Context and update to driver performance to be provided in discussion of counter measure action and development:
	
	• Falls incidents in Community & Older Adult Mental Health Inpatient Wards **(Harm Free Care) –** red at 34 against a revised target of 26 from February 2022. Red for 9 months against a stretch target. Rowan (11), Donnington (7), Orchid (6) and Windsor ward (5) were the highest contributors. Existing countermeasures are in place, but additional activities are being implemented:
	  ○ Celebrate success – Community Health East have been green for 4 months with no falls for the second month in a row. Oakwood have achieved their target after an improved position, as have Ascot and Highclere wards.
	  ○ 58% of falls were unwitnessed.
	  ○ 96% of falls happened on wards with occupancy over 80%.
	  ○ Severity of harm – 2 falls resulted in moderate harm.

	○ Counter measures include additional staffing placement, therapy lead, additional health care assistants and the use of volunteers as well as additional QI support. ○ The team are getting the patient perspective to understand other factors, which is sometimes simple considerations that can be easily addressed. ○ The teams are reviewing the falls technology with a potential change of contract for one of the less effective products later in the year. • Self-harm incidents on mental health wards (excluding LD) **(Harm Free Care)** – 81 incidents against a target of 42. Bluebell (50) and Rose (22) wards were the highest contributors this month. Bluebell ward had 19 incidents from one patient and 3 patients accounted for 35 incidents. Superficial cutting was the highest recorded type of harm this month. Countermeasures remain in place; daily safety huddles to identify risks of self-harm, training for staff treating personality disorder patients, review individual patient safety plans weekly, and tailored countermeasures for individual patients. • Patient Friends and Family Test (FFT) recommend rate: **(Patient Experience)** - at 92% against a 95% target. There is a project underway to implement a new system, so will take some time to see improvements and this measure will be reviewed in 2022/23. • Patient Friends and Family Test (FFT) response rate: **(Patient Experience)** - at 0% against a 15% target. Note, this is not 0 but a rounding, however a low rate. There is a project underway to implement a new system, so will take some time to see improvements and this measure will be reviewed in 2022/23. • Mental Health Clustering **(Patient Experience)** - at 77% against an 80% target. Services are operating in a challenging environment which is impacting their ability to achieve the target. There have been improvements in performance but remains below target. Action plans are in place to improve this metric. • Physical Assaults on Staff **(Supporting our Staff)** – at 67 incidents against a target of 44. Campion (18), Bluebell (14), Rose (9) and Sorrel (8) wards were the highest contributors this month. 44 of these incidents were on mental health wards and A Place of Safety (APOS). Bluebell was the top mental health contributor. Countermeasures include; use of safety huddles, review of risks, staff presence at times when assaults are highest, working on bad news mitigation as part of safe wards project and a focus on racial

	abuse and assaults. The target will be revised to 67 for March 2022. • Fire Evacuation training for Inpatient staff **(Supporting our Staff)** – a recent review of the fire metric has split inpatient staff training from other staff. Currently at 91.1% against a 95% target. • Mental Health: Acute Average Length of Stay (bed days) **(Money Matters)** – at 45 days against a target of 30 days. Pressures continue, and length of stay remains a focus for teams. An improvement project is underway. • Staff turnover (including fixed-term posts **(Money Matters)** – 16.4% against a 16% target. A challenging area which remains a focus for the organisation. • Inappropriate Out of Area Placements **(Money Matters)** – at 191 days against a quarter 4 target of 90 days. Pressures continue but there is an improvement project underway. Pre-commissioned beds are mitigating some of the pressures. **Tracker 1 Metrics (where red for 1 month or more)** • C.Diff due to lapse in care (Cumulative year to date) **(Regulatory Compliance)** – at 2 for the year to date; no reported incidents since November 2021. The way this is reported has changed, so showing as red due to a target of 0 for the year. • Meticillin-resistant Staphylococcus Aureus (MSSA) bacteraemias (Cumulative year to date) **(Regulatory Compliance)** - at 1 incident year to date; no reported incidents since July 2021. The way this is reported has changed, so showing as red due to a target of 0 for the year. • Sickness rate **(Regulatory Compliance)** – red at 5.33% against a target of 3.5%. This is not a "hard" compliance focus with NHSI but is tracked. Six months red, but within the seasonally higher period. • Children and Young People (CYP) referred for an assessment or treatment of an Eating Disorder (ED) will access NICE treatment <1 week (Urgent) **(Regulatory Compliance)** – red at 50% against a 95% target by 2021. This is a newly introduced national target that is challenging to achieve as evidenced by regional and national benchmarking. • Children and Young People (CYP) referred for an assessment or treatment of an Eating Disorder (ED) will access NICE treatment <4 weeks (Routine) **(Regulatory Compliance)** – red at 50% against a 95% target by 2021. This is a newly introduced national target that is challenging to achieve as evidenced by regional and national benchmarking. **Tracker Metrics (where red for 4 months or more)**

	• None to note
Action	The Board is asked to note the new True North Scorecard.

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**)

Harm Free Care

Metric	Target	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22
Falls incidents in Community & Older Adult Mental Health Inpatient Wards	26 per month increased from 20 in Feb 22	25	37	17	23	27	33	36	33	21	27	37	34
Self-Harm Incidents on Mental Health Inpatient Wards (excluding LD)	42 per month	177	76	42	128	124	56	51	132	130	82	165	81
Pressure ulcers acquired at BHFT due to lapse in care - Grade 3 & 4 (Cumulative YTD)	<18 per year	0	0	0	0	0	0	1	0	0	0	0	0
Number of suicides (per month)	Equal to or less than 3 per month	4	2	0	3	0	2	2	0	4	1	1	2
Physical Health Checks 7 Parameters for people with severe mental illness (SMI)	50% by 30th September 2021, then 60%			19%	31%	43%	52%	68%	67%	71%	74%	78%	81%
Gram Negative Bacteraemia	1 per ward per year	0	0	0	0	0	0	0	0	0	0	0	0

Patient Experience

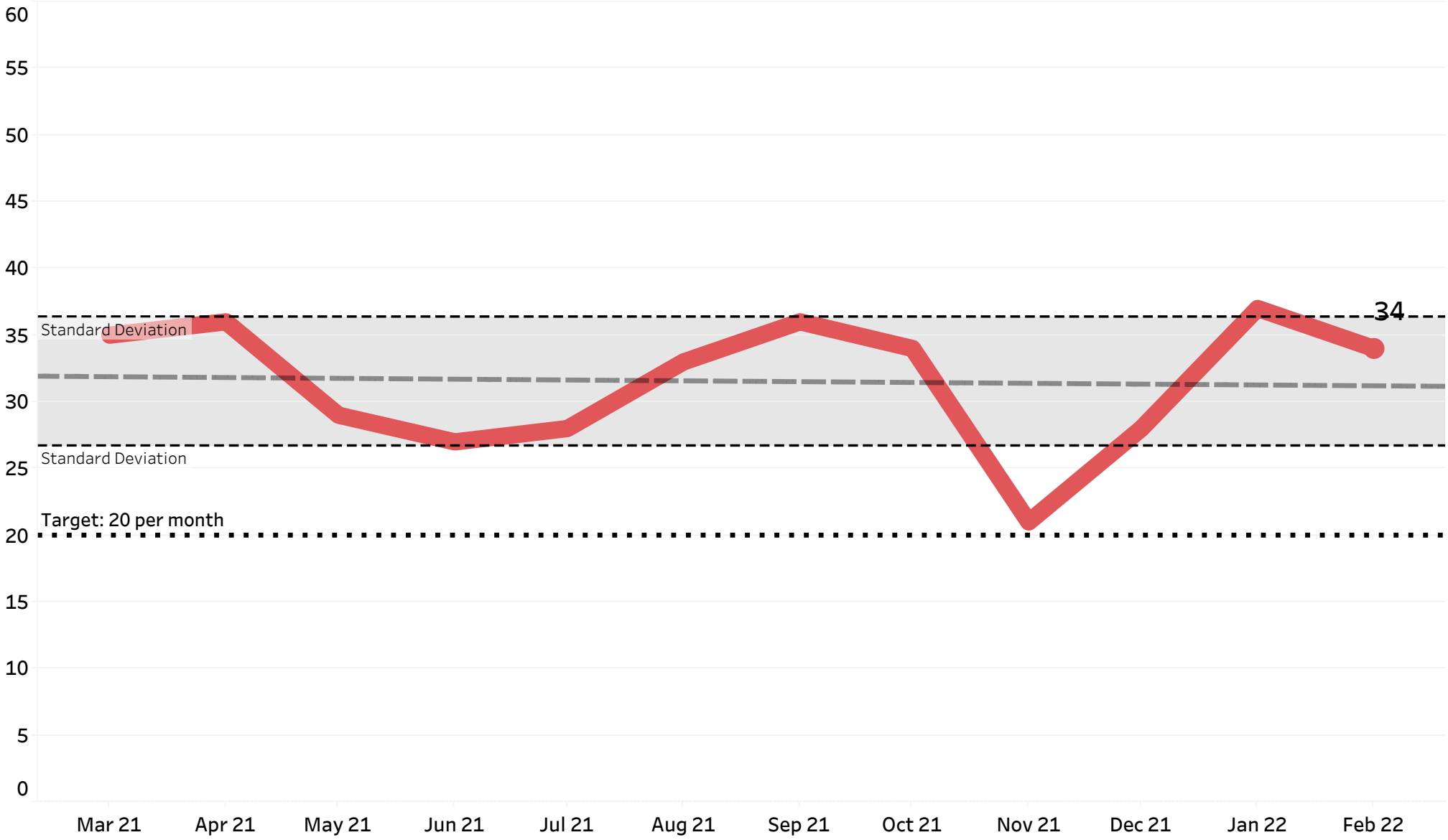
Patient FFT Recommend Rate: %	95% compliance	93%	90%	92%	79%	89%	85%	89%	92%	90%	92%	92%	
Patient FTT response rate: %	15% compliance	5%	5%	5%	6%	6%	6%	6%	5%	7%	1%	0%	
Mental Health Clustering within target: %	80% compliance	74.9%	73.9%	73.5%	71.5%	77.2%	80.4%	78.7%	79.4%	79.5%	78.7%	77.2%	77%

Performance Scorecard - True North Drivers (Feb 2022)

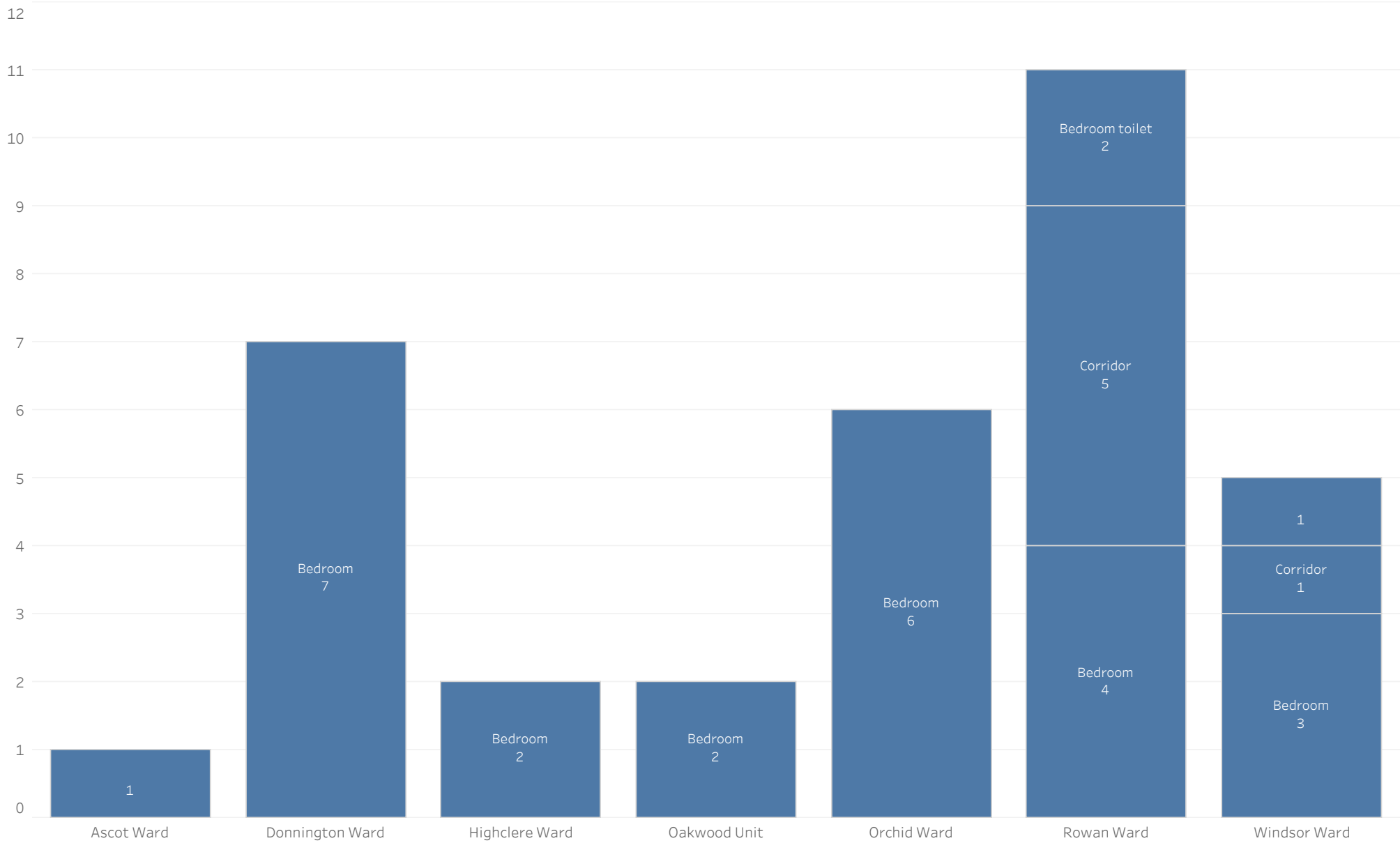
Metric	Target	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22
Supporting our Staff													
Physical Assaults on Staff	44 per month	55	54	42	50	66	75	80	85	60	33	51	67
Staff Engagement Score (Annual Staff Survey) [Suspended centrally in April due t..	Score of 10	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5	7.5
WRES and WDES outcome improvement	TBC												
Fire Evacuation training for inpatient staff	95% compliance							87.9%	89.9%	92%	92.5%	91.9%	91.1%
Money Matters													
CIP target (£k): (Cumulative YTD)													
Financial surplus £k (excl. STF): (Cumulative YTD to plan) [Suspended centrally due to COVID]													
Mental Health: Acute Occupancy rate (exc. Home Leave HL)	85% Occupancy	91.9%	97.4%	97.5%	96.0%	96.0%	90.6%	93.1%	91.2%	92.2%	87.2%	91.1%	86%
Control total target (£k): (Cumulative YTD)	TBC												
Mental Health: Acute Average Length of Stay (bed days)	30 days	46	47	50	50	49	50	52	53	58	58	37	45
Staff turnover (excluding fixed term posts)	<16% per month	12.4%	12.5%	12.5%	13.1%	13.8%	14.2%	14.6%	15.4%	15.4%	15.3%	15.3%	15.3%
Staff turnover (including fixed-term posts)	<16% per month	14.7%	14.7%	14.6%	15.3%	15.8%	15.1%	15.6%	16.4%	16.5%	16.3%	16.3%	16.4%
Inappropriate Out of Area Placements	90 Cumulative Total Q4	191	160	587	856	168	418	636	195	266	405	92	191

Harm Free Care Driver: Fall incidents in Community & Older Adult Mental Health Inpatient Wards (Mar 21 to Feb 22)

Any incident (all approval statuses) where sub-category excluding Sat or lowered to floor & near miss, Location exact excluding Patient/staff home and incident type = patient

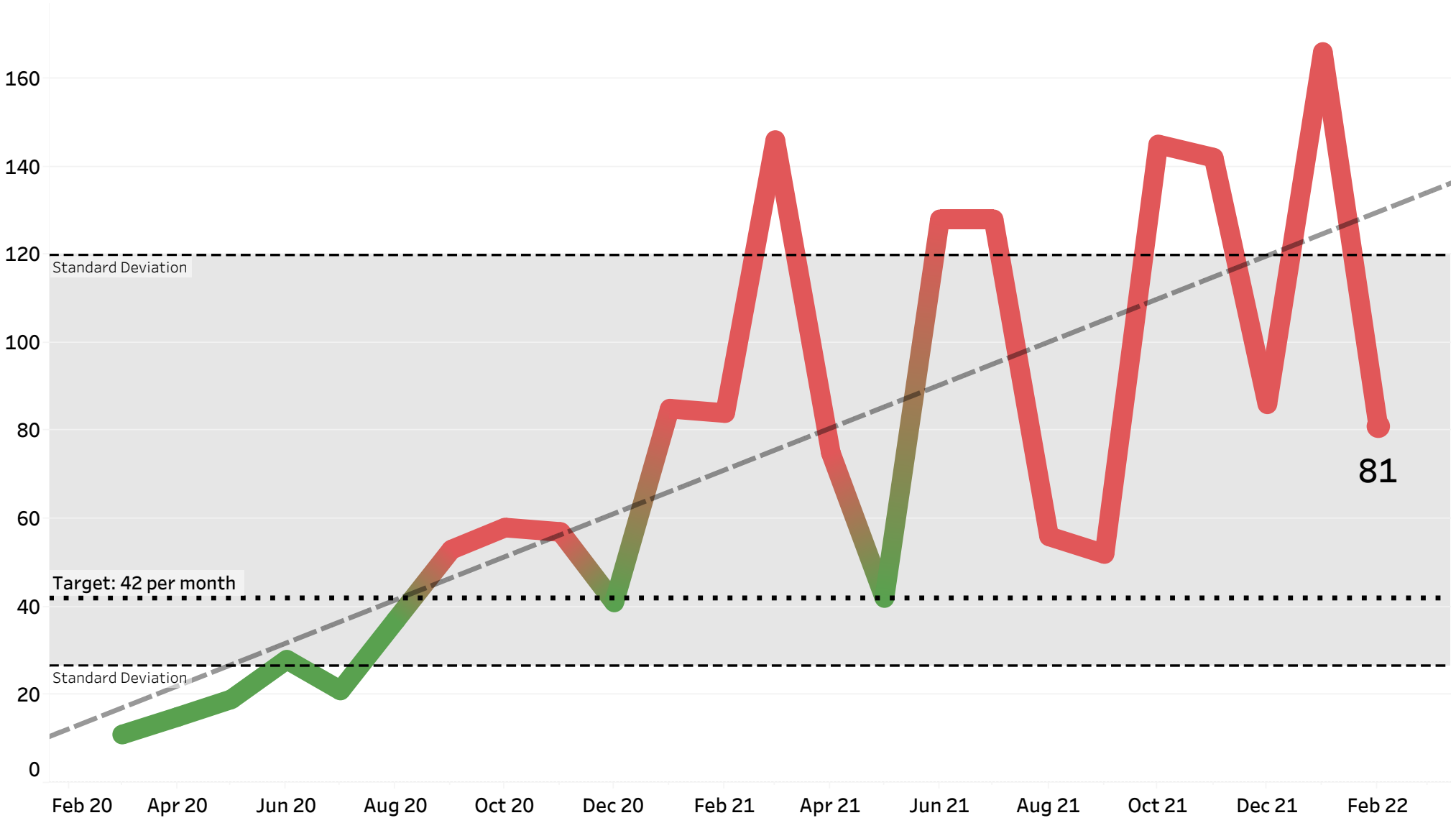


Harm Free Care Driver: Fall incidents in Community and Older Adult Mental Health Inpatient Wards (Feb 2022)

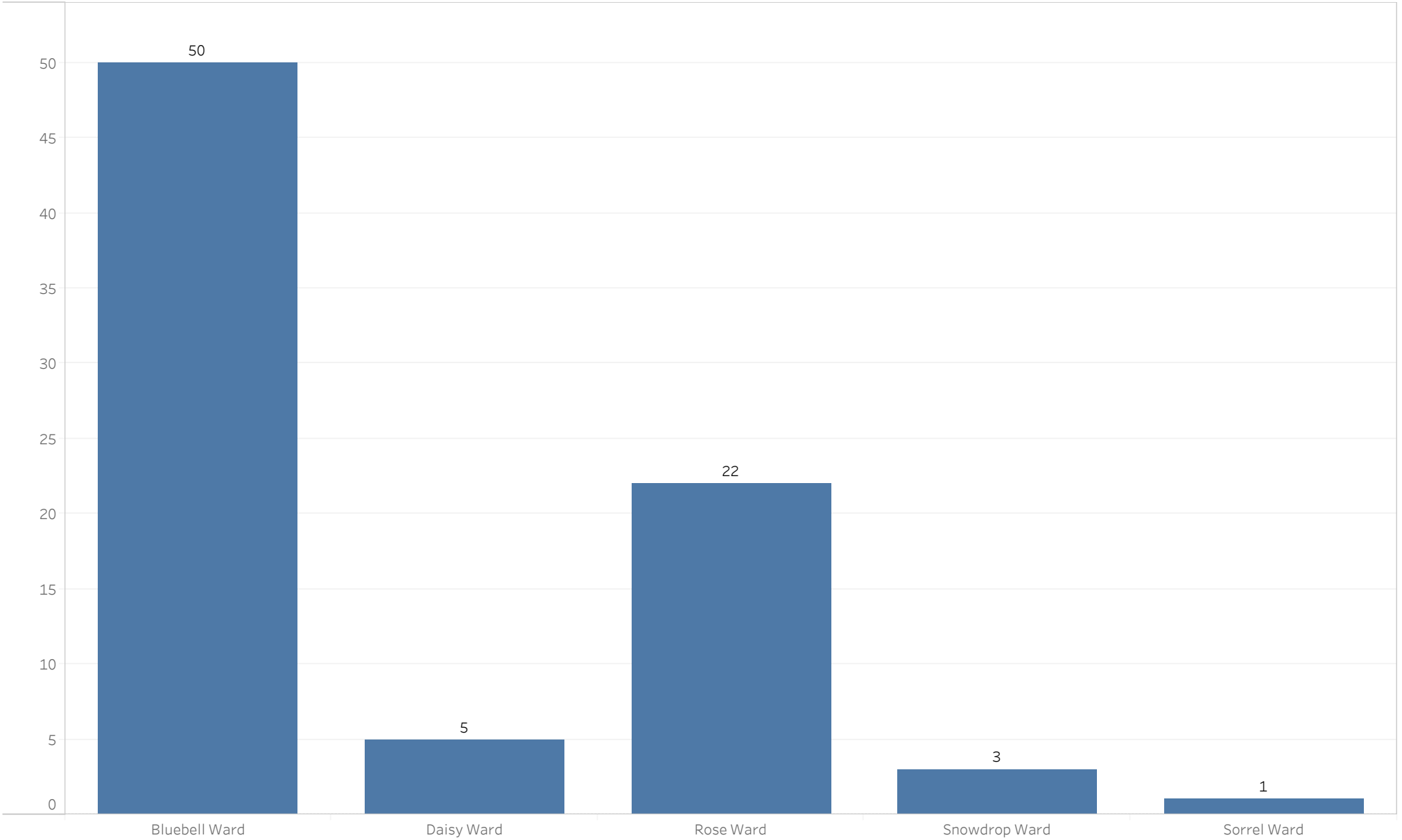


Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards (excluding LD) (Mar 20 to Feb 22)

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

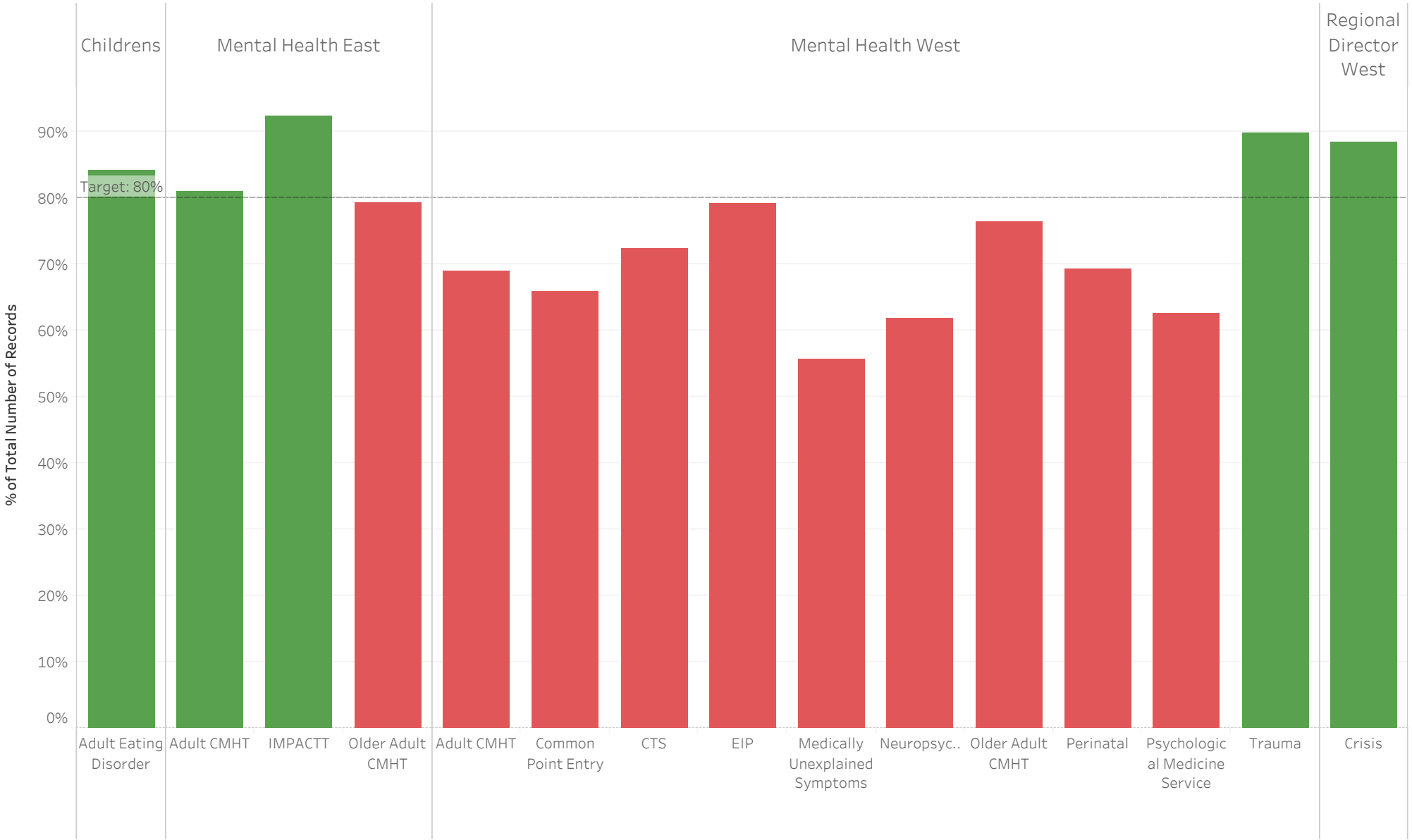


Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards (excluding LD) by location (Feb 2022)



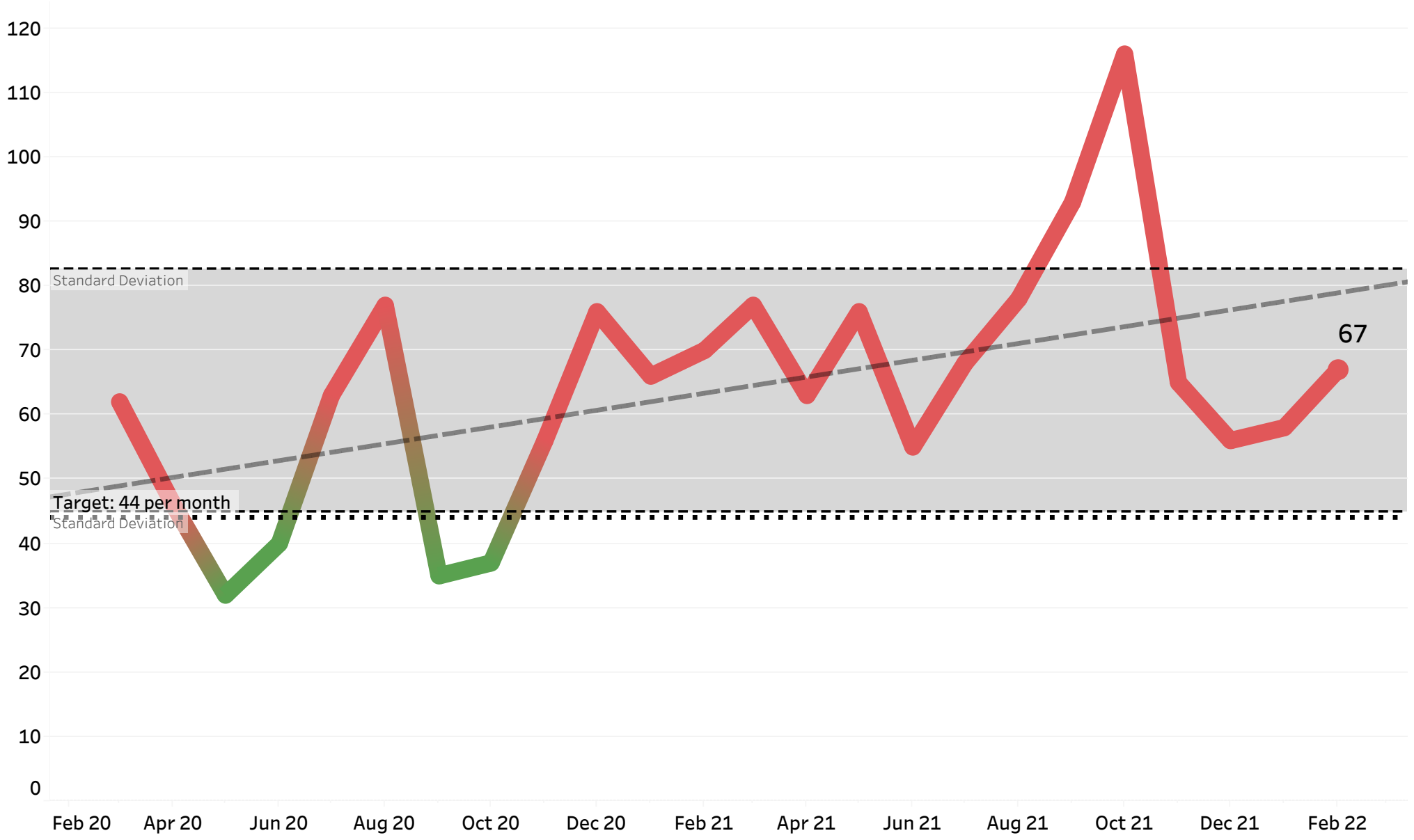
Patient Experience: Clustering breakdown (Feb 2022)

Outpatient Cluster Status (by Service)

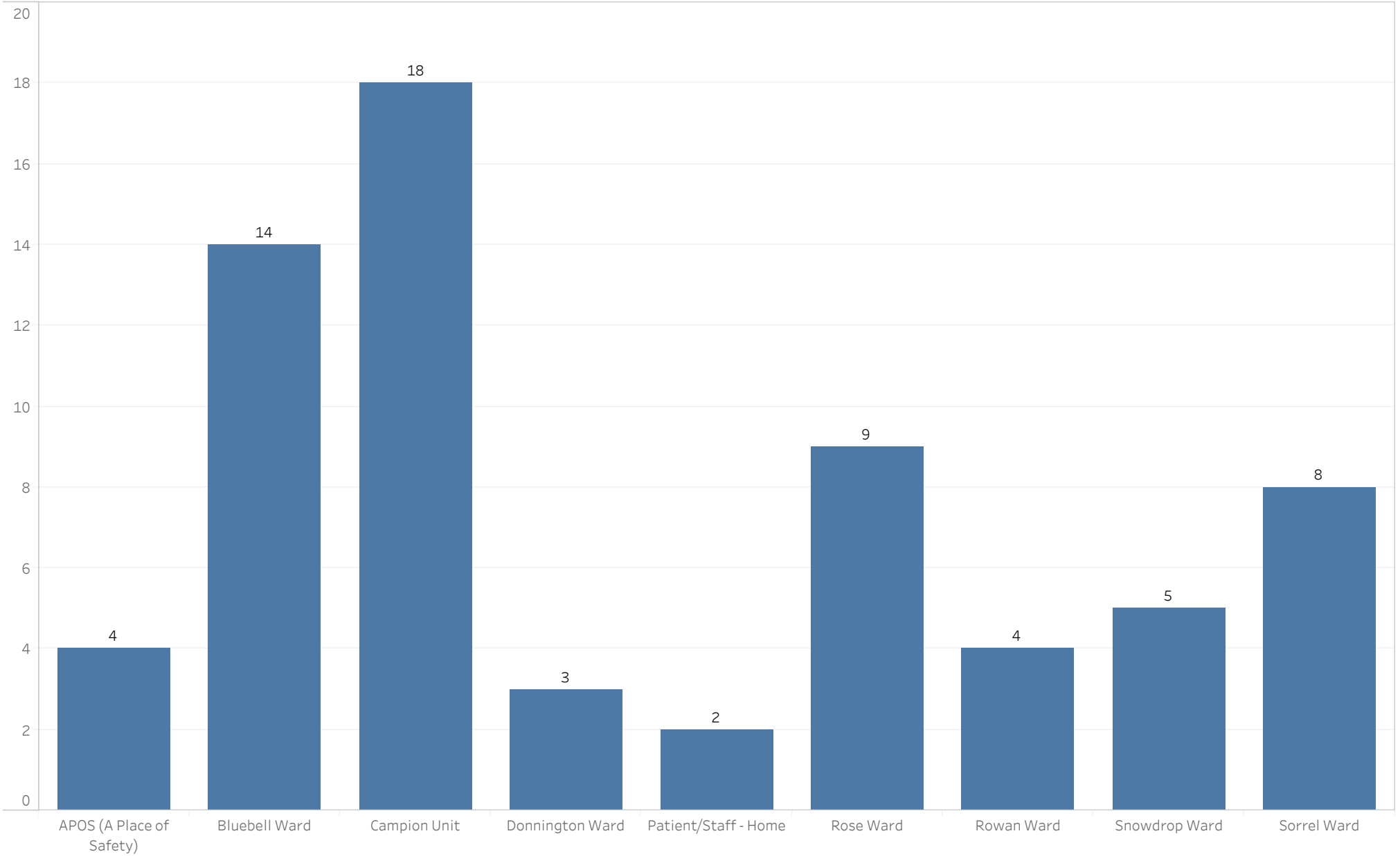


Supporting Our Staff Driver: Physical Assaults on Staff (Mar 20 to Feb 22)

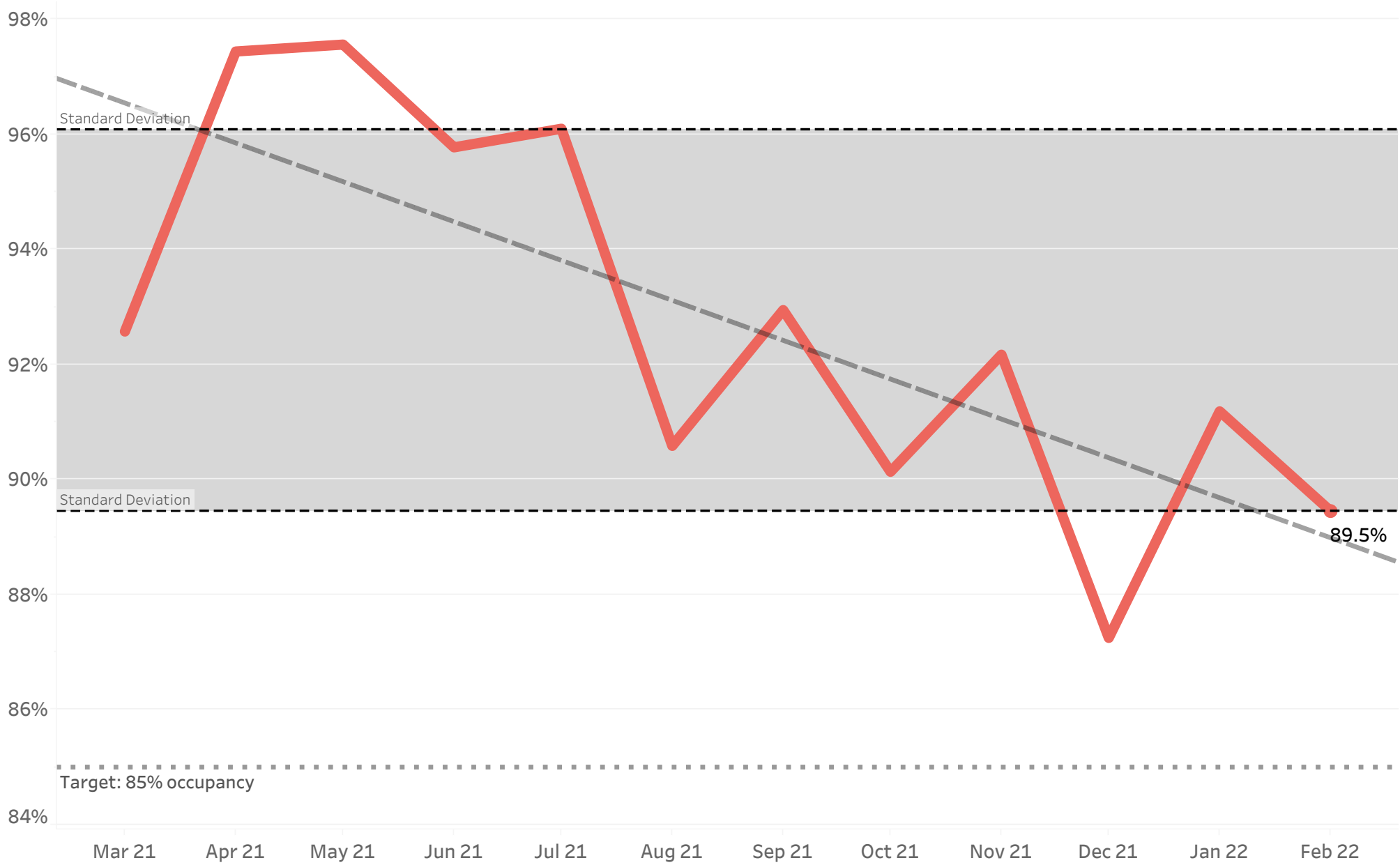
Any incident where sub-category = assault by patient and incident type = staff



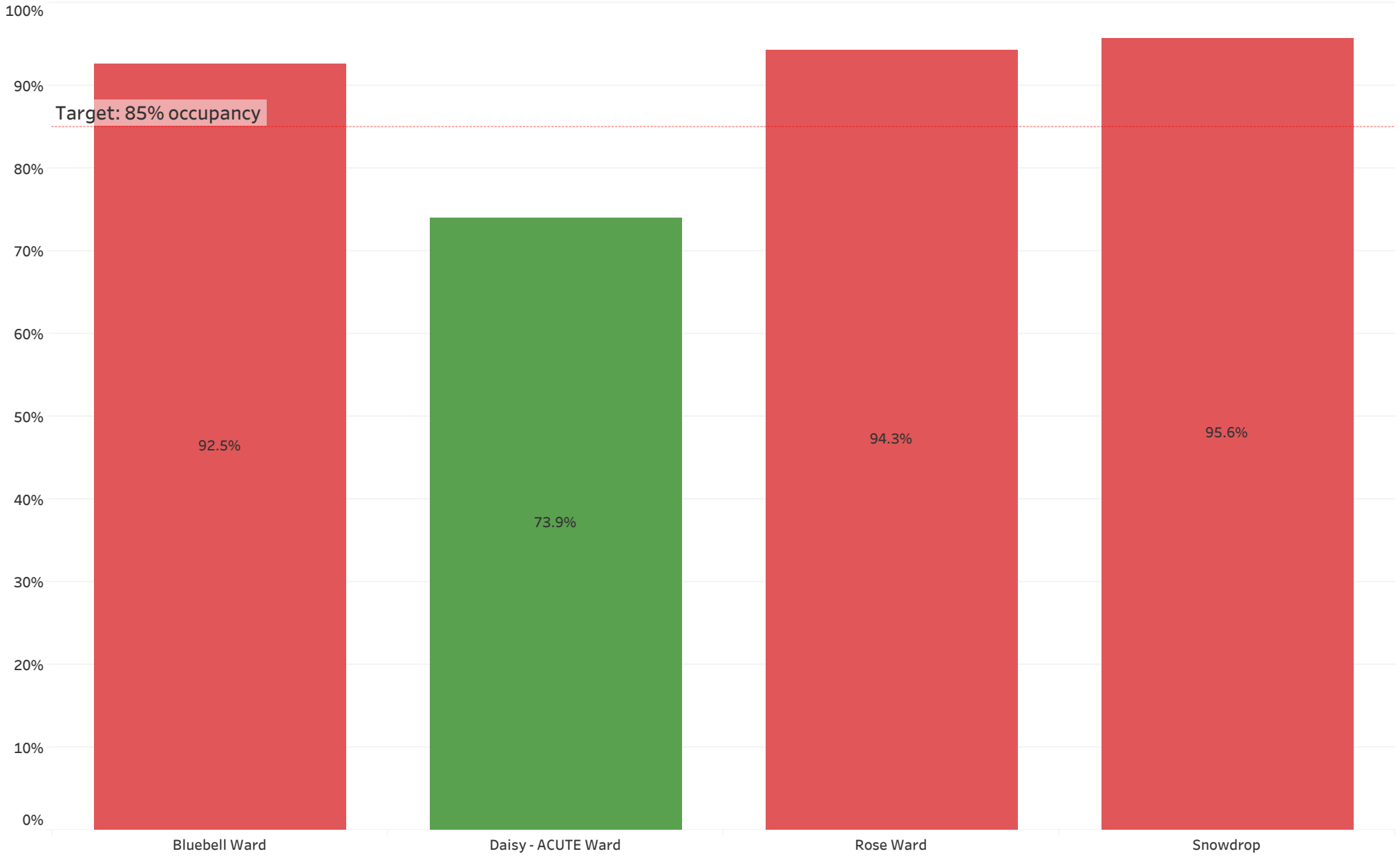
Supporting Our Staff Driver: Physical Assaults on Staff by Location (Feb 2022)



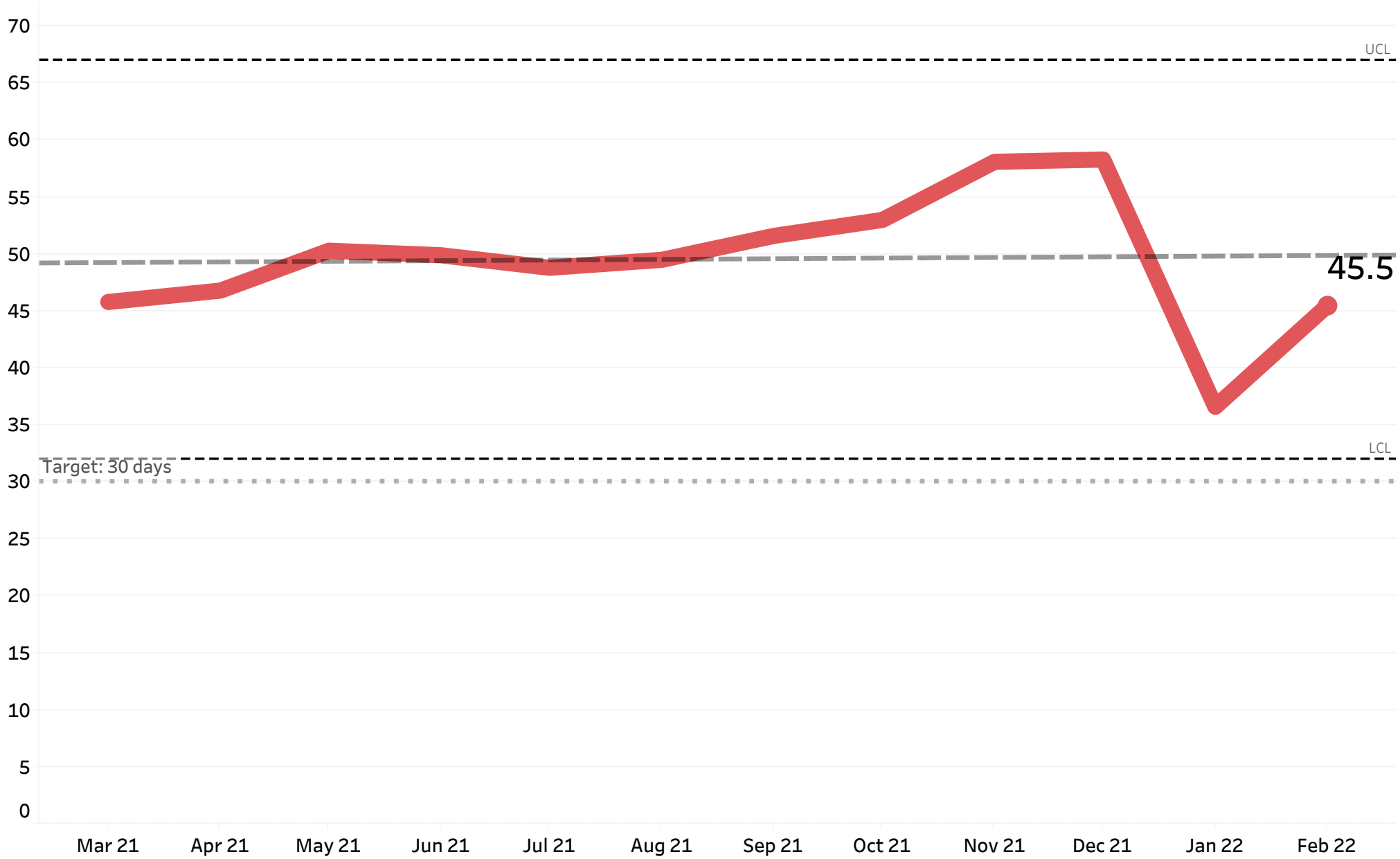
Money Matters: Mental Health Acute Bed Occupancy Rate (Mar 21 to Feb 22)



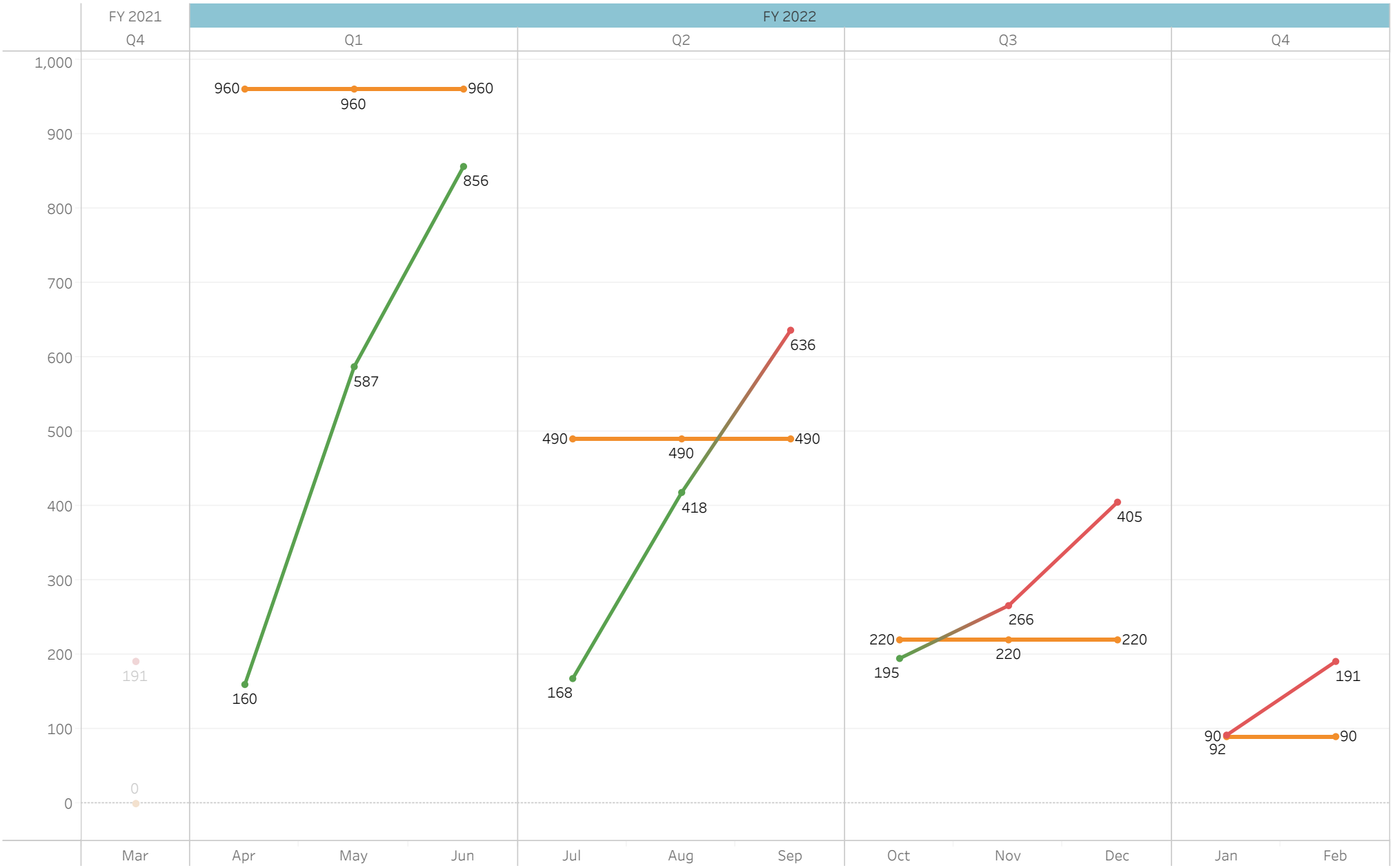
Money Matters Driver: MH Acute Bed Occupancy by Unit (Feb 2022)



Money Matters: Mental Health: Acute Average Length of Stay (bed days) (Feb 2022)



Money Matters Driver: Inappropriate Out of Area Placements



True North Harm Free Care Summary

Tracker Metrics

Metric	Threshold / Target	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22
Pressure ulcers acquired due to lapse in (Inpatient Wards)	<10 incidents	0	0	0	0	0	0	0	1	0	0	0	0	0
Pressure ulcers acquired due to lapse in (Community East)	< 6 incidents	0	0	0	0	0	0	0	0	0	0	0	0	0
Pressure ulcers acquired due to lapse in (Community West)	< 6 incidents	0	0	0	0	0	0	0	0	0	0	0	0	0
Mental Health: AWOLs on MHA Section	16 per month	2	10	5	3	4	8	5	9	7	8	2	4	2
Mental Health: Absconsions on MHA section(Excl: Failure to return)	8 per month	10	4	5	11	13	9	7	17	7	3	5	7	0
Mental Health: Readmission Rate within 28 days: %	<8% per month	8.59	8	6.60	7.29	8.40	8.30	6.70	5.09	4.29	5.20	5.5	5.55	4.90
Patient on Patient Assaults (LD)	4 per month	1	1	0	0	1	1	0	2	0	1	2	1	18
Uptake of at least one patient outcome measure (ReQoL) in adult Mental Health for new referrals from April 2019[Suspended c..	15% by March 2020; 20% by June 2021	12.9%	13.9%	14.4%	14.2%	13.1%	13.8%	13.6%	14.0%	13.7%	14.0%	13.5%	14.0%	14.3%
Suicides per 10,000 population in Mental Health Care (annual)	8.3 per 10,000	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9	5.7	5.7	5.7	5.7
Self-Harm Incidents within the Community [Suspended centrally due to COVID]	31 per month	0	1	2	2	0	0	0	13	12	0	0	15	19
Smoking Status Recorded	55% until Sept 2021				48%	60.1%	65.4%	73.0%	74.5%	69.9%	71.1%	65.2%	81.2%	81.4%

True North Patient Experience Summary

Tracker Metrics

		Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22
Mental Health: Prone (Face Down) Restraint	4 per month	7	9	4	3	9	5	3	2	4	3	2	3	2
Patient on Patient Assaults (MH)	38 per month	25	8	18	17	15	16	23	21	15	17	14	10	25
Health Visiting: New Birth Visits Within 14 days: %	90% compliance	95.0%	91.2%	88.2%	94.3%	94.1%	96.7%	93.7%	90.6%	91.3%	96.7%	89.1%	77.4%	87.4%
Mental Health: Uses of Seclusion	13 in month	12	4	11	15	13	15	11	15	10	2	0	19	10

True North Supporting Our Staff Summary

Tracker Metrics

		Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22
Gross vacancies: % [Suspended centrally due to COVID]	<10%												
Statutory Training: Fire: %	90% compliance	83.7%	90.2%	91.5%	91.5%	90.8%	90.7%	90.9%	91.2%	91.8%	92.3%	91.2%	92.5%
Statutory Training: Health & Safety: %	90% compliance	92.5%	95.1%	95.1%	95.1%	95.0%	95.0%	95.3%	95.5%	95.8%	95.6%	92.6%	95.3%
Statutory Training: Manual Handling: %	90% compliance	95.0%	87.8%	88.6%	88.9%	90.0%	90.0%	91.2%	91.2%	91.3%	91.4%	95.5%	91.0%
Mandatory Training: Information Governance: %	95% compliance	88.4%	92.0%	91.9%	94.7%	92.0%	94.6%	94.8%	91.6%	95.2%	94.8%	96.4%	95.0%
PDP (% of staff compliant) Appraisal: %	95% compliance 'by 30th June 2021'	86.1%	10.0%	74.4%	90.7%	95.4%	93.6%	92.6%	90.7%	91.4%	91.4%	87.5%	86.1%

True North Money Matters Summary

Tracker 1

		Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22
Mental Health: Delayed Transfers of Care (NHSI target) Monthly and Quarterly [Suspended centrally due to COVID]	7.50%	3.50	3.10	3	4	5.09	4.39	1.89	1.40	2.60	1.60	3.40	4.01

Tracker Metrics

CHS Inpatient Occupancy	80-85% Occupancy	70%	82.0%	83.5%	86%	85%	83%	88.2%	85.5%	81.5%	83.5%	83.4%	74.7%
Mental Health: Non-Acute Occupancy rate (excluding Home Leave): % [Suspended centrally due to COVID]	80% Occupancy	69.89%	74.37%	77.48%	78.36%	86.46%	86.46%	88.89%	92.09%	86.72%	73.56%	80.90%	73.04%
DNA Rate: % [Suspended centrally due to COVID]	5% DNAs	4.29%	4.5%	4.29%	7.5%	4.90%	4.70%	4.79%	4.59%	2.90%	4.79%	4.73%	4.56%
Community: Delayed transfers of care Monthly and Quarterly [Suspended centrally due to COVID]	7.5% Delays	10.6%	7.79%	7.19%	5.60%	9.70%	7.79%	3.59%	5%	4.39%	6.20%	8.64%	11.7%

Regulatory Compliance - Tracker Level 1 Summary

Metric	Threshold / Target	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22
C.Diff due to lapse in care (Cumulative YTD)	0	0	0	0	0	0	0	0	0	2	2	2	2
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) infection rate	tbc	0	1	1	2	0	0	0	0	1	0	0	0
Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate per 100,000 bed days	2 in East; 4 in West	1	0	0	0	1	0	0	0	0	0	0	0
Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias (YTD)	0	0	0	0	0	1	1	1	1	1	1	1	1
Count of Never Events in rolling six- month period (Safe Domain)	0	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: %	60% treated	88.9	90.9	75	80	50	100	100	60	100	71.3	85.7	66.7
A&E: maximum wait of four hours from arrival to admission/transfer /discharge: %	95% seen	99.2	98.4	99.3	99.3	98.9	98.8	99.2	99.8	99.5	99.1	99.5	98.8
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
People with common mental health conditions referred to IAPT will be treated within 6 weeks from referral: %	75% treated	99	98	98	98	98	98	98	98	97	97	97	98
People with common mental health conditions referred to IAPT completing a course of treatment moving to recovery: %	50% treated	53.8	54	55.0	54	54	55.9	52	55.0	54	53	52	52
Proportion of patients referred for diagnostic tests who have been waiting for less than 6 weeks (DM01 - Audiology): % [Suspended centrally due to C..	99% seen	99.6	99.3	99.2	99.7	100	99.7	99.1	98.2	99.7	99.7	99.7	100
Diabetes - RTT (Referral to treatment) waiting times - Community: incomplete pathways (how many within 18 weeks): %	95% seen	100	100	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	98.6	100	98.0	100	94.6	96.7	98.9	98	100	100	98.3
Sickness Rate: %	<3.5%	3.04	3.46	3.43	3.83	4.17	4.47	4.87	4.75	4.92	5.46	5.33	
CYP referred for an assessment or treatment of an ED will access NICE treatment <1 week (Urgents): %	95% (by 2021)	64.7%	0%	0%	33.3%	50%	60%	50%	50%	46.4%	75%	50%	50%
CYP referred for an assessment or treatment of an ED will access NICE treatment <4 weeks (Routines): %	95% (by 2021)	48.5%	8.33%	50%	50%	54.5%	34.7%	38.7%	53.3%	68%	37.5%	46%	50%
Patient Safety Alerts not completed by deadline	0	0	0	0	0	0	0	0	0	0	0	0	0

Regulatory Compliance - System Oversight Framework

Metric	Target	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22
Community Health Services: 2 Hour Urgent Community Response %.	TBC	61.8%	76.5%	80.5%	84.5%	85.2%	86.0%	84.5%	89.4%	88.5%	84%	80.4%	83.2%
Community Health Services: Inpatient Number of Discharges by 5pm	TBC		397	499	474	566	514	199	124	332	283	477	425
E-Coli Number of Cases identified	TBC		1	1	2	0	0	2	0	1	1	1	1
CHS: VTE Risk Assessment	TBC												
A&E - % Face to Face Assessment within 1 hour	TBC		90.2%	90.4%	88.5%	92%	96%	98.5%	98%	94%	93.5%	94.2%	98.2%
Crisis Response Times % 1 hour	TBC						18%	35.5%	17.8%	23.6%	14.4%	56.0%	25%
Crisis Response Times % 4 hours	TBC						44%	26.9%	23%	43%	22.2%	49%	53%
Crisis Response Times % 24 hours	TBC											1	1
4 Week Access Target for Children's Mental Health Services	TBC												
4 Week Access Target for Adults' mental health services	TBC												
4 Week Access Target for Older Person's mental health services	TBC												
Personality Disorder Services	TBC												
Adult Eating Disorder Services	TBC												
Community Rehabilitation Pathways	TBC												
Expand Early Intervention in Psychosis	TBC												
Individual Placement Support - Access Target	TBC												
Number of people with SMI having an annual physical health check	TBC						22%	31%	67%	72%	74%	40%	40%
Potential under reporting of NRLS Safety Incidents	TBC												
Ethnicity and most deprived quintile proportions across service restoration and NHS Long Term Plan metrics	TBC												
From Data Sets - Proportions of patient activities with an ethnicity code	TBC												
Proportion of staff who say they have a positive experience of engagement	TBC						7.5%	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%

Regulatory Compliance - System Oversight Framework

Metric	Target	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22
Number of people working in the NHS who have had a flu vaccination	TBC											1	1
Proportion of staff in senior leadership roles who are from a BME background	TBC												
Proportion of staff in senior leadership roles who are women	TBC												
CQC - Quality of Leadership	TBC												
Aggregate score for NHS Staff Survey questions that measure perception of leadership culture	TBC												
People promise index	TBC												
Health and wellbeing index	TBC												
Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from (a) managers	TBC						6.70%	6.70%	6.70%	6.70%	6.70%	6.70%	6.70%
Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from other colleagues,	TBC						6.70%	6.70%	6.70%	6.70%	6.70%	6.70%	6.70%
Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from (c) patients/ service users, their relatives or other members of the public in the last 12 months	TBC						7.90%	7.90%	7.90%	7.90%	7.90%	7.90%	7.90%
Proportion of people who report that in the last three months they have come to work despite not feeling well enough to perform their duties	TBC						43%	43%	43%	43%	43%	43%	43%
Percentage of staff who say they are satisfied or very satisfied with the opportunities for flexible working patterns	TBC						70.1%	70.1%	70.1%	70.1%	70.1%	70.1%	70.1%
% of jobs advertised as flexible	TBC												
Staff retention rate (all staff)	TBC	87.5%	87.4%	86.5%									
Performance against Financial Plan	TBC												
Underlying Financial Position	TBC												
Run Rate Expenditure	TBC												
Overall trend in reported financial position	TBC												
Mental Health 72 Hour Follow Up	TBC	86%	84%	84%	87%	85%	86.2%	88.5%	98.1%	90.5%	92%	90.1%	84%

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	12th April 2022
Title	Board Vision Metrics Update
ITEM FOR NOTING	
Purpose	To provide the board with a performance update on metrics agreed in measuring progress towards achieving our vision: ***"To be recognised as the leading community and mental health service provider by our staff, patients and partners"***
Business Area	Performance
Author	Paul Gray, 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 Trust achieved the top score in its peer group for Staff Engagement in the 2021 National Staff Survey. • No inpatient death from self-harm since October 2018. • The Friends and Family Test (FFT) collection is proving challenging to recover since it was restarted. A project has introduced a new system for collecting patient experience information across Mental Health and Community services.

	Working on improvements to uptake as the system matures. • CQC overall rating of “Outstanding” achieved in March 2020, including “Outstanding” for well led. Ratings report included six “must do” compliance actions, noted here in the vision metrics update. • Segment 1 regulatory autonomy maintained since segmentation began. Trust financial position delivering lowest financial risk rating of 1 YTD as planned to end of March 2022. Included system segmentations with Frimley at 1 and BOB at 3. • Benchmark positions refreshed for 2020/21 data recently published. Ranking deterioration noted for falls, use of restraint (now retired as a driver metric due to sustained performance improvement) and pressure ulcers. Improvement in patient on patient assaults, patient on staff assaults and mental health bed occupancy.
ACTION REQUIRED	The Board is asked to note the update.

Board Vision Metrics: Performance Update to end February 2022

Supporting delivery of the Trust's Vision

Trust Board – public meeting

Paul Gray, Chief Financial Officer
12th April 2022

Purpose

Update the Finance Performance and Risk Executive and Trust Board on Vision Metrics.

Document control

Version	*Date*	*Author*	*Comments*
1.0	04/04/2022	I Hayward & C Magee	Updated the dashboard

This document is *BHFT staff only* and is therefore restricted to current BHFT employees only.

Distribution

Trust Board

Document references

Document title	*Date*	*Published by*

Contents

1. Introduction

Background

1.1. Our vision is:

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

1.2. The Board Vision metrics monitor the Trust's progress across key indicators of vision delivery, split into the following sections:

- Quality
- Safety
- Engagement
- Regulatory Compliance

1.3. These sections cover the key indicators to assure the Trust on its progress towards the vision.

1.4. This is a performance update as per the quarterly interval (or as agreed with the Board). A number of the indicators are annual, so updates will occur when information is available, see Appendix 1.

1.5. The national benchmarking network has expanded participants in the Mental Health project to include providers from Wales, Northern Ireland, the Channel Islands and Scotland. The data here shows the rankings against the 57 English providers and the 32 Combined Mental Health and Community Trust respondents. Indicator performance has been updated to the latest available.

2. Rationale for Metric Inclusion

Sections

2.1. By dashboard section (appendix 1) the following metrics were identified as having an impact on assessing our level of performance in delivering our vision. These metrics were agreed with the Board and the first performance report provided to the April 2017 in committee Board meeting. Supporting vision transparency and accountability, this paper details the vision delivery performance and is reported to the Board in public, alongside the usual Board summary performance report.

Quality

2.2. Key quality metrics that indicate how well we treat and care for our patients, predominantly focused on care experience metrics for mental health inpatients and uses our benchmarked scores.

2.3. A long-term stretch performance measure is maintained in the dashboard to achieve top 3 ranking of all Mental Health service providers in the national benchmarking cohort, however, where data is

available, we have shown how we compare to the combined community and mental health trust cohort in the descriptions below. The 2020/21 benchmarking results for Adult Mental Health Acute Inpatient Services have been updated to the dashboard as follows:

- **Mental Health Patient on Patient Physical Assaults** – The benchmark position target shown here is a long-term stretch target. The Trust was above the mean and median for 2020/21 at 46 per 10,000 occupied bed days excluding leave and is ranked 36th out of 54 English Mental Health Trusts and is an improvement on 2019/20 where the Trust ranked 52nd out of 57 Mental Health trusts. In 2020/21, the Trust rank is ranked 19th out of 29 combined Mental Health and Community Trusts which is an improvement from our 2019/20 position when the Trust ranked 28th out of 32 combined Mental Health & Community Health Trust respondents.

- **Mental Health Patient on Staff Assaults** – The benchmark position target shown here is a long-term stretch target. The Trust was above the mean and median for 2020/21 at 260 per 10,000 occupied bed days and is 31st out of 54 English Mental Health Trusts, which is an improvement on 2019/20 where the Trust was ranked 50th out of 57 Mental Health Trusts. The Trust is ranked 22nd out of 29 joint Community and Mental Health Trusts and is a similar position to our 2019/20 position where the Trust was ranked 27th out of 32 respondents.

- **Mental Health Use of Restraint** – The benchmark position target shown here is a long-term stretch target. The Trust was in the upper quartile for 2020/21 at 204 per 10,000 occupied bed days and is ranked 30th out of 54 English Mental Health Trusts: a worsening from the Trust's position of 18th out of 57 English Trusts. The Trust ranks 22nd out of 29 Joint Trusts which is a worsening from 2019/20 when the Trust was 5th of 32 joint Community and Mental Health Trusts.

- The Trust's reporting of the incidents in these categories has increased because of the focus on QI and Harm Free Care and priorities set out in the Annual Plan.

- The next update on this section will be Quarter 4 2022/23.

Safety

2.4. Key metrics that indicate how safe our services are, performance being within our control and influence:

- **Falls –** where the fall results in significant harm due to a lapse in care. The process for identifying where falls with significant harm have been the result of a lapse in care was developed and approved by the Safety Experience and Clinical Effectiveness Group in April 2017. Three incidents have been identified: one each on Oakwood ward and Orchid ward in April 2021 and 1 on Henry Tudor ward in September 2021. There were no incidents in 2020/21 or in 2019/20, but 2 in 2018/19. Reduction in falls is a focus for a QI programme breakthrough objective.

- **Mental Health Inpatient Deaths because of self-harm –** the metric has been updated to zero mental health inpatient deaths resulting from self-harm within a 12-month period. The last incident of an inpatient death from self-harm was in October 2018. The metric requires further consideration to confirm inclusion and definition of inpatient deaths from lapse in care, and whether this covers patients who were expected to be on a ward at the time of death. Reduction of all self-harm is a QI programme breakthrough objective.

- **Mental Health Bed occupancy** – for mental health acute beds. The figure shown was the occupancy rate in February 2022 and shows 90% occupancy against a target of 85%. This is a decrease from 91% in October 2021.

- **Never Events –** This is all never events that occur in the Trust. None have been reported in the year to date to February 2022.

- **Suicide Rate -** By 2020/21, the Five Year Forward View (FYFV) for Mental Health set the ambition that the number of people taking their own lives will be reduced by 10% nationally compared to 2015/16 levels. The 2020/21 suicide rate was 5.7 per 10,000 people in contact with Mental Health services which is an increase from 2019/20 suicide rate of 4.9 per 10,000 people in contact with mental health services. This local target was based on a 10% reduction on the 2015/16 suicide level of 9.2 per 10,000 people under mental health care and the Trust had achieved a 46.7% reduction on this rate. The next update will be in Quarter 4 2021/22. Our zero-suicide initiative and QI programme around self-harm provide complementary improvement activity in this critical safety area.

Engagement

2.5. Key metrics on how our patients, carers, staff, and stakeholders view us and our contribution to the local system and performance:

- **Commissioner Satisfaction - Net Commissioner Investment Maintained –** for 2021/22 the Trust has agreed investment with commissioners across all expected priorities including Mental Health (National Investment Standard and Long-Term Plan), COVID response, Ageing Well and Community transformation programmes.

- **Stakeholder Satisfaction - Survey of System Partners –** Last survey completed pre-COVID pandemic (December 2019), but this did show positive stakeholder satisfaction results across all partners. Next survey to be completed during 2022/23.

- **Patient Friends & Family Test Response Rate –** This was suspended at the start of the pandemic and formal reporting restarted in December 2020. Currently below the 15% target at 0.5% and below the 5% response rate when last reported in October 2021. It is a QI driver metric, and the Trust implemented a new feedback and data collection system at the end of Q3 2021/22 (IWantGreatCare) and work is underway to ensure robust data collection and reporting.

- **Staff Survey Engagement Rating –** latest available performance ranking published on 31st March 2022. The Trust continues to have the highest score amongst peers. Whilst our position remains unchanged from last year the Trust Staff Engagement Score of 7.4 is a decrease from 7.5 in 2020/21. Next update will be in Quarter 4 2022/23.

Regulatory Compliance

2.6. Key metrics on how we are measured nationally based on external assessment:

- **Care Quality Commission Rating** – Outstanding rating achieved in March 2020.

- **NHSI Segmentation** - maintained segment 1 of the Oversight Framework in the latest assessment. This is the highest level of autonomy, with no NHSI support required. Use of Resources rating of 1 (lowest financial risk rating on scale of 1 to 4, as per plan for this year) and in line with plan. An addition to the reporting is of those of the Integrated Care Systems (ICS) to which the Trust contributes. Buckinghamshire, Oxfordshire and Berkshire West are in Segment 3 and Frimley in Segment 1.
- **Number of CQC Compliance Actions** – There remains 6 compliance actions from the most recent CQC inspection, which are as follows:
    - CAMHS - The provider must continue to work with commissioners to ensure waiting times are not excessive, thereby putting young people waiting to receive treatment at increased risk. Particular attention needs to be paid to ensuring timely access to services for those referred to the attention deficit hyperactivity disorder pathway and autism assessment pathway.
    - Adult Acute Wards - The trust must ensure that ligature risks are managed appropriately (Regulation 12). This was in relation to fire doors with hinges on the wards.
    - The trust must ensure that the ward environment is always adequately furnished and maintained. (Regulation 15).
    - The trust must ensure that patients are kept safe. For example, promoting the sexual safety of people using the service (Regulation 12).
    - The trust must ensure restrictions are necessary and proportionate responses to risks identified for individuals (Regulation 13).
    - The trust must ensure an alarm system is easily accessible to patients and visitors and that they are made aware of how to use them (Regulation 12).

3. Quality Improvement Programme: Supporting Delivery of our Vision

3.1. The Quality Involvement programme (QI) aims to improve the services we provide to our patients and their families, and will help us achieve our vision, which is to be recognised as the leading provider of community and mental health services.

3.2. The QI programme is being introduced to implement sustainable changes to the way we work. QI is about empowering and enabling staff to make improvements and feel they can make a difference at work; it is a bottom-up process which equips people with the tools and techniques they need, making sure the Trust is aligned in its work and focused on achieving key objectives.

3.3. The QI programme consists of four work streams:

3.3.1. Strategy deployment – making all staff aware of our key priorities

3.3.2. Quality Management and Improvement System (QMIS) (phased approach) – daily changes in the way we work, reinforced by nine integrated tools and techniques

3.3.3. Quality improvement projects (on-going) – significant and complex change projects

3.3.4. QI Office – a team dedicated to the sustainability of the programme

All four work streams will link in to the four Trust priorities that we have identified (otherwise known as 'True North'), these will translate into the four primary goals of our annual plan. The True North domains are:

3.3.5. To provide 'harm free care' with a focus on reducing self-harm and physical harm

3.3.6. To improve our 'staff experience' by focusing on staff engagement and reducing violence and aggression from patients

3.3.7. To improve the 'patient experience', evidenced by an increase in the number of returned Friends and Family Tests and improve results

3.3.8. To support financial sustainability across the organisation 'money matters', by improving net surplus performance.

3.4. As the QI programme is developed, the underpinning driver and tracker metrics aggregating to the performance view of True North delivery will be integrated into the Trust Board's summary performance reporting, supported by review at Finance Investment and Performance (FIP) committee.

3.5. It is not surprising that a number of our QI / True North metrics align with the Trust's vison metrics in Appendix 1, given True North's purpose is to align quality improvement activity to delivery of our vision. It is anticipated there will be iterations to the True North Performance Scorecard as the process is refined throughout this year.

3.6. One new metric was added to the Harm Free care bundle for 2021/22: -

3.6.1. To reduce self - harm in our Mental Health Inpatient wards – for February 2022, 81 self-harm incidents occurred against a target of 42 per month. This was an improvement on 132 reported in October 2021.

3.6.2. To reduce the number of Grade 3 and Grade 4 pressure ulcers acquired due to lapse in care. One pressure ulcer due to lapse in care have been identified in 2021/22 year to date, this occurred in September 2021 on Rowan ward. This is an increase since the last report in October 2021 but is an improvement on the 10 cases of Category 3 or 4 pressure ulcers that have been confirmed as due to lapse in care in the 2020/21.

3.6.3. To reduce the gram-negative bacteraemia (GNB), due to lapse in care in Inpatient Community wards. No cases due to lapse in care have been identified in 2021/22 year to date. Three cases were identified in 2020/21; one each occurred on Oakwood ward, Prospect Park Hospital, Windsor ward, Wokingham Community Hospital and Henry Tudor ward, St Marks Hospital. All occurred in April 2020.

3.6.4. To reduce the number of falls in our Community Inpatient and Older Persons Mental Health wards. The target was increased from 20 per month to 26 per month in February 2022. There were 34 falls in February 2022, none of these cases have been identified as due to lapse in care.

3.6.5. To reduce the number of suicides of service users, the number of apparent suicides was 2 in

February 2022.

3.6.6. The new metric is:

- the number of mental health service users with a serious mental illness (SMI) on the Trust's caseload for less than a year who have had a physical health check with 7 measures recorded. The 7 measures are Body Mass Index, Blood Pressure - Systolic and Diastolic, Blood Glucose levels (Hb1Ac), Total cholesterol, Smoking status, and Harmful alcohol consumption. Compliance in February 2022 was 81% against a target of 60%.

Appendix 1 – Board Vision Metrics

Trust Board Vision Metrics

As at: February 2022

		Quality			Safety					
		Mental Health Patient on Patient Assaults	Mental Health Patient on Staff Assaults	Mental Health Use of Restraint	Falls Due to Lapse in Care	Mental Health Inpatient Deaths from Self-harm	Mental Health Bed Occupancy	Never Events	Pressure Ulcers	Suicide Rate per 10,000 under Mental Health care
Target		Top 3	Top 3	Top 3	0	0	85%	0	10% Reduction	10% Reduction Target 8.2
	Performance trend since last report	↑	↑	↓	↓	↔	↑	↔	↓	↓
Actual	All English NHS Mental Health Providers (out of 57)	36th	31st	30th	3	0	90%	0	1	5.7
	Joint English Mental Health and Community Trusts (out of 29)	19th	22nd	22nd						
	Map to True North Domains	Harm-free care - Tracker metric	Supporting our staff - Driver metric	Harm-free care Tracker metric	Harm-free care Driver metric	Harm-free care	Money Matters Tracker metric	Harm-free care / Regulatory Compliance	Harm-free care Driver metric	Harm-free care Driver metric

		Engagement				Regulatory Compliance				
		CCG Net Investment	CCG Satisfaction Survey	Patient FFT Response Rate	Staff Survey Engagement Rating (out of 32)	CQC Rating	CQC Compliance Actions	NHSE/I SEGMENT		
Target		Green	To be defined	15%	3rd	Outstanding	0	BHFT	BOB ICS	Frimley ICS
		↔	-	↔	↔	↔	↔	Jan-22	Jan-22	Jan-22
								↔	NEW	NEW
Actual		✓	✓	0.5%	1st	Outstanding	6	1	3	1
		-	-	Patient Experience Driver Metric	Supporting our staff Drive Metric	-	-			

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	12 April 2022
Title	**Use of Trust Seal**
	ITEM FOR NOTING
Purpose	This paper notifies the Board of use of the Trust Seal
Business Area	Corporate
Author	Company Secretary
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	The Trust's Seal was affixed to: a proposal to vary the electricity supply to Prospect Park Hospital by installing on site Electrical Vehicle Charging Points Equipment.
ACTION	To note the update.