Berkshire Healthcare
NHS Foundation Trust

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

TRUST BOARD MEETING

(conducted electronically via Microsoft Teams)

10:00am on Tuesday 14 February 2023

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 13 December 2022	Martin Earwicker, Chair	Enc.
5.2	Action Log and Matters Arising	Martin Earwicker, Chair	Enc.
QUALITY			
6.0	Patient Story – Community Mental Health Team	Debbie Fulton, Director of Nursing and Therapies/Polite Tshuma, Nathaniel Hatch-Johnson, Meghna Mareachealee-Sahota, Bethan Whiteman and Yasmin Rahman	Verbal
6.1	Patient Experience Quarterly Report (including the NHS Community Mental Health Benchmarking Report 2022)	Debbie Fulton, Director of Nursing and Therapies	Enc.
EXECUTIVE UPDATE			
7.0	Executive Report	Julian Emms, Chief Executive	Enc.
PERFORMANCE			
8.0	Month 09 2022/23 Finance Report	Paul Gray, Chief Financial Officer	Enc.
8.1	Month 09 2022/23 Performance Report	Paul Gray, Chief Financial Officer	Enc.
8.2	Finance, Investment and Performance Committee meeting on 26 January 2023	Naomi Coxwell, Chair of the Finance, Investment and Performance Committee	Verbal
STRATEGY			
9.0	Quarterly Status Report on Key Trust Initiatives Report	Alex Gild, Deputy Chief Executive	Enc.

No	Item	Presenter	Enc.
CORPORATE GOVERNANCE			
10.0	Annual Health and Safety Report	Paul Gray, Chief Financial Officer	Enc.
10.1	Annual Declarations of Interest and Fit and Proper Persons Test Report	Julie Hill, Company Secretary	Enc.
10.2	Audit Committee Minutes – 26 January 2023	Rajiv Gatha, Chair, Audit Committee	Enc.
10.3	Council of Governors Update	Martin Earwicker, Trust Chair	Verbal
10.4	Annual Trust Board Meeting Planner	Julie Hill, Company Secretary	Enc.
Closing Business			
11.	Any Other Business	Martin Earwicker, Chair	Verbal
12.	Date of the Next Public Trust Board Meeting – 11 April 2023	Martin Earwicker, Chair	Verbal
13.	**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, 13 December 2022

(Conducted via Microsoft Teams)

Present:	Martin Earwicker	Chair
	Naomi Coxwell	Non-Executive Director
	Mark Day	Non-Executive Director
	Aileen Feeney	Non-Executive Director
	Rajiv Gatha	Non-Executive Director
	Sally Glen	Non-Executive Director
	Julian Emms	Chief Executive
	Alex Gild	Chief Financial Officer
	Tehmeena Ajmal	Chief Operating Officer
	Dr Minoo Irani	Medical Director
	Debbie Fulton	Director of Nursing and Therapies
	Paul Gray	Chief Financial Officer
In attendance:	Julie Hill	Company Secretary
	Helen Pailthorpe	Head of Service, Community Dental Service *(present for agenda item 6.0)*
	Mairi Evans	Children, Young People and Families Clinical Director *(present for item 6.3)*
	Mike Craissati	Freedom to Speak Up Guardian *(present for agenda item 6.1)*
	Jane Nicholson	Director of People *(present for agenda item 9.0)*
Observers:	Ilona Blue	Frimley ICB Non-Executive Director
	Jon Wellum	Public Governor
	Tom Lake	Public Governor
	Brian Wilson	Public Governor

22/211	**Welcome and Public Questions** (agenda item 1)
	The Chair welcomed everyone to the meeting. The Chair particularly welcomed the observers to the meeting.
22/212	**Apologies** (agenda item 2)

	Apologies were received from: Mehmuda Mian, Non-Executive Director.
22/213	**Declaration of Any Other Business** (agenda item 3)
	There was no other business.
22/214	**Declarations of Interest** (agenda item 4)
	i. **Amendments to Register** – none
	ii. **Agenda Items** – none
22/215	**Minutes of the previous meeting – 08 November 2022** (agenda item 5.1)
	The Minutes of the Trust Board meeting held in public on Tuesday, 08 November 2022 were approved as a correct record.
22/216	**Action Log and Matters Arising** (agenda item 5.2)
	The schedule of actions had been circulated. **The Trust Board:** noted the action log.
22/217	**Board Story – Community Dental Service (**agenda item 6.0)
	The Chair welcomed Helen Pailthorpe, Head of Service, Community Dental Service to the meeting. Helen Pailthorpe gave a presentation and highlighted the following points: • The Community Dental Service was the only dental service in Berkshire for children and adults who had learning disabilities, physical disabilities, complex medical or mental health problems or who were elderly frail and/or had dementia • The service also provided care for children with dental trauma, complex dental conditions or had high levels of tooth decay or who were cooperative. • Some patients were not comfortable sitting in a dental chair so other options were used including ordinary chairs, on a parent's lap, in a wheelchair, clinical waiting room, school visit, at home and even in a car. • The service provided a dental service to Broadmoor patients. The service was also working with St Mungo's Homeless Charity to provide a dental service to the homeless. • The service was able to provide intra-venous sedation, inhalation sedation and general anaesthetic. • Following the COVID-19 lockdown, the service had reduced the waiting list from 530 in November 2020 to 108 in November 2022. The maximum waiting time had been reduced from 112 weeks to 20 weeks with only one patient waiting more than 18 weeks • The reduction in the waiting list would not have been achieved without the goodwill of the Trust's dentists and dental nurses working additional hours on Saturdays.

	• For the most challenging patients, the service worked with the family, carers and learning disabilities co-ordinators and provided a range of non-dental services including taking blood, cutting hair and nails, taking smear tests etc so that patients could access these additional services when they came for dental treatment. • The service received positive feedback from patients and their families Mark Day, Non-Executive Director thanked Ms Pailthorpe for an excellent presentation and commented that he had not appreciated the breadth of the services provided by the Community Dental Service to people with complex physical and mental health issues. Mr Day asked whether the service found it challenging to recruit and retain staff. Helen Pailthorpe said that providing Community Dental services was a vocation for most staff and said that the service had a stable workforce and was able to recruit staff. Ms Pailthorpe added that she would shortly be retiring from the service. The Chief Executive commented that the Community Dental Service was an excellent service and paid tribute to Helen Pailthorpe' s leadership. The Chair thanked Helen Pailthorpe for her presentation and wished her well in her retirement.
22/218	**Freedom to Speak Up Guardian Report** (agenda item 6.1)
	The Chair welcomed Mike Craissati, Freedom to Speak Up Guardian. The Chair asked whether there was more the Trust could do encourage staff who may be reluctant to speak up. The Freedom to Speak Up Guardian said that he had discussed the issue with the Race Equality Network and some of the reasons they identified why staff may not speak up related to the fear of detriment. The Freedom to Speak Up Guardian added that there was also a perception that raising a concern was the same thing as making a complaint, concerns around confidentiality and anonymity and a negative experience of raising a concern in the past. The Deputy Chief Executive paid tribute to the work of the Freedom to Speak Up Guardian and the excellent support he provided to staff. The Deputy Chief Executive said that it would be helpful if the Freedom to Speak Up Guardian could provide some anonymous cases studies of where staff had raised a concern and with his support this had led to a positive outcome. The Director of Nursing and Therapies said that it would be useful to profile some positive cases from across the organisation in addition to staff from a BAME background. The Freedom to Speak Up Guardian agreed to provide some positive case studies in the next Trust Board Freedom to Speak Up Report. **Action: Freedom to Speak Up Guardian** The Freedom to Speak Up Guardian said that creating a culture where all staff felt able to speak up and felt valued for doing so was dependent upon the Trust showing that it was listening and taking their concerns seriously. Part of the Listening Up process should include improved feedback to those who raised concerns, including timescales and expectations around outcomes.

	The Chief Operating Officer reported that the Trust was developing a new training and development package for leaders and managers and said that this was an opportunity to highlight positive leadership behaviours around listening up and asked what more the Board could do to promote a positive speaking up culture. The Freedom to Speak Up Guardian encouraged members of the Board when they visited services to promote the importance of speaking up and to provide reassurance to staff that where commitments were made in relation to changes in processes in response to staff speaking that these would be delivered. The Freedom to Speak Up Guardian also pointed out that the NHS National Staff Survey results had highlighted that there was further work the Trust needed to do to reduce the incidence of bullying and harassment and to tackle the issue of microaggressions. It was noted that there would be an opportunity to discuss being an Anti-Racist organisation in the In Committee meeting later today. The Director of Nursing and Therapies added that speaking up was an important component of the Trust's Safety Culture work and said that the Freedom to Speak Up Guardian was a member of the Safety Culture Steering Group. The Director of Nursing and Therapies confirmed that the Trust's new training and development programme for leaders and managers would include the importance of developing a positive culture around both speaking up and listening up function as part of the Trust's Safety Culture work. Sally Glen, Non-Executive Director commented that sometimes staff may feel more comfortable raising a concern with someone who resembled themselves and asked whether there was diversity amongst the Freedom to Speak Up Champions. The Freedom to Speak Up Guardian said that he was in the process of reviewing the Champions with a view to making sure that there was geographic diversity and diversity in terms of ethnicity, gender, disability and sexual orientation. The Chair said that the Board was fully committed to the developing a culture where all staff felt confident about speaking up. The Chair thanked the Freedom to Speak Up Guardian for his report. **The Trust Board**: noted the report.
22/219	**Quality Assurance Committee – 29 November 2022** (agenda item 6.2)
	The unconfirmed minutes of the Quality Assurance Committee meeting held on 29 November 2022 had been circulated together with the quarterly Learning from Deaths Report and the quarterly Guardian of Safe Working Practices Report. Sally Glen, Chair of the Quality Assurance Committee reported that in addition to the standing items on the agenda, the Committee had received an informative presentation on the Trust's work around reducing the number of falls on inpatient wards. Ms Glen said that the falls reduction work highlighted the value of using Quality Improvement methodology and also of providing central authority but with local empowerment. Ms Glen said that the Committee had also discussed the Trust's current work around preparing for the implementation of the National Patient Safety Strategy which amongst

	other things, would introduce a new Learning from Patient Safety Incidents Framework. It was noted that the Trust Board would receive a presentation on the National Patient Safety Strategy at the January 2023 Trust Board Discursive meeting. **The Trust Board noted**: a) The minutes of the Quality Assurance Committee held on 29 November 2022 b) The Learning from Deaths Quarterly Report and c) The Guardian of Safe Working Practices Quarterly Report.
22/220	**Neurodiversity Service: Reducing Waiting Times Report** (agenda item 6.3)
	The Chair welcomed Dr Mairi Evans, Children, Young People and Families Clinical Director. The Chief Operating Officer presented the paper and highlighted the following points: • The Trust had acknowledged that the extent of the waiting time for autism and attention deficit hyperactivity disorder assessments was both unacceptable and was critically hidden by some challenges with data and reporting. • The issues around data and reporting had been recognised across a number of other services and work was in progress to resolve these issues. • The service had high standard processes and pathways but it had been unable to keep pace with the significant increase in the number of referrals for autism and attention deficit hyperactivity disorder assessments. • The Trust had received some non-current funding from both the East and West Berkshire commissioners to undertake some specific targeted work but it had been challenging to recruit staff in order to meet those targets. • The Trust had established a Programme Team with the overall objective to address the number of children and young people waiting more than two years for assessment by the end of March 2023. • The initial focus of the work was around getting reliable and accurate data about the number of people on the waiting list and then reviewing the whole pathway in order to identify any efficiencies in order to develop a trajectory to get the waiting lists down to a manageable level • The Trust had identified opportunities to automate aspects of the pathway in order to increase efficiency. • The Trust was also undertaking work across the Buckinghamshire, Oxfordshire and Berkshire West and Frimley systems to work together on shared challenges and opportunities to share learning across the region, including a comparison of autism assessment models. • The Formal Executive meeting was provided with a monthly update describing progress and the key data relating to rolling waiting times, future monthly numbers of children and young people that would breach the two year plus waiters and the establishment and vacancies. The Chief Operating Officer paid tribute to the work of Dr Mairi Evans, Children, Young People and Families Clinical Director and her team in reducing the number of long waiters. The Chief Executive reported that the Trust had made a firm commitment to eliminate two year waits for autism and attention deficit hyperactivity disorder assessments by March

	2023. The Chief Executive said that the Trust was on track to meet that target provided referrals remained steady. The Chief Executive said that it was not clear why autism and attention deficit hyperactivity disorder assessment referrals had doubled but pointed out that the prolonged COVID-19 lock down may be a factor. The Chief Executive said that the Trust was determined to "put its own house in order" and to make its internal systems and processes as efficient as possible in order to eliminated two year waits. The next step would then be to discuss with the Integrated Care Boards about how to manage the increase in demand. The Chair asked whether a key component of the Trust's pathway review work was around ensuring that clinicians worked at the upper level of their license so that more experienced staff could focus on more complex cases. The Chief Operating Officer confirmed that the Trust was working with private providers to undertake some routine online assessments which freed up more time for the Trust's clinicians to treat more complex cases. The Chair asked whether there were further opportunities to use more automated processes. Dr Mairi Evans said that the Trust was reviewing whether automated processes could help with the triage processes which were currently paper heavy which took time. Dr Evans added that there was also the possibility going forward of exploring decision making trees with AI for the next stage of the autism assessment process. Sally Glen, Non-Executive Director said that she was also a School Governor and commented that waiting for two years for an autism or an attention deficit hyperactivity disorder assessment was a long time to wait for a school to access special educational needs funding to support children. The Chief Operating Officer clarified that schools do not need to wait for a diagnosis in order to access additional support for children. The Chief Operating Officer added that the Trust was reviewing how it worked with voluntary and community providers and with schools and education services in order to manage the develop an approach around the environment for people who were neurodivergent. The Chair thanked Dr Evans and her team for the work they were doing. **The Trust Board:** noted the report
22/221	**Executive Report** (agenda item 7.0)
	The Executive Report had been circulated. The following items were discussed further: **a) Hewitt Review** The Chief Executive reported that the terms of reference for the Hewitt Review into how the oversight and governance of Integrated Care Systems can best enable them to succeed had now been published.

	The Chief Executive commented that Integrated Care Boards had been placed on a statutory footing since July 2022, but the existing NHS England Regional Office structure remained in place. The Chief Executive said that the primary role of Integrated Care Boards should be as integrators of services for the benefit of patients rather than as regulators of NHS provider organisations. The Chair reported that he had attended a meeting of NHS Chairs and Chief Executives at which Patricia Hewitt had spoken about her review and had sought the views of the attendees. The Chair said that at the meeting, Ms Hewitt had signaled her intention to try and reduce the bureaucracy around Integrated Care Boards and increase focus on outcomes for patients. The Chair said that he looked forward to Ms Hewitt's report which was due to be published in January 2023. **b) Staff Flu and COVID Booster Vaccination Campaign** The Director of Nursing and Therapies reported that it was disappointing that more staff had not taken up the offer of flu and COVID booster vaccinations. The Director of Nursing and Therapies confirmed that the Trust's relatively low vaccination take up rate was reflected nationally. The Director of Nursing and Therapies said that the Trust would continue to encourage more staff to be vaccinated. **The Trust Board**: noted the paper.
22/222	**Month 07 2122-23 Finance Report** (agenda item 8.0)
	The Chief Financial Officer presented the report and highlighted the following points: • The Trust was continuing to report better than planned financial performance with a £0.1m surplus against a year to date deficit financial plan of £0.7m. This included the impact of the 2022/23 pay award in respect of back-payment and associated funding as agreed with the Integrated Care Systems • The Trust had completed a mid-year forecast and was holding to a forecast year end deficit of £0.9m in line with the financial plan. • The Trust had planned to deliver £10.1m of cost improvements in order to achieve the planned deficit. The Cost Improvement Programme delivery was £1.8m less than planned and there remained £2.5m of unidentified schemes, plus some identified schemes at risk which would not deliver as planned, furthering the requirement for new initiatives. • The clinical excellence awards which were usually paid in February each year were paid in October with a total of £350k against a plan of £300k. • Funding from the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board took account of the issues created by the tariff inflator for Mental Health and Community Trusts. • The Trust's cash position remained strong with a closing balance at 31 October 2022 of £63.2m. The Trust was benefitting from an increase in bank interest rates and had generated around £0.5m year to date in interest. • Non-pay spend was £6.9m in month which was slightly above plan and was linked to higher than planned expenditure on Out of Area Placements. The average number of placements had increased from 25 in September 2022 to 30 in October 2022, with the monthly costs increasing from £0.72m to £0.88m. • The Trust had spent £0.1m of capital against a year to date plan of £4.1m. The

	Trust fully expected to recover this slippage in year and expected to spend to plan by year end Naomi Coxwell, Non-Executive Director asked for more information about the Trust's bid against the Public Sector Decarbonisation Scheme (SALIX) (page 103 of the agenda pack). The Chief Financial Officer explained that the Trust had submitted a bid to replace the majority of boiler works at West Berkshire Community Hospital. The Trust would be informed about the outcome of the bid at the end of March 2023. **The Trust Board**: noted the report.
22/223	**Month 07 2122-23 "True North" Performance Scorecard Report** (agenda item 8.1)
	The Chief Financial Officer presented the paper and highlighted the following points: • There were 15 fall incidents in Community and Older Adult Mental Health Inpatient Wards in October 2022 which was the lowest number over the last twelve months. This performance should be viewed within the context of high bed occupancy. The national benchmarking report published in September 2022 had indicated that the Trust already had a low number of falls compared with other trusts. • The incidence of self-harm on Mental Health Inpatient Wards in October 2022 was 57 compared with a target of 26 per month. Over half of the incidents related to one individual. • The Community Inpatient occupancy rate had increased from 83.6% in September 2022 to 87.4% in October 2022. Mental Health Non-Acute Occupancy rate had increased from 87.72% in September 2022 to 87.9% in October 2022. • Additional national funding had been released to support reducing the number of delayed discharges of care. The Trust had received assurance from the system that some of this additional money would be allocated to mental health and community services. The Chief Operating Officer commented that when the acute hospital sector was under sustained pressure, it was difficult to maintain the community bed occupancy rate at below 80% (which was the Trust's performance target). The Chief Operating Officer suggested that the target may need to be adjusted to an average rate across the year which recognised that there would be times of high pressure during the year. The Chief Operating Officer said that recently 35% of inpatient beds were occupied by people waiting to be discharged. The Chief Operating Officer confirmed that both Integrated Care Boards were undertaking a significant amount of work to make sure that the new national social care funding package supported patients coming out of mental health and community health facilities. The Chief Operating Officer said that she would present a paper to a future Trust Board meeting setting out the Trust's work around bed optimisation. Naomi Coxwell, Non-Executive Director said it would be helpful if the paper could be expanded to include a system view so that the Trust's work could be viewed within the broader local health and social context. **Action: Chief Operating Officer**

	Sally Glen, Non-Executive Director commented that the Campion Unit had a relatively high number of patient assaults on staff and reported that the Quality Assurance Committee had noted that the Campion Unit was under pressure due to workforce related issues and delayed transfers of care. Ms Glen reported that the Trust had also received a complaint about the use of restraint on the Campion Unit. The Medical Director reported that the complaint about the use of restrain was currently being investigated but confirmed that yesterday's meeting of the Restrictive Practices Intervention Group had not raised any concerns about the use of force on the Campion Unit. The Director of Nursing and Therapies pointed out the increase in the number of Campion Unit patient assaults on staff was usually down to one individual. It was noted that the Trust was developing very bespoke care plans to support to support individual patients. The Director of Nursing and Therapies also confirmed that the Medical Director, Chief Executive and herself regularly visited the Campion Unit. **The Trust Board**: noted the report.
22/224	**People Strategy and Equalities, Diversity and Inclusion Update Report** (agenda item 9.0)
	The Chair welcomed the Director of People to the meeting. The Deputy Chief Executive reported the Trust was undertaking a significant amount of work to address workforce challenges. This included taking measures to reduce staff turnover, increasing the number of apprenticeships, recruiting international nurses, developing more career pathways and where appropriate, offering more flexible working. The Deputy Chief Executive reported that the Trust's Equality, Diversity and Inclusion work included taking steps to become an anti-racist organisation. It was noted that there would be an opportunity for a more detailed discussion about becoming an anti-racist organisation in the In Committee Trust Board meeting. The Director of People reported that as part of the Trust's work around reducing staff turnover, every member of staff who was leaving the Trust was offered an independent interview to find out the reasons why they were leaving. It was noted that the staff turnover rate was starting to reduce which was very positive. The Director of People reported that the Trust had held a rapid improvement event at Prospect Park Hospital focussed on staff turnover and the most critical issue for staff related to working excessive hours. It was noted that the results of the National NHS Staff Survey had also highlighted working excessive hours as an issue for the Trust, The Chair commented that many staff also wanted more flexible working but acknowledged that this was not always easy or possible to provide. Sally Glen, Non-Executive Director said that in terms of addressing nursing and allied health professional vacancies, it was important to develop a pipeline of suitable candidates and said that she would be interested in finding out more about what the Trust was doing to strengthen links with local universities and its work to engage with students whilst they were training with the Trust.

	The Director of People said that the main university serving the Trust was the University of West London but unfortunately they were only able to fill half of their nursing places at its Reading campus this year. The Trust was hoping to receive around 100 students but the University of West London only managed to recruit around 50 students. The Director of People said that universities which offered apprenticeships were receiving applications in excess of the number of available places. The Director of People reminded the meeting that the Trust had expanded its apprenticeship programme covering both nursing and allied health professional roles. The Director of People reported that the Trust was exploring a range of options to encourage students to apply for a permanent role with the Trust, including considering offering a recruitment and retention premium and offering permanent roles one or two years before they joined the Trust to undertake their placements. The Director of People said that the Trust was also recruiting overseas nurses and allied health professionals but had paused its trial around recruiting overseas community nurses because of practical issues such as long delays for driving tests which made it difficult for community nurses to access transport etc. It was noted that the money set aside to support overseas community nursing recruitment was now being used to recruit more overseas allied health professionals. The Director of Nursing and Therapies said that another issue was that overseas nurses also tended to gravitate towards the acute sector because that was where they had done their training and therefore recruiting overseas nurses to work in the community may not be appropriate. The Director of Nursing and Therapies confirmed that other trusts had experienced similar problems in overseas recruitment to fill community nursing vacancies. The Director of People said that the Trust was reviewing what more could be done to recruit more community nurses, including making community nursing a viable option for international nurses or more attractive to new students and/or the Trust's existing staff. Mark Day, Non-Executive Director reminded the meeting that a couple of year ago, there were issues around the recruitment process and in particular, the length of time between the job offer and the employment start date which meant that the Trust was losing potential candidates to other employers and asked whether this was still an issue. The Director of People reported that the Trust's recruitment process was now only taking around 40 days and pointed out that this was partly due to the Trust investing in business process improvement which included the use of robotic processes. The Chair thanked the Director of People for her presentation and said that addressing the Trust's workforce challenges required a multi-pronged approach. The Chair said that he would be interested to know which of the options to increase recruitment had the most success and suggested that a paper be presented to a future Finance, Investment and Performance Committee meeting. **Action: Director of People** **The Trust Board**: noted the report.
22/225	**Quarterly Status Report on Key Trust Initiatives** (agenda item 9.1)
	The Deputy Chief Executive presented the paper which provided assurance and oversight of the Trust's Strategic Initiatives and Projects that would deliver the Trust's True North

	and Strategic Priorities. The report also provided a status update on the Trust's combined programme, projects and strategy implementation. The Deputy Chief Executive referred to the Redevelopment of East Berkshire Community Hospitals project and reported that this was RAG rated red because of significant concerns around affordability and achievability given the national capital expenditure constraints. It was noted that this was a Frimley system initiative to establish Integrated Care Hubs across the Integrated Care System and included new build and refurbishments of NHS community estate. Consideration of alternative schemes/approaches was likely to be required. The Deputy Chief Executive referred to the Children, Young People and Families (CYPF) Referral Management System and explained that this was a project to improve the effectiveness and efficiency of the referral process across all CYPF services. There had been a significant increase in demand since the current arrangements were established in 2017 and these were no longer fit for purpose. The initiative was previously reporting Amber due to uncertainty around resourcing but was now RAG rated Red because further analysis of current problems had yielded a preferred solution which represented a major change in scope and would require significant support from corporate services (yet not confirmed), together with a revised timeline. The Deputy Chief Executive reported that he was delighted that the Trust had been awarded the Lead Contractor role for the Veterans Mental Health and Wellbeing Service across the South-East Region. The Trust would be working closely with Sussex Partnership Mental Health Trust and a range of third sector and voluntary organisations, including Walking with the Wounded Veterans charity to deliver the service. **The Trust Board**: noted the report.
22/226	**Trust Seal Report** (agenda item 10.0)
	The Chief Financial Officer reported that the Trust's Seal had been affixed to the ten year lease at 3 Adlam Villas, 40 Greenham Road, Newbury. The landlord had obtained planning permission for a change of use from offices to healthcare and these will be occupied by our expanding MSK Physiotherapy team. **The Trust Board**: noted the report.
22/227	**New Code of Governance for NHS Provider Trusts** (agenda item 10.1)
	The Company Secretary presented the paper and reported that NHS England had updated the Code of Governance for NHS Provider Trusts. The Company Secretary reported that the key change was that the Code now applied to both NHS Foundation Trusts and to NHS Trusts. The Trust's compliance against the new Code of Governance was set out in the report. **The Trust Board:** a) Noted the requirements as set out in NHS England's Code of Governance for NHS Provider Trusts

	b) Noted the Trust's compliance with the Code of Governance
22/228	**Trust Constitution Changes** (agenda item 10.2)
	The Company Secretary reported that the Trust's legal advisors had reviewed the Trust's Constitution to ensure that it was in line with current legislation and reflected best practice and had proposed a number of minor changes. The report included a summary of the proposed changes. The Company Secretary placed on record her thanks to the group of Governors who had volunteered to review the proposed changes and who had made suggestions for further changes including improvements to the layout and format of the Constitution. The Company Secretary said that the main changes related to the introduction of an excluded member review process in line with the Trust's process for reviewing vexatious complainants and making it more explicit that Trust Board, Board Sub-Committees and Council of Governors meetings could include virtual, in person and hybrid meetings. It was noted that the Council of Governors had approved the proposed changes to the Constitution. **The Trust Board:** approved the changes to the Trust's Constitution as set out in the report. The Annual Members Meeting would be asked to ratify the changes. **Action: Company Secretary**
22/229	**Council of Governors Update** (agenda item 10.3)
	There were no issues to report.
22/230	**Any Other Business** (agenda item 10)
	There was no other business.
22/231	**Date of Next Public Meeting** (agenda item 12)
	The next Public Trust Board meeting would take place on 14 February 2023.
22/232	**CONFIDENTIAL ISSUES:** (agenda item 12)
	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 13 December 2022.

Signed…….. Date 14 February 2023

(Martin Earwicker, Chair)

NHS
Berkshire Healthcare
NHS Foundation Trust

Community Dental Service

Helen Pailthorpe - *Head of Service*

Care Quality Commission Inspected and rated Outstanding

Berkshire Healthcare Charity Reg. charity 1049733

disability confident LEADER

VETERAN AWARE

Stonewall TOP 100 EMPLOYER 2022

Who do we treat?

Berkshire Healthcare NHS Foundation Trust

We are **the only** Dental Service for children and adults who have:

- Learning Disabilities
- Physical Disabilities
- Complex medical or mental health problems
- Elderly frail &/or Dementia.

Its unlikely, these patient groups will be able to have full comprehensive care/treatment in a General Dental Practice.

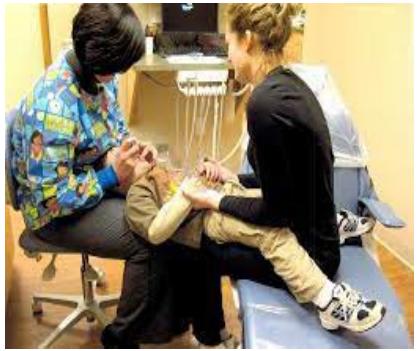
- We also provide care for children with Dental Trauma, Complex Dental Conditions or high levels of decay who are uncooperative.
- Children referred to us are (typically) seen for one course of treatment (CoT) and discharged back to their GDP for ongoing routine care.

Right Place

NHS
Berkshire Healthcare
NHS Foundation Trust

- Dental Chair - reclined/not reclined
- Ordinary Chair
- Wheelchair Tipper/Bariatric Bench
- On the parents lap
- Clinic Waiting Room
- School Visit
- Home – Domiciliary Care
- Floor
- Car

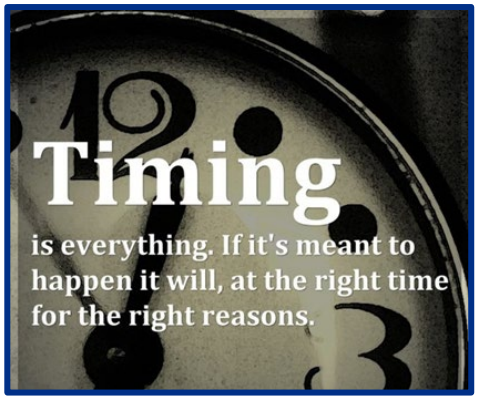


Right Time

Berkshire Healthcare NHS Foundation Trust

- Which Day?
- What Time?
  - Children – Earlier in the day.
  - Adults from residential and nursing homes later.
  - First in session to avoid waiting
  - Regular Times
- Trial Visits
- Clear the surgery!



Right care

Berkshire Healthcare NHS Foundation Trust

Intra-venous Sedation

- Skimped Hill Clinic
- Whitley Clinic

Inhalation Sedation

- Clinic Locations – x6

General Anaesthetic

- Royal Berkshire Hosp.
- Wexham Park Hosp.

‘Reasonable Adjustments’

Berkshire Healthcare NHS Foundation Trust

Wheelchair Tipper

Domiciliary Care

Bariatric Bench

What else do we do?

Berkshire Healthcare NHS Foundation Trust

- **Dental Access Centres (DACs)**
  - Providing emergency dental care for the general public
- **Broadmoor – High Security Mental Health Hospital**
  - Dental surgery on site staffed by CDS
- **Thornford Park – Medium to Low Security Hospital**
  - Annual dental examination on site, Treatment at WBCH
- **Ravenswood**
  - Dental care assessment and care plans for all residents
- **Homeless –**
  - Working with St Mungo's in Reading
- **Epidemiology**
  - Surveys of Dental Decay in 5 year olds across 6 LA's in Berkshire.

Service Achievements

Berkshire Healthcare NHS Foundation Trust

- **Additional Paediatric GA Sessions – RBH & Wexham**
  - Extractions Only
  - Reduction in waiting list from **530 in Nov 20 to 108 in Nov 22**
  - Reduced max waiting time waiting from **112 weeks to 20 weeks**
  - Only 1 patient waiting more than 18 weeks

This would not have been possible, without the goodwill of our dentists and nurses working additional hours on Saturdays – a special thankyou goes to them!

REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE

NHS

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

Target population

CORE20 PLUS 5

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

Key clinical areas of health inequalities

1. **ASTHMA**
Address over reliance on reliever medications and decrease the number of asthma attacks

2. **DIABETES**
Increase access to Real-time Continuous Glucose Monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & increase proportion of children and young people with Type 2 diabetes receiving annual health checks

3. **EPILEPSY**
Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism

4. **ORAL HEALTH**
Address the backlog for tooth extractions in hospital for under 10s

5. **MENTAL HEALTH**
Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

Service Achievements

Berkshire Healthcare NHS Foundation Trust

Additional Special Care GA Sessions – RBH

- Comprehensive Care
- Very Challenging Patients
- Quick thinking – 'outside of the box'

Detailed Planning with Family, Carers & Learning Disabilities Co-ordinators.
MDT - bloods, nails, hair, feet, eyes, ears, smears, ECG, MRI,
gynae, piles, hernias …. ***We've seen it all!***

- Reduction in waiting list from **186 in Nov 20 to 64 in Nov 22**
- Reduced max waiting time from **138 weeks to 50 weeks**
- Only 16 patients waiting more than 18 weeks

My son saw Minaxi and her nurse Diana. Both Minaxi and Diana were very lovely and kind to my son and I. I saw them working in harmony together as a team when providing treatment to my son, and I was included in the process fully.

I'd just like to say how pleased my husband was with his new dentures after he lost his dentures whilst in RBH. Nothing was too much trouble for Sally and Sandra. We did appreciate them doing home visits.

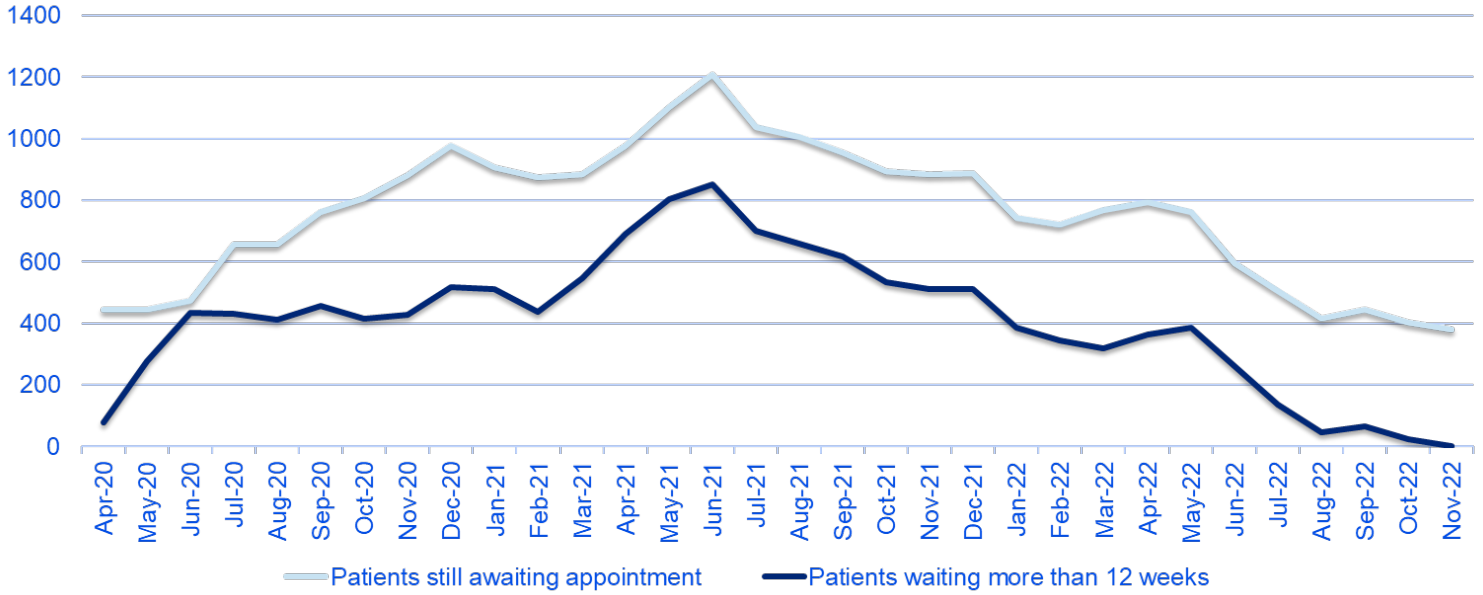
Just wanted to say a very big thank you to you all for the help and support with my daughter's dental appointment today ,great teamwork , she slept all afternoon and is now eating ice lollies and angel delight!

Thank you so much for visiting J. at school and examining his teeth. We are so happy the visit was a great success and are relieved that you are satisfied with his teeth. Thank you once again we are so very grateful for all your patience and help . We look forward to seeing you next year.

Service Achievements

Berkshire Healthcare NHS Foundation Trust

Referral Waiting List



Learning

Swallowing foreign objects

- 2 incidents recently when patients swallowed foreign objects whilst having dental treatment
  - a small pad in the cheek to absorb saliva – looked at COSSH for product
  - a root of a tooth which was being removed – needed chest x-ray

  Both incidents involved experienced dentists who acted professionally but we realised we needed a Standard Operating Procedure for incidents such as this.

Learning

- **Dental Access Centres**
  - Emergency dental care for the general public
  - Pre-Covid this was a morning walk-in service at Upton
  - Had to change to booked appointments
  - Triage starts at 09.00 so time wasted before first patient arrived
  - Fewer patients treated
  - Moved treatment sessions to the afternoon at both sites

Learning

Nothing is impossible

- Patients on the Special Care GA waiting list who were ‘too difficult to do’
- But the Saturday GA lists at RBH allowed us different options
  - Different theatre complex
  - Easier access without passing shops
  - Quieter
  - Alternative sedation options
- **Success**
  - but this couldn’t have happened without the support of the team at RBH

The Future

NHS
Berkshire Healthcare
NHS Foundation Trust

- **Improve the recall system for our Continuing Care Patients**

The focus recently has been on reducing the referral waiting list, we need to improve support for our vulnerable patients and ensure they are seen regularly.

- **Working with St Mungo's Charity in Reading – Caversham Road Site**

Helping the homeless community gain access to services & receive necessary dental care.

- **CDS Tender – changes to size of Lots**

Lot 5 is Berkshire, Oxfordshire, Buckinghamshire

Working towards a partnership agreement with Bucks & Oxford - *Thames Valley CDS.*

Any questions?

Berkshire Healthcare NHS Foundation Trust

BOARD OF DIRECTORS MEETING 14.02.23

Board Meeting Matters Arising Log – 2023 – 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
13.09.22	22/150	Performance Report	The Performance Report to re-introduce the information about the number of individuals who made up the self-harm incidents.	April 2023	**PG**	There is an ongoing technical problem around linking the patient's NHS number to the self-harm incidents reported on the DATIX (online incident reporting system). The Trust is trying to resolve the issue by having a new	

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
						data feed from the DATIX system.	
13.09.22	22/150	Performance Report	The Finance, Investment and Performance Committee to receive an update on the project on reducing the average length of stay for mental health patients	March 2023	**TA**		
13.12.22	22/218	Freedom to Speak Up Guardian Report	The Freedom to Speak Up Guardian to include some anonymised examples of instances where staff have used the Speak Up function and positive changes had been made as a result in the next report.	July 2023	**MC**		
13.12.22	22/223	Performance Report	A report on the Trust's bed optimisation work to be presented to a future Trust Board meeting.	March 2023	**TA**	Bed Modelling Paper to be presented to the March Trust Board Discursive meeting	
13.12.22	22/224	People and EDI Strategies Update Report	A paper on which options were most success in terms of addressing the Trust's workforce challenges to be presented to a future FIP Committee meeting.	July 2023	**JN**		
13.12.22	22/228	Trust's Constitutional	The changes to the Trust's Constitution to be ratified at the next	September	**JH**		

Meeting Date	Minute Number	Agenda Reference/Topic	Actions	Due Date	Lead	Update	Status
		Changes	Annual Members' Meeting in September.	2023			

Meeting Date	14th February 2023
Title	Patient Experience Report Quarter 3 (October-December 2022)
	Item for Noting
Purpose	The purpose of this report is to provide the Board with an overview of the patient experience information and activity for Quarter 3
Business Area	Nursing & Governance
Author	Elizabeth Chapman, Head of Patient Experience
Relevant Strategic Objectives	True North goals of harm free care, supporting our staff and good patient Experience
CQC Registration Impact	Supports maintenance of CQC registration
Resource Impacts	N/A
Legal Implications	N/A
Equalities, Diversity and Inclusion Implications	The demographic profile, gender and age of people providing feedback is set out in tables 8-10 of the report.
SUMMARY	This report is for information and provides detail of patient experience data collected across the Trust during quarter three (October–December 2023). During this quarter, there were a reported 158,069 patient contacts, this includes patient hospital discharges and around 6,105 pieces of feedback received, this equates to around 3.8% feedback. The feedback includes 100 formal and locally resolved complaints, 1,403 compliments, 22 MP enquires received and 4,580 responses to our patient experience tool. All of this data is used to provide the triangulation summary within the attached report. The 'I want Great Care' patient experience tool is, since December 2021 our primary patient survey programme, it is available to patients through online, SMS, paper, and electronic tablet; it is offered to patients following a clinical outpatient contact or, for inpatient wards, on discharge. As services start to embed the use of this tool, we are continuing to see an increase in the numbers of responses received, the 4,580 this quarter is up from 4,024 in quarter two. The increased feedback will support areas for improvement alongside hearing the patient voice both where the experience is good and where improvements could be made. We are also seeing services using the information to make improvements and displaying where they have done this (examples are detailed on page 15). The overall positivity score was 93.3% this quarter slightly lower than 95% in Q2 and 94% in Q1 however the star rating has not materially changed at 4.75 compared with 4.77 in Q2 and 4.75 in Q1. It is the view of the Director of Nursing that there are no new themes or trends identified from the patient experience data within the report. We are seeing that wait times especially for CAMHS services are featuring across both formal and informal complaints, local resolution and MP enquires. This is not a new theme and there are initiatives in place to support reduced waiting times particularly for neurodiversity pathways.

	Opportunities for improvement have included involvement of families and carers, wait times/access to services, continuity of care. Whilst positive compliments and feedback continues to far outweigh the concerns and complaints raised every concern / complaint is reviewed with feedback provided and consideration given to learning from the persons experience. Our 15 steps programme has continued during quarter three, Appendix 1 of the report provides a brief summary of these. The annual CMHT survey report is attached as appendix 4 The 2022 survey of people who use community mental health services involved 53 providers of NHS community mental health services in England. There was an overall response rate of 20.9%. People aged 18 and over were eligible for the survey if they were receiving care or treatment for a mental health condition and were seen face-to-face at the trust, via video conference or telephone between 1 September 2021 and 30 November 2021. Our results showed that service user experience was best in the areas of: • Getting help needed: staff delivered help needed at last contact • Care Delivery: service users receiving care and treatment in the way agreed • Organisation of care: service users knowing how to contact the person in charge of organising their care if they have concerns • Crisis care (access): time taken to get through to staff • NHS Talking Therapies: staff explaining NHS talking therapies in a way service users can understand Our results showed that the service user experience could most improve in the areas of: • Support and well-being (Work): service users being given help or advice with finding support for finding or keeping work • Support and well-being (Physical): service users being given help or advice with finding support for financial advice • Care review: service users had care review meeting in last 12 months • Medicines review: NHS mental health services checking how service users are getting on with their medicines • Organisation of care: service users being told who is in charge of organising their care and services These results have been shared with the Directors of Community Mental Health and the feedback will be used to further develop services.
ACTION REQUIRED	The Board is asked to: Note the report.

Patient Experience Report; Quarter Three 2022/23

Introduction

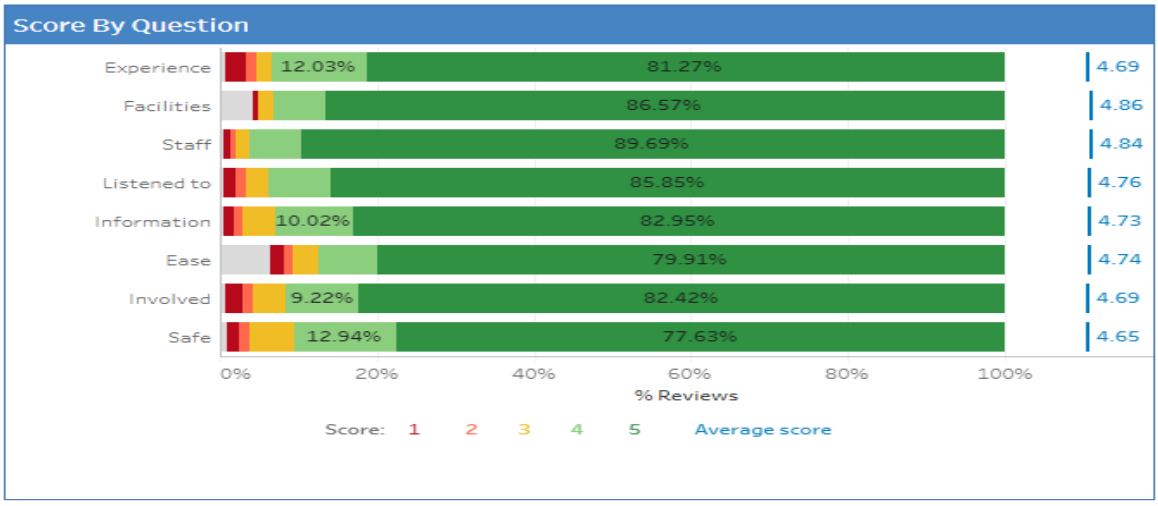
This report is written for the board and contains patient experience information for Berkshire Healthcare (The Trust) incorporating feedback from complaints, compliments, PALS, our patient survey programme, and feedback collated from other sources during the quarter.

This report is written in the context of there being 158,069 reported patient contacts and discharges from our inpatient wards, with around 6,105 pieces of feedback collated through compliments, complaints, the patient experience survey, and MPs equating to around 3.8% service user feedback from contacts this quarter. The total amount of feedback received is expected to rise as more services utilise the patient feedback survey.

The 'I want Great Care' patient experience tool is now used as our primary patient survey programme and was introduced in December 2021, this is available to patients through online, SMS, paper, and electronic tablet; it is offered to patients following a clinical outpatient contact or, for inpatient wards, on discharge. As services start to embed the use of this tool, we are seeing an increase in the numbers of responses received which will support areas for improvement alongside hearing the patient voice both where the experience is good and where improvements could be made.

The tool uses a 5-star rating which is comparable across all services within the organisation and is based on questions in relation to experience, facilities, staff, ease, safety, information, involvement and whether the person felt listened to.

Below is the trust overall scoring which is based on the 4580 responses received during the quarter; a 93.3% positivity rating was achieved with an average 4.75 star rating. It is worth noting that not all questions are scored by everyone, for example facilities related questions only apply where patients are seen in a building/are on a ward/outpatient appointment and are therefore not asked in all surveys. Our surveys are also available in easy read and differing languages.



For this quarter, 2 of the divisions that are proactively using the tool achieved an overall positivity scoring of over 95% (this is the threshold that we are aspiring to achieve at trust,

divisional and service level scoring), these were Community Health East and Community Health West divisions, this is the same as Quarter 1 and Quarter 2.

Other highlights from the quarter, the total number of responses received via the patient experience tool continued to increase with a further 19% total responses compared to Q2, and 61% of enabled services receiving feedback, an11% increase from the previous quarter.

Thematic analysis demonstrates that the most positive themes were in relation to emotional support, empathy and respect (93% respondents reporting that staff are kind, friendly and understanding and that they are treated with respect, compassion and empathy); involvement in decision and respect for preference (with most staff involving patients in key decision regarding their care and considering patient wishes); Clear information, communication and support for self-care (with most patients feeling listened to and given opportunity to ask questions and given clear helpful advice and information and effective treatment delivered by trusted professionals (84% respondents describing their treatment as excellent or good and delivered by caring and professional staff)

Opportunities for improvement have been identified as involving family members and carers (76% made positive comments in relation to this although some patients commented that family members were not informed or involved as they would have liked); fast access to reliable healthcare (69% gave positive feedback however there were comments around long wait times, and challenges in access); continuity of care and smooth transition (whilst 73% referenced good teamwork , well organised services some referenced challenges with referral between services and unexpected changes in staff); and attention to physical and environment needs (whilst 82% provided positive comments in relation to helpful staff , good food and clean environments, some there were comments about some building being drab and noise was an issue for some).

The thematic analysis and high-level findings are provided in an 'I Want Great Care' quarterly report, these are shared with the Clinical Directors for further sharing, learning and service improvements; this is alongside the live dashboard that all services have access to enabling them to see individual and collated scores and feedback.

Table 1: The services with the largest numbers of feedback through the patient survey

Service	Star Rating	Number of Responses	% Positive Score
Talking Therapies	4.35	527	78.9
District Nursing & Community Matrons West Berkshire	4.91	208	97.1
Musculoskeletal (MSK) Physiotherapy East - Upton Hospital	4.90	173	97.1
District Nursing & Community Matrons Wokingham	4.92	167	98.2
Upton Assessment & Rehab Centre	4.99	131	100
MSK Physiotherapy - Wokingham Hospital	4.87	115	99.1
District Nursing & Community Matrons Reading	4.68	104	99
West Call Out of Hours	4.83	99	92.2
Psychological Medicine (PMS) East	4.74	96	99
CRHTT East	4.23	92	94.6

During the quarter, there were a total of 158,069 contacts (including discharges from wards), the Trust received a total of **71 formal complaints** (10 of these were secondary complaints, 61 were new complaints) there were a further **29 concerns that were locally resolved** / responded to as informal complaints. We also received **1403 compliments** in addition to the patient survey feedback and **22 MP enquiries.** The number of formal complaints received is

higher than Quarter 2 where 50 were received. The number of concerns locally resolved or responded to as informal complaints has decreased slightly from 38 in the last quarter and the number of MP enquires has decreased this quarter, meaning that the overall number of concerns/ complaints received this quarter is slightly higher than Quarter 2.

57 formal complaints were closed during the quarter with a 100% response within agreed timescale achieved.

Appendices 2 and 3 contain our PALS and Complaints report for quarter three.

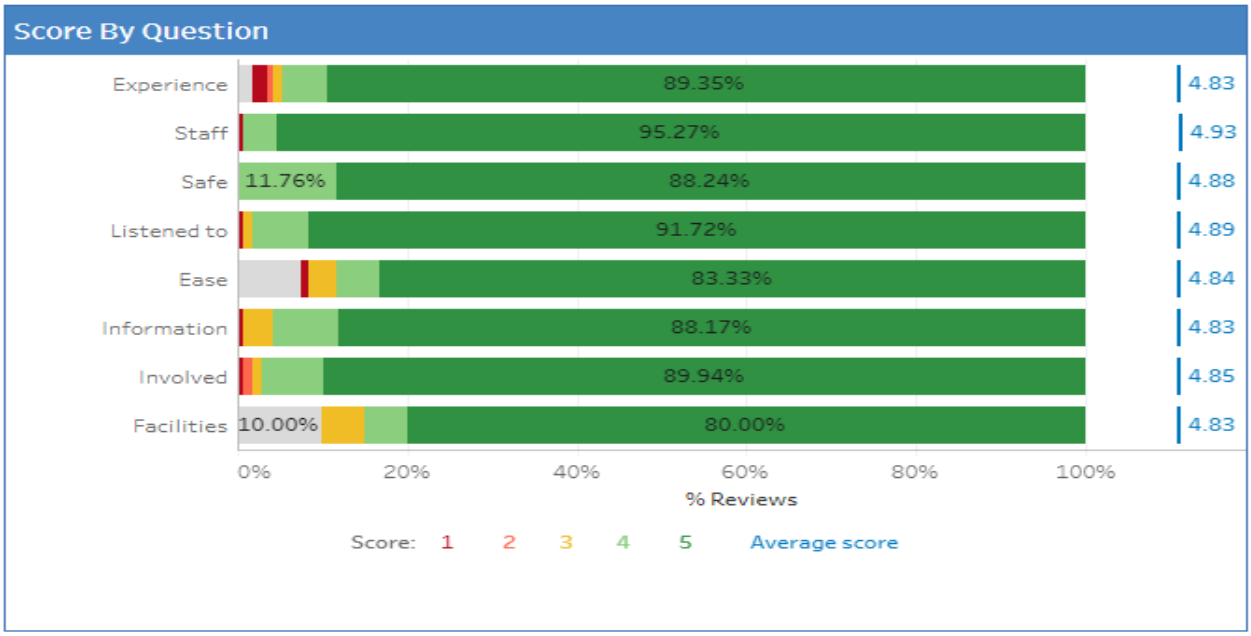
What the data is telling us

Below is a summary and triangulation of the patient feedback we have received for each of our 6 divisions.

Children and Young Peoples division including learning disability services

Table 2: Summary of patient experience data

Patient Experience - Division CYPF and LD		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	111	92	169	
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	0.5%	0.4%	0.8%	
iWGC 5-star score	Number	4.81	4.80	4.86	
iWGC Experience score – FFT	%	91%	95.6%	94.7%	
Compliments received directly by services	Number	47	80	82	
Formal Complaints Rec	Number	11	11	15	
Formal Complaints Closed	Number	15	12	13	
Formal Complaints Upheld/Partially Upheld	%	60	67	54	
Local resolution concerns/ informal complaints Rec	Number	11	6	9	
MP Enquiries Rec	Number	21	10	13	



For children's services the iWGC feedback form is not currently being well used and therefore it is less easy to draw conclusions; young people and parents/carers have been

assisting in the ways to promote the new patient experience tool to other service users, including the design and layout of the new posters that will now be used across CYPF services.

Of the 169 responses, 135 responses related to children's services; these received 97.1% positivity score, with positive comments about staff and services and a few suggestions for further improvement, this included 6 reviews for Phoenix House our T4 adolescent day unit were comments about support and safety was very positive and there were some suggestions for further better communication and wanting to be more involved in care. 28 of the responses related to learning disability services as detailed below and 8 to eating disorder services.

From the feedback that was received, experience and ease were most frequent reasons for individual questions being scored below 4. Although 20% of respondents gave a score of 3 (satisfactory) to facilities and it therefore appears to be lowest star rating, it was only scored by 20 people with the responses from Phoenix House and Woodland respite centre where young people spend the longest periods of time all scoring 5 for that question.

Children's Physical Health Services

There were no formal complaints for children's physical health services received or closed this quarter. There were three locally resolved complaints received, one each for health visiting, speech and language and children's community nursing.

106 of the 135 patient survey responses were in relation to children's physical health services. The 2 services with most responses were the Immunisation West and Children's Community Nursing - East; the Immunisation West received 35 of these responses all of which scored positively receiving a five-star rating of 4.96 and feedback included *"My child was nervous but nurse made her feel at ease", "There was no queue and the staff were extremely friendly"* and *"The lady was very nice to me and made sure I wasn't treated like a kid since my mum was there and asked me the questions".*

The Specialist Paediatric Dietitians received 8 responses all of which were positive with a five-star score of 4.90. The services received many free text comments related to helpful, understanding and listened. .

Children's services have continued to undertake their feedback surveys this quarter for school nursing, 10 young people completed the survey with all 10 stating the service was good or better, responses included that the nurses were helpful, understanding and listened.

Child and Adolescent Mental Health Services (CAMHS)

For child and adolescent mental health services there were 13 complaints received (these were in relation to care and treatment received, waiting times and communication). In addition to this, the service received 13 enquiries via MPs, and most of these related to waiting times.

There have only been 21 responses for CAMHS services received through our patient survey for this quarter. Currently the survey is accessed through one way SMS, online or configured tablets in the departments.

The services have also received some compliments including *"[name removed] was very nice and understanding, she listened to me and explained things that I didn't understand"* and *'I wanted to write to say thank you for the services I received at phoenix, the support I got helped me turn things around and changed my life for the better which I will forever be grateful for. I also wanted to update and say that I got accepted into a performing arts school in a vocals course!!! I have everyone at phoenix to thank for being there for me and helping me get to a point where I can steadily attend school and auditions and I'm just really grateful. The band that was formed (Rainbow Pickles) helped me grow my passion for singing even when I was in my darkest place and it gave me hope for the future so again I am so grateful!!*

(enc) Here's a pic of me with my lanyard which they gave me after they accepted me into the school. I have been clean from self harm for the longest time since years and phoenix really gave me a set of strategies that helped allow that to happen. I hope everyone at phoenix is doing well and idk who gets these emails but have an amazing day!!!'

Learning disability

There was one complaint received this quarter for the Campion Ward, this complaint was a re-opened complaint from Quarter one. 28 responses from the patient survey have been received. These received 85.7% positive score, this was skewed by 2 responses not having a score; 1 person scored the services as a 1 however there are no comments to understand the reason for this; feedback included that staff were nice, "Communication was good as well as presentation.", "I got help I needed to make my life easier." and "We explained well with what is going to happen", there was a comment for improvement which was that meetings at patients home would be preferred.

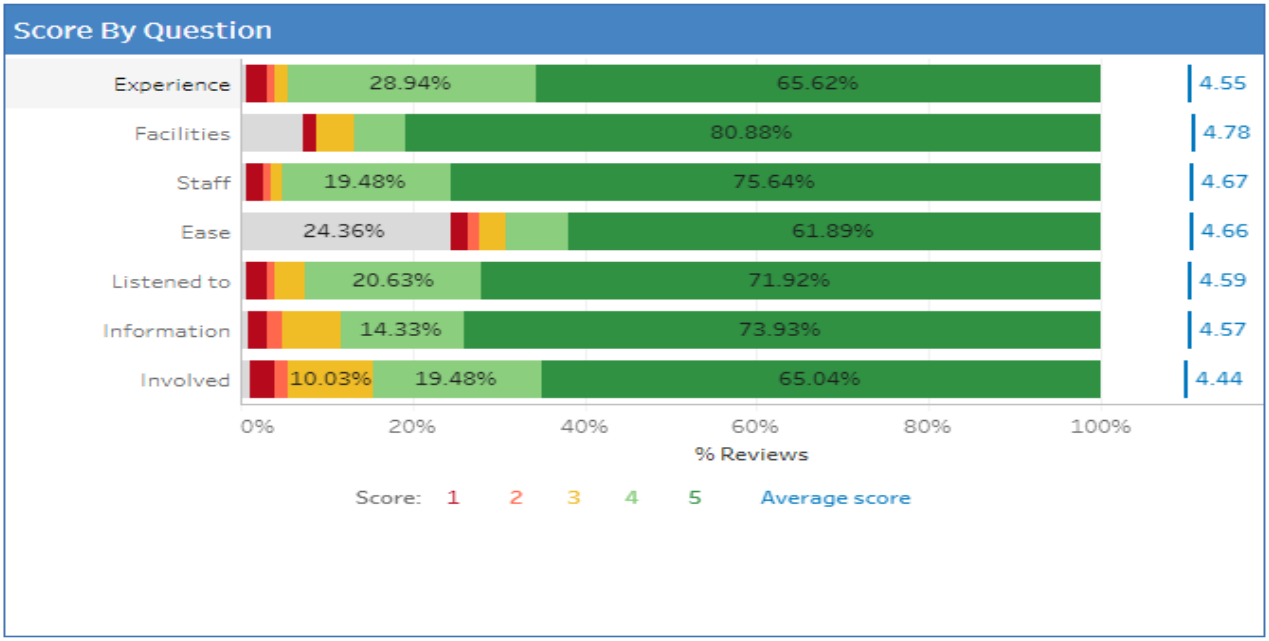
Eating disorders

There was one complaint for eating disorders, which related to care and treatment. Of the 8 feedback responses received 7 scored a 5 with comments such as ' I feel I've been listened to' , 'staff are friendly' , 'I couldn't have asked for more help and 'x has made a positive impact on my life and really helped me'.

Mental Health East division (Slough, Windsor, Ascot & Maidenhead , Bracknell)

Table 3: Summary of patient experience data

Patient Experience - Division MHE		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	**Number**	183	309	349	
Response rate (calculated on number contacts)	**%**	1.5%	2.2%	3.7%	
iWGC 5-star score	**Number**	4.56	4.57	4.58	
iWGC Experience score - FFT	**%**	93%	92.9%	94.6%	
Compliments received directly by services	**Number**	43	201	43	
Formal Complaints Rec	**Number**	9	13	12	
Formal Complaints Closed	**Number**	7	12	9	
Formal Complaints Upheld/Partially Upheld	**%**	71	50	66	
Local resolution concerns/ informal complaints Rec	**Number**	5	2	3	
MP Enquiries Rec	**Number**	0	1	0	



12 complaints were received into the division during this quarter; in addition, there were 6 informal/ locally resolved complaints. 9 complaints were closed during the quarter of these 3 were upheld, 3 were partially upheld and 3 were not upheld. There were no themes in relation to the complaints.

The services receiving most patient experience responses were the Psychological Medicine Service (PMS) with 96, CRHTT with 92, Memory Clinic slough 29 and CMHT Bracknell 26.

CRHTT East received two formal complaints this quarter, one relating to communication, the other to care and treatment. They received one informal concern relating to attitude of staff. They closed two formal complaints, and both were upheld.

Across the CRHTT survey responses the average 5-star score was 4.23 with 94.6% positive feedback, a slight reduction in the star rating from last quarter and increase for the positivity rating. 87 of the 92 scored a 4 or 5-star rating with many comments about staff being helpful, supportive, understanding and listened*; "Listen to me. Very helpful and prompt. Understand my feelings at the time".* This quarter questions relating to Ease and Involved were least likely to be positive with areas for improvement and dissatisfaction with the service generally about staff being unhelpful and not caring.

Across the PMS East survey responses, the average 5-star score was 4.74 with 99% positive feedback, a slight increase for the star rating from last quarter and increase for the positivity rating. 95 of the 96 scored a 4 or 5-star rating with many comments about staff being helpful, supportive, understanding and listened*; "Listen to me. Very helpful and prompt. Understand my feelings at the time".* This quarter questions relating to Ease and Involved were least likely to be positive with areas for improvement and dissatisfaction with the service generally about staff being unhelpful and not caring.

The Memory Clinic Slough received 87.1% positive feedback (4.83-star rating), all the comments were positive about staff being kind, patient and listened. "*[name removed] who came was so patient and understanding, explained everything that she was doing. All communication was excellent too".*

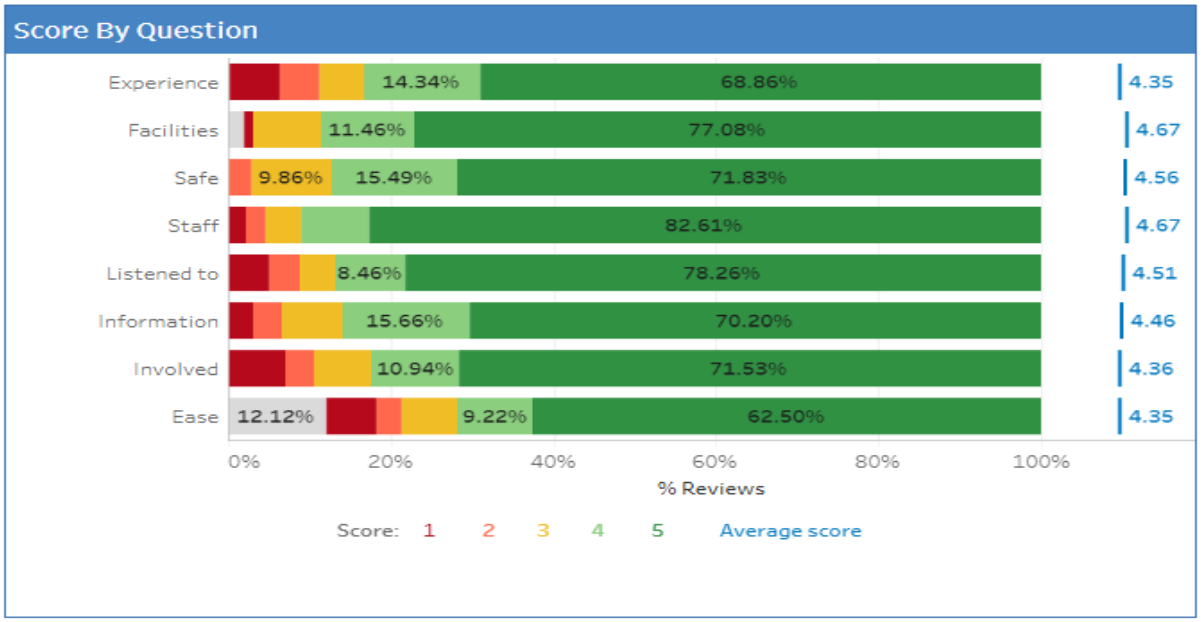
CMHT received 51 responses (Bracknell 26, WAM 17 and Slough 8) with 92.16% positive score and 4.49 star with 4 of the total responses scoring less than a rating of 4; comments included that "*Consultant was very kind and caring, and listened", "Because it was totally professional cannot think of anything better" and "The whole CMHT have been fabulous.*

Caring and genuinely interested in my care. I feel supported and hopeful about the future". There were a number of positive comments about being listened to, staff being kind and helpful.

Mental Health West Division (Reading, Wokingham, and West Berks)

Table 4: Summary of patient experience data

Patient Experience - Division MHW		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	**Number**	232	717	851	
Response rate (calculated on number contacts)	**%**	0.5%	1.6%	3%	
iWGC 5-star score	**Number**	4.53	4.61	4.46	
iWGC Experience score - FFT	**%**	87%	90.4%	83.2%	
Compliments received directly by services	**Number**	434	589	680	
Formal Complaints Rec	**Number**	14	10	20	
Formal Complaints Closed	**Number**	11	13	13	
Formal Complaints Upheld/Partially Upheld	**%**	55	85	54	
Local resolution concerns/ informal complaints Rec	**Number**	2	4	5	
MP Enquiries Rec	**Number**	2	3	6	



The Mental Health West division has a wide variety of services reporting into it, including Talking Therapy services and Court Liaison as well as secondary mental health services. The division saw an increase in number of responses received this quarter, this was largely due to significant increase in responses from Talking Therapies. The 3 services with the most feedback through the patient survey were Talking Therapies with 527 responses, PMS West with 72 responses and Memory Clinic Wokingham 32.

Within Mental Health West the questions relating to Overall experience and Ease had the lowest positive ratings.

This division received 20 formal complaints during the quarter with CMHT receiving 8. There were 20 complaints closed with 7 being found to be upheld or partially upheld and 13 not upheld .

CRHTT West received four complaints this quarter, two relating to medication and two relating to access to services. They also received one informal complaint relating to care and

treatment. Four complaints were closed across CRHTT West, three were partially upheld and one was not upheld.

For CRHTT there were 15 feedback questionnaires completed with a 86.7% positivity score and 4.33 star rating (2 of the responses scored less than 4); with lots of positive comments about Kind and supportive, "*The people who supported me were absolutely amazing, always very kind and reassuring. Particularly a huge thank you to [name removed] and [name removed] who I saw quite regularly and were incredible and got me through some really hard times. [name removed] also gave me some really helpful resources and support. Thank you so much to the crisis team.";* a some of the areas for improvement included not feeling ready to be discharged and unclear about appointments.

Of the 8 complaints for West CMHT's during the quarter, 6 were about care and treatment, one about medication and one re policy. There were 3 complaints closed, one being upheld, one partially upheld and one not upheld.

There were a total of 16 responses received (4 West Berks, 8 for Wokingham and 4 for Reading) with 68.8% positivity score and 4.02-star rating, 11 of these were positive with comments received listened to and understanding, there were 4 responses which rated 3 and below with reviews left *"Not listened to. Family views not taken seriously. Grave concerns not acted on. Serious suicide attempts with no follow-up whatsoever. Short staffed. Lack of cpns. Staff can very blunt and rude. care if you can call it that has negligent. Caused a lot of distress to Family and me.*

Older adult and memory clinic combined have received 86 patient survey responses during the quarter with a 96.5% positivity rating (4.83 star rating) some of the feedback included *"Excellent service and clear and concise about the diagnosis and what I need to do to help to make my condition better".*

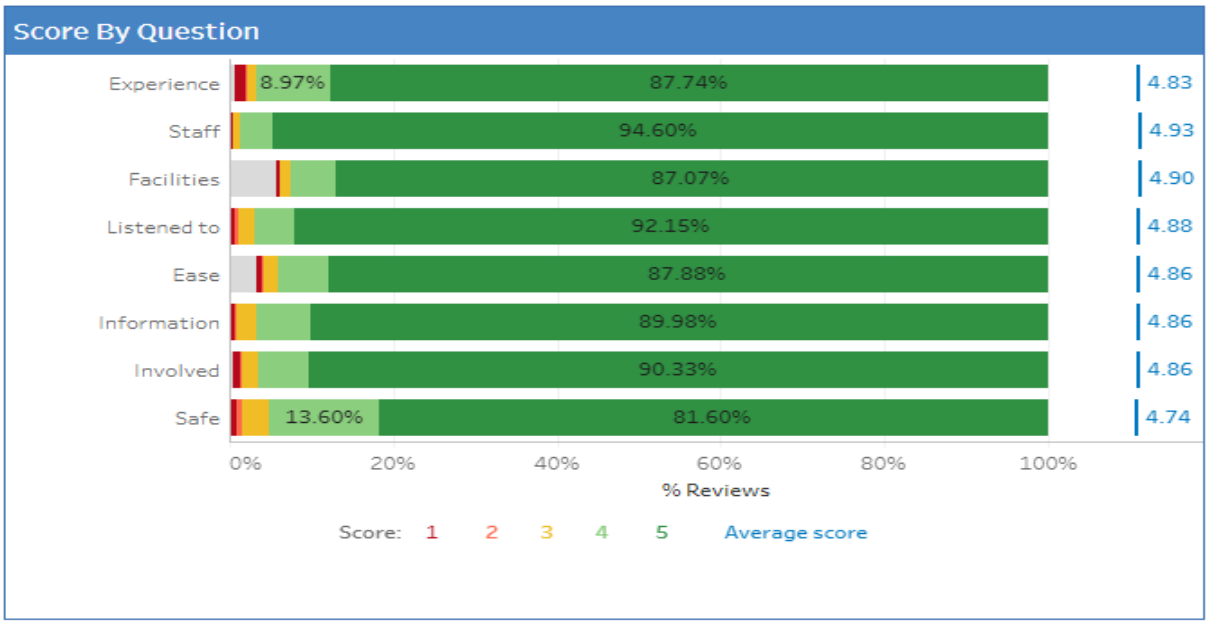
The West Psychological medicine service received 72 responses with an 86.1% positive score and 4.58 star rating (10 responses scored less than 4) many of the comments were positive about staff being supportive, engaging and listening well although a few felt that this was not the case.

Talking Therapies received 527 patient feedback responses with a positivity score of 78.94% and 4.35 star rating, 111 of the reviews scored less than 4 and whilst many patients were complimentary about the flexibility and staff being kind and helpful and some referring to it as life changing, there were also comments about not liking the service model, preferring face to face and not finding the service helpful to them. There was only one complaint for Talking Therapies during the same period and there were no informal complaints or concerns received.

Community Health East Division (Slough, Windsor, Ascot and Maidenhead, Bracknell)

Table 5: Summary of patient experience data

Patient Experience - Division CHE		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	755	1416	1427	
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	3.4%	5.6%	9.3%	
iWGC 5-star score	Number	4.83	4.84	4.87	
iWGC Experience score - FFT	%	96%	97.2%	96.7%	
Compliments received directly into the service	Number	174	201	298	
Formal Complaints Rec	Number	5	1	3	
Formal Complaints Closed	Number	2	4	2	
Formal Complaints Upheld/Partially Upheld	%	100	50	50	
Local resolution concerns/ informal complaints Rec	Number	6	2	2	
MP Enquiries Rec	Number	0	0	0	



There were two complaints closed, one for Hearing and Balance, which was relating to communication and was partially upheld. The other was for Sexual Health and was relating to care and treatment, which was not upheld.

Hearing and balance received 78 responses to the patient experience survey with a 97.4% positive score and 4.86 star rating.

East Community Nursing/Community Matrons received 133 patient survey responses during the quarter with a 97.7% positive scoring, many comments were about staff being kind and helpful. *"They are truly outstanding and the staff work incredibly hard to provide a very high level of service and always go the extra mile", "For the second time I was looked after superbly by both nurses and healthcare assistants", "staff are so friendly, they always go the extra mile and provide a caring and supportive service" and "The nurse was very good and knowledgeable at was she was doing".* There were also some comments around timing of visits and "*Advise on estimated arrival time".* Work is ongoing within community nursing to procure an allocation tool that will help with visits scheduling.

The wards received 122 feedback responses (55 responses for Jubilee ward 94.6% positive score and 67 Henry Tudor ward 94% positive score). With positive comments about staff being kind and caring. Reviews around food was mixed. Compliments included '*The biggest ever thank you to you and your ward team from xx and myself. You are all wonderful and couldn't have made xx stay in the ward more welcoming or comfortable, I have no idea where the future will take xx and I, but rest assured I will be singing your praises for a long, long time' . 'I have recently spent two weeks on the Jubilee Ward and write to express my admiration for all the work done by all members of the unit'* and *'I was immediately struck by the cleanliness and the cheerfulness of the staff doing this work'; 'I was particularly struck by the atmosphere, the staff talked and laughed together and with the patients, I had a feeling of hope. It did me good to be in the ward, looking around me I realised how much I still have rather than the little I have lost'*

As with MSK physio in the West, there was a high number of responses (275) to the patient survey and a high positivity score of 95.6% (4.89 star rating), comments were very complimentary about physiotherapists being professional and listening, *"Professional, caring, supportive, superb communication, excellent exercise planning according to individual needs. Brilliant "going forward" advice for continued strengthening at hip joint. Thank you to all concerned in my care plan".* There were no themes emerging from the improvement suggestions this quarter.

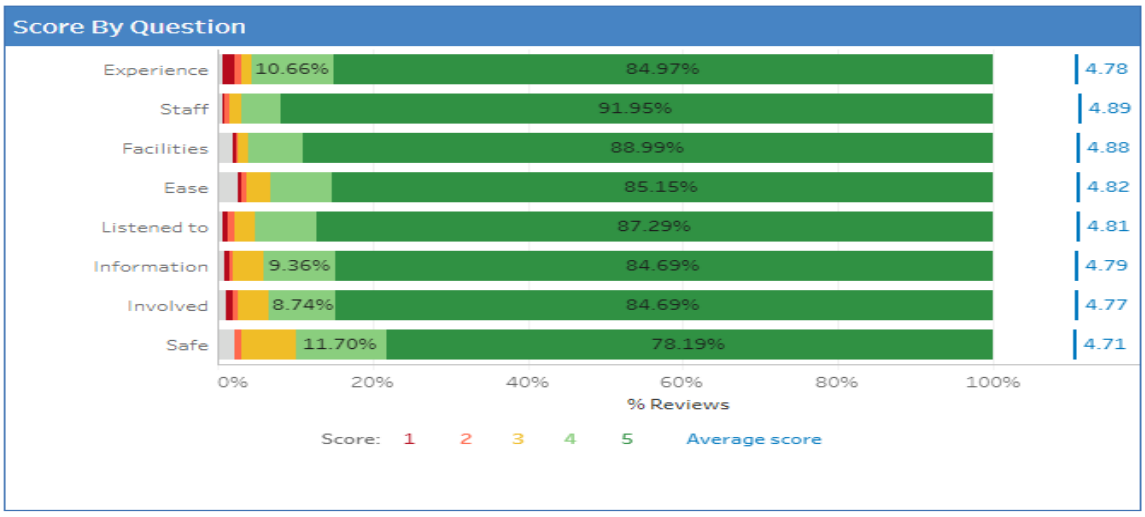
Outpatient services within the locality received scores that were 97.6% positive with a positivity score of 4.88 stars from the 1305 responses received. With some very positive feedback including for the Lower limb service, *"Everyone has been so helpful we are both very grateful for a lovely service".*

The diabetes service received 5 feedback responses with some very positive comments including "*I had an appointment with [name removed] and could not have asked a better experience. She was extremely knowledgeable while also being friendly and welcoming. I left feeling more equipped to manage my diabetes. Thank you!"* alongside some helpful suggestions for the service to consider such as *"The document provided by the nurse with which to book a following appointment is clearly ambiguous. It needs to be clarified so that reception staff can see whether a face to face or telephone appointment needs to be booked."* and challenges with the log in system for the online training sessions.

Community Health West Division (Reading, Wokingham, West Berks)

Table 6: Summary of patient experience data

Patient Experience - Division CHW		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	Number	675	1459	1763	
Response rate (calculated on number contacts for out-patient and discharges for the ward-based services)	%	0.9%	3.1%	3.3%	
iWGC 5-star score	Number	4.76	4.84	4.81	
iWGC Experience score - FFT	%	95%	96.3%	95.6%	
Compliments (received directly into service)	Number	126	167	289	
Formal Complaints Rec	Number	7	5	7	
Formal Complaints Closed	Number	11	4	6	
Formal Complaints Upheld/Partially Upheld	%	55	50	50	
Local resolution concerns/ informal complaints Rec	Number	16	16	14	
MP Enquiries Rec	Number	3	1	2	



Community Health West saw a significant increase in responses this quarter. There are a significant number of services within the division and a generally high level of satisfaction received as detailed in the overall divisional scoring of 95.6% positive satisfaction and 4.81 star rating and the question on staff receiving a 92% positive scoring from the 1763 responses received.

There were 7 complaints received during the quarter, 3 of these related to District Nursing, 2 to community wards, one to MSK physio and one to the Out of Hours GP service

There were 6 complaints closed for the division during the quarter with 2 being partially upheld, 2 not upheld, one partially upheld and one moved to a serious incident investigation. There were no themes identified for closed complaints.

During this quarter the community hospital wards have received 150 responses through the patient survey receiving a 90.7% positive score and 4.57 star rating, (14 responses scored 3 and below) questions around information and being listened to received the most results of 3 and below; comments include kind and helpful staff, "*Everyone was helpful though they are very busy", "Had a lovely time and do not want to leave [name removed] has been very kind and caring", "10 out of 10 friendly staff very attentive very helpful all of the time"* and *"Angels are what you are. Kind and pleasant. I will miss you all".* There were some individual comments where patients were less satisfied noise levels too high, staff sometimes rude, more staff needed and not enough walking practice.

Westcall received 133 responses through the iWGC questionnaire this quarter (92.5% positive score, 4.85 star rating, 10 scores received below 4 (although some of these had very positive comments indicating that perhaps there was confusion re scoring). Positive comments included *"Staff are kind. Doctor give me detailed explanation. Thanks!", "The whole team was very kind, patient and caring I really do appreciate it"* and "*We got help we need here. The doctor was very kind and attentive. Thank you very much!"*. Westcall received around 19,460 contacts during the quarter. The less positive reviews and areas for improvement related predominantly to wait times.

Podiatry services received 98 patient survey responses. Most responses were very positive receiving 5 stars (overall 96.9% positivity 4.89 star rating) with examples including *"The treatment was on time and the two staff members were very polite and attentive."* and *"Staff very professional and friendly. They keep me updated regarding my ongoing treatment".*

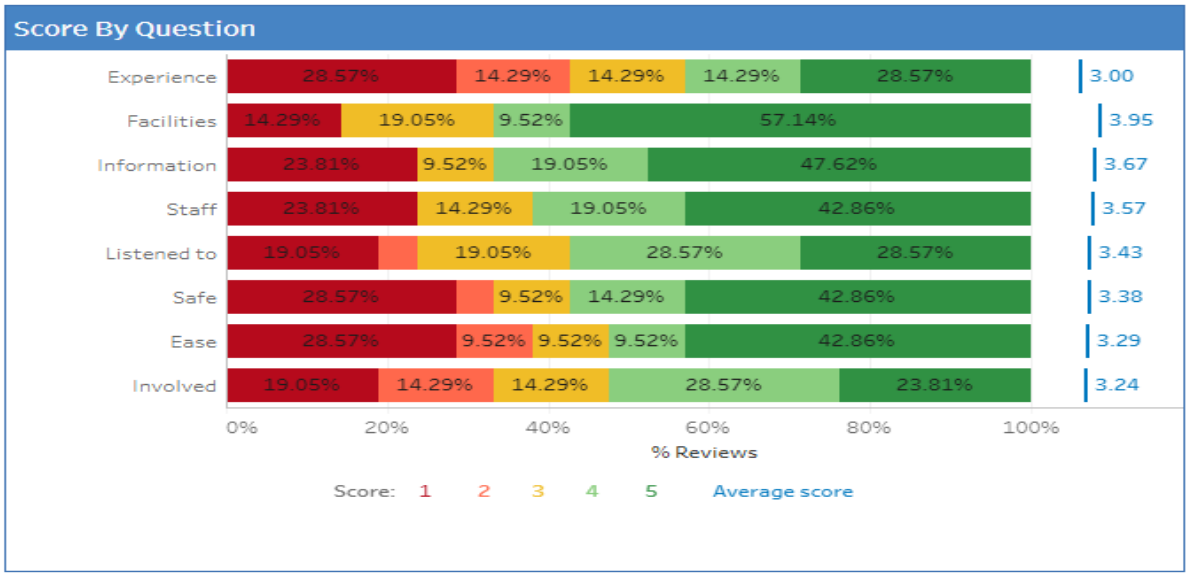
There were three complaints for Community Nursing, two relating to care and treatment and one relating to attitude of staff. have received some of the highest numbers of feedback (479 across the 3 localities in the quarter, with a 97.9% overall satisfaction score and 4.86 star rating). To provide some context across our East and West District Nursing teams combined there are 14,221 contacts this quarter. Lots of comments included nurses were kind, helpful and caring, "*The nurses are always kind and friendly. They do their best to help"*, "*The staff were very caring explain everything very good and a great team I could not thank them enough"* and *"All of the district nurses who flush my PICC line are amazing. They are so welcoming and take such care, checking whether I'm comfortable and asking if they can improve anything. I really look forward to going".* There were several positive comments about the care received and there were very few suggestions from improvement, wait time to be seen could be improved and better communication between hospitals, GP and nurses.

MSK Physio has received one complaint in the quarter relating to discharge arrangements. The service has received 23 compliments and 224 patient survey responses with a 98.7% positive score (4.89 star rating), very few areas for improvement were included in the feedback there were a few suggestions including more parking, more appointments and instructions with exercises and the overall feedback was extremely positive with lots of comments about helpful staff, friendly, professional and listen.

Mental Health Inpatient Division

Table 7: Summary of patient experience data

Patient Experience - Division MH Inpatients		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Number of responses received	**Number**	21	33	21	
Response rate	**%**	10.3%	16.5%	12.1%	
iWGC 5-star score	**Number**	3.92	3.77	3.44	
iWGC Experience score - FFT	**%**	76%	75.8%	42.9%	
Compliments	**Number**	12	10	11	
Formal Complaints Rec	**Number**	14	10	10	
Formal Complaints Closed	**Number**	11	15	9	
Formal Complaints Upheld/Partially upheld	**%**	45	67	55	
Local resolution concerns/ informal complaints Rec	**Number**	2	1	1	
MP Enquiries Rec	**Number**	0	0	0	



There were 174 reported discharges from mental health inpatient wards (including Sorrel Ward). All the wards collected feedback this quarter, 21 responses were collected. The satisfaction rate at 42.9% due to 12 of the 21 completed questionnaires giving scores of 1-3. The individual question themes would indicate that experience receives the least positive scores with overall 5-star rating being 3.

There were 10 formal complaints received for mental health inpatient wards during the quarter, with care and treatment being the main theme for 6 complaints. 4 of the complaints received were about Daisy Ward, and three of these related to care and treatment. The Complaints Office has highlighted the complaints for mental health inpatient wards to the weekly Patient Safety, Learning and Experience Group as an area for closer monitoring.

There were 9 complaints closed for this Division during the quarter and of these 5 were partially upheld and 4 were not upheld.

There were many positive comments received in the feedback including comments such as staff were friendly, listened and kind. 9 of the 21 responses to the survey were from Sorrel Ward and of those 3 (33.3% positive rating) gave a positive score of 4 or 5. Most of the lower scores did not provide much additional feedback however there were some comments about staff not listening to needs, wanting better food options and heating on wards.

Examples of the feedback left are *"Staff were friendly and listened to me, made sure I was okay and got me anything I needed. Made me feel comfortable and listened to in a bad situation"* and *"The people working for the NHS were absolute stars, wonderfully kind people who are overworked but have the best wishes for the patients.".*

The 2 responses related to Place of Safety provided positive scores and comments.

Demographic profile of people providing feedback (Breakdown up to date as of Quarter 4 data from our Business Intelligence Team)

Table 8: Ethnicity

Ethnicity	% Complaints received	% Patient Survey Responses	% Breakdown of Q4 attendances
Asian/Asian British	5%	7.9%	9.67%
Black/Black British	8%	2.6%	2.67%
Mixed	2%	2.5%	3.49%
Not stated	20%	11.7%	15.89%
Other Ethnic Group	2%	5.5%	1.62%
White	64%	69.9%	66.66%

The above would indicate that potentially we have a higher number of complaints received compared to attendance percentage from those with Black/Black British heritage and that there is still more feedback being received from White British as a percentage of contacts than from others. It will be important to ensure as we continue to gain an increase in our patient survey responses that everyone is able to access and use the survey; the survey is provided in easy read and a number of differing languages, but it will be important to ensure that the prompts to complete this are not inhibiting feedback representative of the community and our patient attendance.

Table 9: Gender

Gender	% Complaints received	% Patient survey responses	% Breakdown of Q4 attendance
Female	41%	46.1%	53%
Male	56%	33%	46.98%
Non-binary/ other	0	4.1%	
Not stated	3%	16.7%	0.01%

This would indicate that whilst the breakdown by attendance is fairly equally split as are complaints it would appear that we are still more likely to hear the voice of the patient through the patient survey if they are female.

Table 10: Age

Age Group	% Complaints received	% Patient Survey Responses	% Breakdown of Q4 attendance
0 to 4	0%	5.90%	18.41
5 to 9	7%		4.14
10 to 14	5%		4.34
15 to 19	8%		4.52
20 to 24	3%	6.20%	2.87
25 to 29	7%		3.14
30 to 34	11%	8.90%	3.56
35 to 39	7%		
40 to 44	5%	8.80%	3.58
45 to 49	11%		3.52
50 to 54	7%	11.30%	3.73
55 to 59	3%		4.32
60 to 64	0%	13.60%	4.46
65 to 69	0%		4.63
70 to 74	3%	16.70%	4.53
75 to 79	7%		5.56
80 to 84	3%	19.30%	6.16
85 +	5%		6.55
Not known	8%	9.50%	11.98

Ongoing improvement

Complaint Handling Training continues to be delivered by the Complaints Office to support ensuring robust investigation and response to any complaints (formal or informal) that are received.

All services have access to a tableau dashboard detailing response to our patient survey including free text comments and this is refreshed daily to enable live data to be used by services alongside improvement work being undertaken.

Many of the teams are starting to use the feedback and improvement suggestions received through the iWGC tool, services like wards and outpatient departments are also starting to display these for services users and their loved ones to see.

Some examples of services changes and improvements are detailed below

Service	You said	We did
CRHTT	There was a lack of information about medication (including what it is for, doses, side effects, what to do post-discharge etc.).	We have since employed a Pharmacist and are in the process of setting up our NMP Clinic. We have already had positive feedback about the speed at which someone was seen by an NMP and the quality of the information provided. Our Pharmacist is also sharing PIL during MDT's so we can easily provide these to patients.
CRHTT	Frustration in having to repeat themselves (whether	Service leads have delivered some training focusing on agenda setting and formulating

Service	You said	We did
	to multiple services, say PMS, CPE, then CRHTT, or within CRHTT itself).	impressions to help staff avoid asking the same questions (especially for things that haven't changed, such as details of past traumas) and instead focusing patient contacts on finding out additional information. This is also helping to relay that we have read the patients' notes before speaking with them, which previously had been unclear as we were asking questions they had already answered.
Lower Limb Service	'I couldn't park my car at Skimped Hill. Parking bays are not clearly marked, especially disabled spaces.' 'I was very worried about coming to leg ulcer clinic.' 'I have multiple health problems which were worrying me, not just my leg ulcer.'	This has been reported multiple times to NHS Property Services, particularly highlighting that markings are not clear. Awaiting action. We took time to explain what we were going to do. Patients said the nurses were so kind and put her at ease. The team ensured the patient was seen by the appropriate services first and then booked appointment times which worked well for the patient.
Hearing and Balance	Feedback from a patient whose was urgently trying to rebook appointment. Patient did not answer call and so wasted attendance.	We now text patients as well as calling if we have been unable to talk to someone. We have changed our outgoing phone number on our calls as our telecoms world existing phone line (we are still with them post telephony project) previously showed as an unknown number, but now shows our 0300 number in case patients are wary of answering unsolicited calls. Also for email contacts request the reason for contact in the "Subject" field. E.G. Appointment, Repair, Battery request. Supplying your information in this format help service respond more quickly.

Mental Health Inpatient Wards	Carers reported poor communication and involvement in decision making and care. Patients reported not being involved in care, having regular 1-1s or knowing who their key nurse.	We have as a result set up carers clinics on each ward where the ward manager has a half day slot once a week where carers can be booked in or call up to speak to the ward manager. This has been put on the information that gets sent to carers on admission Each ward is in the process of setting up whose caring for me boards (established on 2 wards currently), which identifies who is looking after them that shift. There is a role descriptor for this so that the person looking after you is responsible for key parts of the patients care that day – i.e. 1-1, physical obs, MHA rights, carer contact, review of risk summary/safety plan etc

Dietetics

We have produced a fussy eating leaflet in response to selective eating issues and to support first line intervention

We have updated ancillary guide to support users and referrers understand our local guidelines and manage spend on enteral feeding equipment

Have been working with local acute hospital team and external provider to develop ambient temperature blended diet pouches for use at ward level to address parental concerns about lack of options available to children who are fed with this form of nutrition when they are admitted to hospital.

Developing constipation resource for use with children who have complex needs to support parents and prevent issues.

Updated an assessment proforma to be in line with evidence and British Dietetic Association toolkit – making initiation easier for parents and reflecting feedback that this should not be called a 'risk assessment'.

Developed a website portal for the service for parents to access some resources and referrers to access relevant documents.

CYPIT East

We have met with the Bracknell Parent Carer Forum to seek their input in designing therapy resources for parents and carers.

We have met with young people from Royal Borough Windsor and Maidenhead who told us their views on how having a label can help or hinder access to services (health, education and social care) and have used their feedback to challenge where a formal diagnosis is required in order to access services and reminded partners and settings of the importance of responding to an individual's needs (via RBWM CYP Partnership Board).

Help While Waiting information has been refreshed and promoted more in response to some families telling us that they were not aware of it.

Fluency service- service users have contributed to an online survey. A focus group is planned for 23/1/23. Feedback from service users and other stakeholders will be used to redesign the service.

15 Steps

Appendix 1 contains the 15 Steps visits that took place during quarter three, with the programme fully recommencing in April 2022.

There was 1 visit to a community physical health inpatient ward (Highclere Ward) and 1 to a community based physical healthcare service (Physiotherapy); both services are based in West Berkshire Community Hospital.

Annual CMHT Survey

Appendix 4 contains the results of the Annual CMHT Survey.

Summary

The most frequent single concern raised through all data sources continues to be about waiting times in children's services where this features within formal, informal and MP concerns as well as being identified within patient surveys. There is work being undertaken

currently within the children's division and with support of some external resource to ensure that there is clarity on wait time data , the reasons behind our longest waits are understood and that the services are operating in the most efficient way possible in the context of increasing demand and staffing resource. Some of our other services also received some comments around wait times. A newsletter is being created that will be regularly sent to MPs and other stakeholders and interested parties (such as charities and parent groups) and the waiting time and work being carried out across our Neurodiversity services.

Responses about staff have remained overwhelmingly positive although we recognise that this is not the experience for everyone and do see some feedback and complaints relating to staff attitude for the vast majority of patient contacts their experience of our staff is a good one; we continue to foster our culture of kindness and civility across the organisation.

It is very positive to see further increased volumes of patient feedback through our patient survey month on month and all managers and divisional leaders have access to the live tableau dashboard to view this. It is also positive to see a number of services proactively using the feedback to make changes and displaying this for patients and their loved ones to see.

It has been noted that in some cases we have been receiving scores of 1 (the lowest rating) but with very positive comments alongside this rating which doesn't quite equate; this has been fed back to iWGC who have advised that this is a recognised issue with feedback across the Trusts that they work with and that as they consider this as a minimal impact, there are no plans to amend the supporting information that is given about the rating scale.

Berkshire Healthcare
NHS Foundation Trust

15 Steps Challenge

Quarter 3 2022/23

- Two 15 Steps visits were cancelled this quarter due to availability of both Lead Nurses and Volunteers.

Physio WBCH

Positives observed during the visit:

- Clinic was well signposted on the corridor.
- Staff were welcoming and accommodating.
- Good interactions with patients were observed.
- All clinics were running on time.
- Clinic areas were accessible to disabled/wheelchair users.

There were some observations made which were discussed at the time of the visit with the manager:

- Noticeboard for patients was a bit sparse and not up to date- Manager explained there had been some staff concerned about not wanting their photos displayed.
- BHFT noticeboard in main corridor was not eye catching- Manager explained this would be reviewed.
- Shared waiting area with X-ray sometimes leads to confusion for patients.

Highclere Ward

Positives observed during the visit:

- All areas were uncluttered and clean.
- All staff were very welcoming with good eye contact and interactions.
- Fire evacuation slides clearly available.
- Patients were managed effectively when asking for assistance.
- Staff board stating nurse in charge was clear.

There were some observations made which were discussed at the time of the visit with the manager:

- It was confusing which beds were BHFT and which were RBH as visitors - This was mentioned to the manager and taken on board.

- The intercom did not have Highclere on it this could be confusing for visitors - Manager took a note of this.
- QI Activity was out of date

Linda Nelson & Pauline Engola
Professional Development Nurses
January 2023

Appendix 2: complaint, compliment and PALS activity

All formal complaints received

	2021-22						2022-23					
Service	**Q1**	**Q2**	**Q3**	**Q4**	**Total for year**	**% of Total**	**Q1**	**Q2**	**Higher or lower than previous quarter**	**Q3**	**Total for year**	**% of Total**
CMHT/Care Pathways	5	8	10	9	32	**13.85**	11	10	↑	18	39	**21%**
CAMHS - Child and Adolescent Mental Health Services	5	10	6	10	31	**13.42**	4	6	↑	13	23	**12%**
Crisis Resolution & Home Treatment Team (CRHTT)	5	4	2	4	15	**6.49**	3	9	↓	6	18	**10%**
Acute Inpatient Admissions – Prospect Park Hospital	11	8	7	6	30	**12.99**	13	7	↑	9	29	**16%**
Community Nursing	4	5	2	1	12	**5.19**	3	0	↑	4	7	**4.00%**
Community Hospital Inpatient	6	8	6	5	25	**10.82**	4	3	↓	2	9	**5.00%**
Common Point of Entry	0	1	1	0	2	**0.87**	0	1	↑	3	4	**2%**
Out of Hours GP Services	1	1	5	2	9	**3.9**	1	0	↑	1	2	**1%**
PICU - Psychiatric Intensive Care Unit	3	1	2	1	7	**3.03**	1	2	↓	0	3	**1.50%**
Urgent Treatment Centre	1	1	0	0	2	**0.87**	1	0	-	0	1	**0.5%**

	2021-22						2022-23					
Service	**Q1**	**Q2**	**Q3**	**Q4**	**Total for year**	**% of Total**	**Q1**	**Q2**	**Higher or lower than previous quarter**	**Q3**	**Total for year**	**% of Total**
Older Adults Community Mental Health Team	0	0	0	2	2	**0.87**	1	1	↓	0	2	**1%**
Other services in Q3	18	14	14	16	64	**27.71**	19	11	↑	15	45	**26%**
Grand Total	59	61	55	56	231	100	61	50		71	182	100%

Locally resolved concerns received

Division	Oct	Nov	Dec	Qtr 3
CYPF	1	2	1	4
Community Mental Health East	1	1		2
Community Mental Health West		1		1
Community Physical Health East	1			1
Community Physical Health West	4	3	3	10
Total	**7**	**7**	**4**	**18**

Informal Complaints received

Division	July	Aug	Sept	Qtr 3
CYPF		1		1
Community Mental Health East			1	1
Community Mental Health West		1	2	3
Community Physical Health West	2	1	1	4
Corporate			1	1
Mental Health Inpatients	1			1
Total	**3**	**3**	**5**	**11**

KO41a Return

We have been informed by NHS Digital that they are no longer collecting and publishing information for the KO41a return on a quarterly basis but will now be doing so on a yearly basis. We will expect to be asked to submit our information in May 2023, so this will next be reported in the Q2 2023 report.

Formal complaints closed

As part of the process of closing a formal complaint, a decision is made around whether the complaint is found to have been upheld, or well-founded (referred to as an outcome).

Outcome of formal complaints closed

	2021-2022				2022-2023					
Outcome	**Q1**	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Higher or lower than previous quarter**	**Q3**	**Total for year**	**% of 22/23**
Not Upheld	27	36	34	21	23	22	↑	23	68	39.00%
Partially Upheld	19	18	22	22	21	30	↓	26	77	44.00%
Upheld	9	11	6	6	12	9	↓	7	28	16.00%
SI	0	0	0	0	1	0	↑	1	2	1%
Grand Total	**55**	**65**	**62**	**49**	**57**	**61**		**57**	**175**	**100.00%**

58% of complaints closed were either partly or fully upheld in the quarter (compared to 61% last quarter), these were spread across several differing services.

Complaints upheld and partially upheld

	Main subject of complaint										
Service	**Abuse, Bullying, Physical, Sexual, Verbal**	**Access to Services**	**Attitude of Staff**	**Care and Treatment**	**Communication**	**Discharge Arrangements**	**Environment, Hotel Services, Cleanliness**	**Medication**	**Other**	**Waiting Times for Treatment**	**Grand Total**
Adult Acute Admissions - Daisy Ward			1	1							2
Adult Acute Admissions - Rose Ward	1										1
Adult Acute Admissions - Snowdrop Ward	1			1							2
CAMHS - AAT					2						2
CAMHS - ADHD										2	2
CAMHS - Common Point of Entry (Children)				1							1
CAMHS - Specialist				1						1	2

	Main subject of complaint										
Service	Abuse, Bullying, Physical, Sexual, Verbal	Access to Services	Attitude of Staff	Care and Treatment	Communication	Discharge Arrangements	Environment, Hotel Services, Cleanliness	Medication	Other	Waiting Times for Treatment	Grand Total
Community Teams											
CMHT/Care Pathways	1			1	3	1					6
Community Hospital Inpatient Service - Oakwood Ward				1							1
Crisis Resolution and Home Treatment Team (CRHTT)			1	2	1			1			5
Estates							1		3		4
Hearing and Balance Services					1						1
Musculoskeletal Community Specialist Service						1					1
Neuropsychology								1			1
Perinatal Mental Health				1							1
Podiatry		1									1
Grand Total	**3**	**1**	**2**	**9**	**7**	**2**	**1**	**2**	**3**	**3**	**33**

Compliments

The chart below shows number of compliments received into services, these are in addition to any compliments received through the iWGC tool.

	2021/22					2022/23			
	Q1	Q2	Q3	Q4	Total 2020/21	Q1	Q2	Q3	Total to date 2022/23
Compliments	1076	986	960	772	3794	1076	1119	1403	3598

Top 10 services with the highest number of compliments

Service	Number of compliments
Talking Therapies - Admin/Ops Team	595
District Nursing	198
Community Hospital Inpatient Service - Henry Tudor Ward	92
Cardiac Rehab	39
Community Respiratory Service	34
CMHTOA/COAMHS - Older Adults Community Mental Health Team	32
Physiotherapy Musculoskeletal	32
SUN	27
Children's Speech and Language Therapy - CYPIT	25
Heart Function Service	21
Intermediate Care	21

PALS activity

PALS has continued to provide a signposting, information, and support service throughout the pandemic response. PALS has continued to facilitate the 'Message to a loved one' service, which involves collating messages for patients, which are then delivered on the ward. This was available across all inpatient areas. The PALS Manager continues in the roles of Freedom to Speak Up champion and Armed Forces Service Network champion. PALS is also responsible for responding to postings on the NHS website which refer to Trust services.

There were 263 queries recorded during Quarter three. A decrease of 116 since Quarter 2. 261 queries were acknowledged within the 5 working day target but the recording of queries has fallen behind due to the volume of queries coming into the service.

PALS has engaged a volunteer on a part time basis, and this has improved direct access to the service.

In addition, there were 210 non-BHFT queries recorded. Work is ongoing as part of the QMIS process to reduce this number.

The services with the highest number of contacts are in the table below:

Service	Number of contacts
CAMHS AAT	20

CAMHS CPE	19
CAMHS ADHD	16
District Nursing	15
CMHT Care Pathways	14
Hearing and Balance	12
Neuropsychology	10

Formal Complaints closed during Quarter three 2022-23

ID	Geo Locality	Service	Complaint Severity	Description	Outcome code	Outcome	Subjects
8688	Bracknell	Common Point of Entry	Low	Patient unhappy that our MH services have been trying to contact him.	Not Upheld		Communication
8686	Wokingham	CAMHS - ADHD	Low	Complaint re waiting times for CAMHS appointment. Waiting over two years	Partially Upheld	CAMHS Referral date to be backdated to August 2020 to take into account 6 months' delay at GP surgery with making referral to CAMHS when requested to do so by family Discussion with administrative staff and triage clinicians to backdate referrals to take account of previous delays prior to CAMHS referrals being received	Waiting Times for Treatment
8668	Bracknell	CMHT/Care Pathways	Low	Pt states they have 3 diagnosis but believes BHFT only concentrate on EUPD	Not Upheld	Not Upheld	Care and Treatment
8718	Reading	Neuropsychology	Low	The service have allegedly said the diagnosis & report from Glasgow re ADHD are insufficient for our services to continue with the pt's medication	Not Upheld		Care and Treatment
8703	West Berks	Estates	Low	Unhappy due to signage issues in the West Berks community hospital car park	Upheld	Parkonomy signage removed. Main signage amended as stated above Additional pay on exit signage to be installed and banner introduced at the car parks entrance	Environment, Hotel Services, Cleanliness
8700	Wokingham	District Nursing	Low	Pt had leg amputated and then later died after being in the care of the DN team. Family say the DN team failed to diagnose a severe infection through lack of consistent care, which led to pt's death.	Serious Untoward Incident Investigation	Moved to SI process	Care and Treatment
8674	Reading	CAMHS - Specialist Community Teams	Low	Family unhappy at wait times from initial concerns. No MH assessment has been made despite reports. No recommendations have been made. Family desire input from CAMHS Multidisciplinary team feeding into My Family Plan team	Partially Upheld		Waiting Times for Treatment
8711	West Berks	Estates	Low	Complainant remains dissatisfied with heightened annoyance following an article in the press regarding the parking, further response required ORIGINAL COMPLAINT inadequate signage for WBCH parking.	Partially Upheld	Updated information leaflet provided and appointment letters to include details of the new parking system. Signage and banners to be added to the car park to avoid confusion and recurrence.	Other
8685	Reading	Podiatry	Low	Pt removed from home podiatry visits	Partially Upheld	Updated the Electronic patient record to show contact info. Discuss with the district nurse team, how to improve the communication links for information about vulnerable patients	Access to Services
8698	Reading	CAMHS - ADHD	Low	Clinician advised the pt met the criteria for ADHD, but they backtracked in the report	Not Upheld		Communication
8665	Slough	Crisis Resolution and Home Treatment Team (CRHTT)	Moderate	Complainant says that there was a lack of care and compassion during their call with the Crisis Team.	Upheld	Clinician will be provided reflective sessions with a nurse consultant and a discussion with a clinical supervisor, so their can reflect on the telephone conversation and learn from the way how they handled the call. Informal improvement plan will be created with patient to minimise issues like this arising in the future.	Care and Treatment
8666	Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Low	Pt complaining about her 'appalling treatment' by CRHTT. Found staff member to be judgemental, rude and preachy. Comments made were 'inappropriate and dehumanising'	Partially Upheld	Apology offered and Dr will reflect on this complaint for future consultations	Attitude of Staff
8592	Wokingham	Podiatry	Low	Local resolution complaint meeting requested ORIGINAL COMPLAINT BELOW Pt unhappy with staff attitude and does not understand why the question to have the nail removed was not addressed	Not Upheld		Attitude of Staff
8579	Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Low	Complainant unhappy with response and disputes most of it Original complaint Pt unhappy with the way they have not been helped by Crisis and the attitude of the staff	Partially Upheld	Case has been discussed with all staff concerned. Good practice was acknowledged with some staff and supervision was undertaken with staff member on the importance of timely communication with patient and her carer. Learning from this complaint has also been shared with wider CRHTT staff in staff meetings to highlight good practice and the importance of good communication with patients and carers.	Care and Treatment
8667	Slough	CMHT/Care Pathways	Minor	Unhappy with response, wishes it reviewed ORIGINAL COMPLAINT Pt shocked to receive discharge letter date the day the Dr advised pt they would talk in 3-4 months. Letter states pt verbally agreed to the content which they had state had never heard about. Pt wishes to see evidence of facts and states medication in letter is incorrect	Partially Upheld	Will discuss with the wider multi-disciplinary team the importance of setting clear expectations with patients around discharge; as well as staff's role and function as Transitions Clinic lead. Will make sure the SOP is well; circulated and offer management support in discharge cases.	Discharge Arrangements
8619	Reading	CAMHS - ADHD	Minor	Family wish appt to be expediated ORIGINAL COMPLAINT pt on wait list for 3 yrs. Starting senior school next year not sure how they will cope	Not Upheld		Waiting Times for Treatment
8684	Bracknell	CMHT/Care Pathways	Minor	Complainant raising concerns about the welfare/safety of themselves and their child following MH issues with spouse	Partially Upheld	Apology offered	Communication
8699	Bracknell	CAMHS - Anxiety and Depression Pathway	Low	Complainant unhappy that referral was rejected, wants to understand why	Not Upheld		Access to Services
8730	Bracknell	CMHT/Care Pathways	Low	Following discharge in February from PPH pt was due a psychiatrist appt, one offered which pt could not attend. Pt has been trying for 4 months to rearrange but nothing has happened	Upheld	Local res - OPA given	Communication
8717	Reading	Adult Acute Admissions - Rose Ward	Minor	Following an alleged homophobic attack in 2021, pt wants to know why they were put on Sorrel Ward instead of the attacker. What happened to their property when they were subsequently admitted to Daisy Ward. Pt states there is nothing therapeutic about PPH and feels it is a toxic environment	Partially Upheld	Clear documentation around patient belongings	Abuse, Bullying, Physical, Sexual, Verbal
8724	Bracknell	CMHT/Care Pathways	Minor	Despite saying they did not want contact with BCMHT, pt received a note through the letter box saying they wish to make contact. Pt very unhappy	Partially Upheld	CMHT to be aware of patient's direct requests for no contact from CMHT. Patient to be made aware of contact may need to take place to establish welfare and safety of the patient.	Communication

8705	Bracknell	CAMHS - Specialist Community Teams	Low	Pt no longer being accepted by Bracknell and Wokingham but this was not communicated with the family. They wish to know what is going on	Upheld	WAM Family Therapist to contact by 8 November to arrange face to face family therapy session. WAM duty worker to support any concerns regarding deterioration in mental health before this time. WAM Specialist Community Team to review communication processes for young people transferring between teams and to review process for identifying from the date of referral the correct team via GP practice address.	Care and Treatment
8770	Wokingham	District Nursing	Low	Pt underwent several surgeries to remove dressings. DN requested not to use the dressing again but continued. Pt suffered Sepsis in Nov 2021 Surgeon removed 2 long dressing under internal camera which had been left inside the pt	Not Upheld	Moved to Pt Safety process	Care and Treatment
8754	Reading	CAMHS - ADHD	Low	Complainant concerns of inaccurate info, and believes the pt is sitting in a black hole regarding the correct wait list plus confusing information from the team	Not Upheld	Local resolution with learning for admin on appropriate styles of writing	Communication
8675	Reading	Community Hospital Inpatient Service - Oakwood Ward	Low	DECEASED PT: family feel there was poor communication on the ward, messages left and no call made back. Pt's beard was shaved off without consent. Mixed communication on medication given for pain. NO MH issues mentioned on the discharge paperwork.	Upheld	Staff to have RIO documentation refresher at least twice a year. An email to be sent out to all staff reminding them of the importance of shaving or not shaving a patient. To discuss this during safety huddle until staff have embed it. Ward to use behaviour chart for patient with challenging behaviour. Pain chart to be implemented of all patients on pain management. Staff to have a refresher of recording the chart Ward session around MCA and DOL's assessment.	Care and Treatment
8734	Reading	CMHT/Care Pathways	Minor	Pt's medication decreased, letter received making the pt unwell and states MH has seriously gone downhill without their medication. Pt wanting to change his doctor and have medication reinstated.	Not Upheld	If the patient is insistent that he wishes to change his psychiatrist then this will be facilitated by the CMHT lead. This change was not recommended by the IO.	Medication
8681	Reading	PICU - Psychiatric Intensive Care - Sorrel Ward	Low	Moved from Sec 2 onto Sec 3, feels they should not be under a section. Feels inconsistent communication on the ward	Not Upheld		Care and Treatment
8708	Reading	Neuropsychology	Low	Pt with official papers from China stating a diagnosis of ADHD is unhappy none of the documentation for our criteria for them to continue with their medication	Partially Upheld	Improve Information for Service Users Treatment for Clients Referred with an Existing Diagnosis of ADHD. Include a copy of Information for Service Users Treatment for Clients Referred with an Existing Diagnosis of ADHD when corresponding with clients regarding diagnostic reports. Provide a timeframe of response, and method, for client telephone and email queries.	Medication
8647	Reading	Adult Acute Admissions - Snowdrop Ward	Minor	Patient alleges they have been attacked by another patient and staff have not protected them. Further concerns raised that nurse appeared to find the incident funny	Partially Upheld	In regards to aspect 1 and 2; Safeguarding advice and enhanced levels of observations used. Transfer of patient to another ward to ensure safety of those patients involved. In regards to aspect 6a. Following review there does appear to be variation in the amount of escorted section 17 leave used. There is noted to be various factors for this; staff levels at times appears to have had an impact. There is also documentation on the patients notes reporting that staff did not feel confident to take the patient out due to verbal aggression and hostility at points.	Abuse, Bullying, Physical, Sexual, Verbal
8721	Slough	Sexual Health	Minor	Care and treatment regarding excessive ART medication received from Doctors at the Garden Clinic. Pt has issues with their medical records. Ongoing health issues that the pt needs help with and the injury sustained in the clinic	Not Upheld		Care and Treatment
8722	Reading	Musculoskeletal Community Specialist Service	Low	Discharged without having final physio appt due to translator cancelling	Partially Upheld	Review the interpreter booking admin process and feedback to The Big Word about effect of cancellation Ensure new members of staff are aware of processes for provision of letters to patients on induction Discussion with team member about ensuring patients remain in department to resolve complaints Discuss with staff member appropriateness of cancelling appointments and use of telephone interpreter service Discuss this complaint in team meetings to ensure wider dissemination of learning Discussion with team lead that use of interpreter earlier when discussing patient concerns would likely have been more effective. Learning to be disseminated to the wider team	Discharge Arrangements
8694	Reading	Older Adults Inpatient Service - Orchid ward	Low	Complainant feels there is no feedback from MDT meetings and is angry they cannot advocate for the pt, they feel they can help the pt open up. Complainant feels as info provided was not taken on board by the service it put the pt at risk. Complainant feels S117 referral needed to be made. Complainant unhappy about the MHA process.	Not Upheld		Communication
8677	Reading	CAMHS - AAT	Low	Complainant wishes clarity ORIGINAL COMPLAINT One of the parent views have not been taken into consideration on child records and they are unhappy to be left out. parent wants reassessment so as to include their views. Has address been updated on pt records?	Partially Upheld	Additional appointment offered Review of autism assessment by Team Lead	Communication
8742	Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Low	Complainant feels not all the points have been addressed formally ORIGINAL COMPLAINT feels conversation and report differ, clarity required. Wishes the entire complaint to be relooked at.	Partially Upheld	apology offered for the fact first complaint had not been dealt with along the formal route.	Medication
8706	Slough	Hearing and Balance Services	Low	Pt unhappy that appointment was cancelled at short notice and is unhappy that when we tried to resolve locally, she didn't get an email from us and found the service manager's subsequent email to be condescending.	Partially Upheld	The service attempted to contact the patient numerous times to advise of cancelled appointment.	Communication
8702	Reading	CMHT/Care Pathways	Low	Many changes to medication since previous psychiatrist retired which the family feel are having serious detrimental effects, several suicide attempts resulting in the patient being taken to A&E then later admitted to PPH.	Partially Upheld	A process is required to ensure that any staff that receive contact from a relative respond as appropriate within a given time frame.	Care and Treatment
8707	Reading	CAMHS - ADHD	Low	Complainant unhappy that an appointment to obtain pt medication was not forth coming in a timely fashion	Not Upheld		Medication
8704	Reading	CAMHS - ADHD	Low	Unhappy with the wait times, believes they should have been on the list for the last 3 years not April 2022	Partially Upheld	Discussion with adminstrators in CPE and ADHD Teams about checking whether patients are open to the service when telephone calls are received by parents and carers	Waiting Times for Treatment

8652	Reading	Adult Acute Admissions - Snowdrop Ward	Low	Pt feels their sections keeps being extended but they think it should end. States there are lots of rumours about the pt	Partially Upheld	Staff will be reminded to use the appropriate pronoun. Conversation with medical team whether they had this discussion, and to make sure discussions are documented in the future.	Care and Treatment
8572	Reading	Mental Health Act Department	Low	Pt feels their medical records are unrecognisable to them, they did not realise they had been sectioned in 2020 until they read the records and did not realise everything they said was being recorded in the notes	Not Upheld	Ward to read / explain Sec. 132 MHA rights to detained patients in accordance with the Trust / MHA and the Code of Practice.	Medical Records
8668	Bracknell	CMHT/Care Pathways	Low	Pt sates they have 3 diagnosis but believes BHFT only concentrate on EUPD	Not Upheld	Not Upheld	Care and Treatment
8711	West Berks	Estates	Low	Complainant remains dissatisfied with heightened annoyance following an article in the press regarding the parking, further response required ORIGINAL COMPLAINT inadequate signage for WBCH parking	Partially Upheld	Updated information leaflet provided and appointment letters to include details of the new parking system. Signage and banners to be added to the car park to avoid confusion and recurrence.	Other
8784	West Berks	Estates	Low	Complainant fined for not paying for parking at WestBerks, but claims they have a Blue badge	Partially Upheld		Other
8785	Bracknell	Common Point of Entry	Low	Pt unhappy the Trust have spoken to their GP without their consent, plus organisations referenced on medical records were incorrect	Not Upheld		Confidentiality
8771	Bracknell	Other	Low	Pt feels we did not have their consent to discuss their clinical info with Frimley ICB	Not Upheld		Communication
8715	Reading	Adult Acute Admissions - Daisy Ward	Minor	Pt feels staff lack competence and show no empathy or sympathy. Pt does not want to work with Turning Point again. Pt says they feel worse every day. Suicidal thoughts and is unhappy they will be discharged this week	Partially Upheld	Communicating with patients when there are any changes or delays with medication and documenting on Rio.	Care and Treatment
8752	Reading	Adult Acute Admissions - Daisy Ward	Minor	The attitude of staff member toward pt. Pt felt disrespected	Partially Upheld	Work with the staff about how his body language is interpreted by others. Arrange a mediation meeting between the staff member and the complainant as they are both willing to work together.	Attitude of Staff
8725	Wokingham	Perinatal Mental Health	Low	Patient feels let down by BHFT and with her interactions with perinatal, and the birth trauma pathway in the Trauma service. She is also an employee of BFHT and feels she strives towards the True North goals, but these are not the same values she receives. Unhappy with EMDR too as sessions were not fulfilled. She also states that on returning to work she has had to undertake duties she is not supposed to do, due to shortness of staff.	Partially Upheld	The patient should have been kept updated about discharge from the service, and an apology was given for staff sickness that resulted in a delay in being seen.	Care and Treatment
8765	Bracknell	Eating Disorders Service	Low	Complainant feels the young person is not getting the MH support they need. feels the person who claims to be a MH worker should not be working in eating disorders as is rude.	Not Upheld	Local resolution	Care and Treatment
8766	Reading	Adult Acute Admissions - Bluebell Ward	Low	Pt feels they are being ignored and not getting the right medication, cannot understand why they are on the ward	Not Upheld		Care and Treatment
8755	Bracknell	CAMHS - Common Point of Entry (Children)	Low	Pts psychiatric needs have not been assessed for EHCP, complainant wishes assessment asap	Partially Upheld	Review of and amendment to CAMHS EHCP standard work to ensure EHCP co-ordinators are sending requests to the correct CAMHS email boxes New checking process to be implemented by EHCP co-ordinators for when EHCP requests are made for services that children and young people are not open to at the time of the EHCP request Ongoing CPE / Getting Help Quality Improvement project taking place to improve referral processes between CPE and Getting Help teams	Care and Treatment
8753	Windsor, Ascot and Maidenhead	Crisis Resolution and Home Treatment Team (CRHTT)	Minor	Following pt's call to Crisis the staff member did not end the call properly and the pt heard the derogatory comments made about them	Upheld		Communication
8678	Wokingham	CMHT/Care Pathways	Low	Inappropriate communication from a Locum medic	Upheld	Conduct found to be inappropriate; whilst this took place after the clinician had left the locum post, the complaint has been shared with their employer.	Abuse, Bullying, Physical, Sexual, Verbal
8733	Bracknell	CMHT/Care Pathways	Low	Attitude of the psychiatrist, medication issues. Family feel the pt's brain injury was not taken into consideration	Not Upheld	The complaint will be discussed with the wider team	Attitude of Staff
8750	Reading	Crisis Resolution and Home Treatment Team (CRHTT)	Low	Unhappy with response feels it is a regurgitation of all previous responses, also wishes to know why they have not received any therapeutic intervention in the last 4-5 years ORIGINAL COMPLAINT BELOW Following recent assessment the patient states 'MH services are refusing to allow access to services that would be helpful'	Not Upheld	Not upheld	Access to Services
8688	Bracknell	Common Point of Entry	Low	Pt believes we provided conflicting and arguably dishonest info to other Trust ORIGINAL COMPLAINT BELOW patient unhappy that our MH services have been trying to contact him.	Not Upheld		Communication
8677	Reading	CAMHS - AAT	Low	Complainant wishes clarity ORIGINAL COMPLAINT One of the parent views have not been taken into consideration on child records and they are unhappy to be left out. parent wants reassessment so as to include their views. Has address been updated on pt records?	Partially Upheld	Additional appointment offered Review of autism assessment by Team Lead	Communication

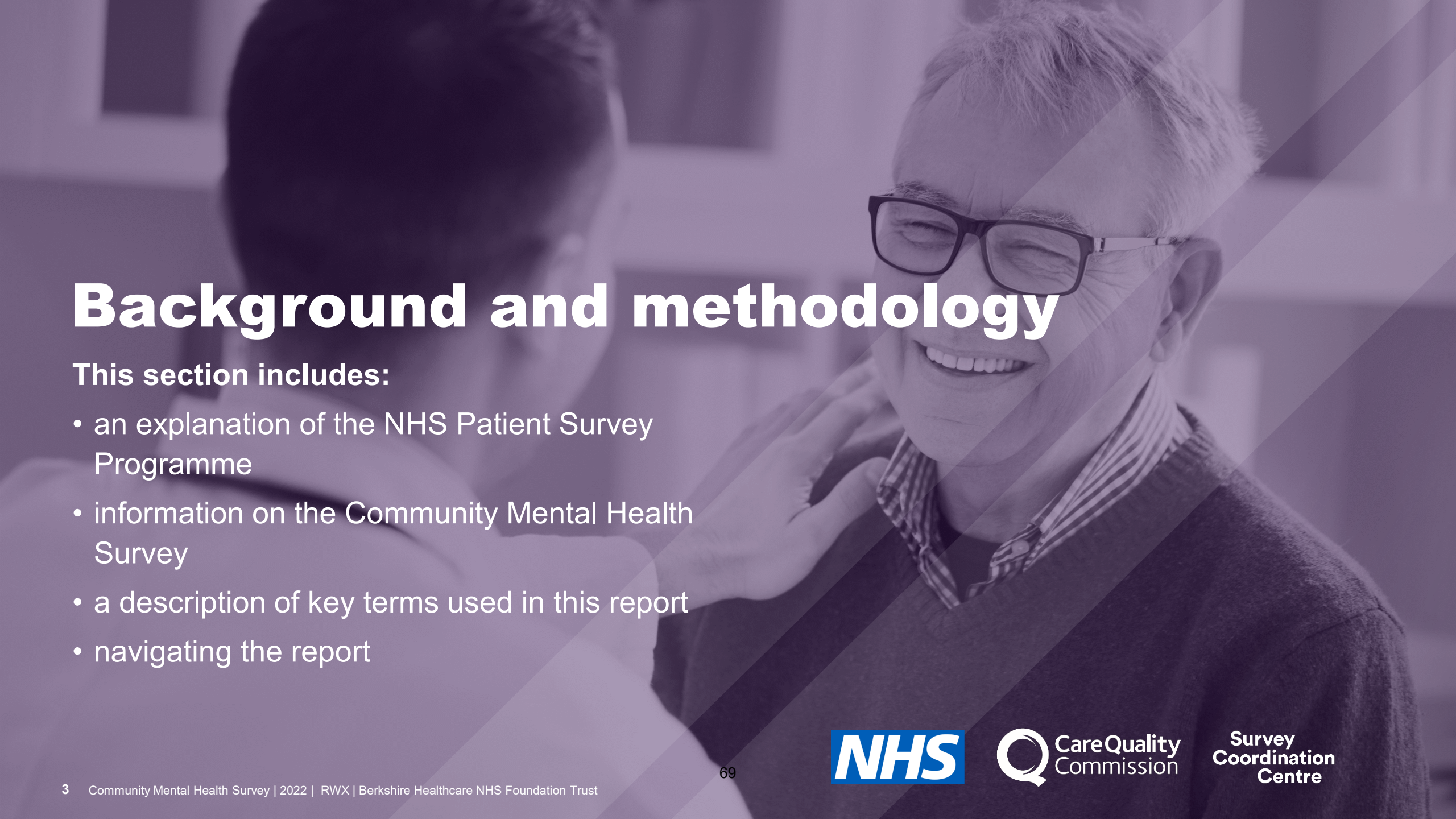
NHS Community Mental Health Survey Benchmark Report 2022

Berkshire Healthcare NHS Foundation Trust

NHS
Care Quality Commission
Survey Coordination Centre

Contents

This work was carried out in accordance with the requirements of the international standard for organisations conducting social research (accreditation to ISO27001:2013; certificate number GB10/80275).



Background and methodology

This section includes:

- an explanation of the NHS Patient Survey Programme
- information on the Community Mental Health Survey
- a description of key terms used in this report
- navigating the report

Background and methodology

The NHS Patient Survey Programme

The NHS Patient Survey Programme (NPSP) collects feedback on adult inpatient care, maternity care, children and young people's inpatient and day services, urgent and emergency care, and community mental health services.

The NPSP is commissioned by the Care Quality Commission (CQC); the independent regulator of health and adult social care in England.

As part of the NPSP, the Community Mental Health Survey has been conducted almost every year since 2004. The CQC use the results from the survey in its assessment of mental health trusts in England.

To find out more about the survey programme and to see the results from previous surveys, please refer to the section on further information on this page.

Community Mental Health Survey

The survey was administered by the Survey Coordination Centre for Existing Methods (SCCEM) at Picker Institute.

The 2022 survey of people who use community mental health services involved 53 providers of NHS community mental health services in England. We received responses from 13,418 people, a response rate of 20.9%.

People aged 18 and over were eligible for the survey if they were receiving care or treatment for a mental health condition and were seen face-to-face at the trust, via video conference or telephone between 1 September 2021 and 30 November 2021. For more information on the sampling criteria for the survey, please refer to the sampling instructions detailed in the 'Further information' section. Fieldwork for the survey (the time during which questionnaires were sent out and returned) took place between February and June 2022.

Trend data

The Community Mental Health Survey is comparable back to the 2014 survey. Trend data is presented in this report for questions that have been asked in previous survey years.

Further information about the survey

- For published results for other surveys in the NPSP, and for information to help trusts implement the surveys across the NPSP, please visit the NHS Surveys website.
- To learn more about the CQC's survey programme, please visit the CQC website.

Key terms used in this report

The 'expected range' technique

This report shows how your trust scored for each evaluative question in the survey, compared with other trusts that took part. It uses an analysis technique called the 'expected range' to determine if your trust is performing about the same, better or worse compared with most other trusts. This is designed to help understand the performance of individual trusts and identify areas for improvement. More information can be found in the Appendix.

Standardisation

Demographic characteristics, such as age and sex, can influence service users' experience of care and the way they report it. For example, research shows that older people report more positive experiences of care than younger people. Since trusts have differing profiles of service users, this could make fair trust comparisons difficult. To account for this, we 'standardise' the results, which means we apply a weight to individual service user responses to account for differences in demographic profile between trusts. For each trust, results have been standardised by the age and sex of respondents to reflect the 'national' age-sex type distribution (based on all respondents to the survey).

This helps ensure that no trust will appear better or worse than another because of its profile, and enables a fairer and more useful comparison of results across trusts. In most cases this standardisation will not have a large impact on trust results.

Scoring

For each question in the survey, the individual (standardised) responses are converted into scores on a scale of 0 to 10. A score of 10 represents the best possible result and a score of 0 the worst. The higher the score for each question, the better the trust is performing. Only evaluative questions in the questionnaire are scored. Some questions are descriptive (for example Q1) and others are 'routing questions', which are designed to filter out respondents to whom the following questions do not apply (for example Q23). These questions are not scored. Section scoring is computed as the arithmetic mean of question scores for the section after weighting is applied.

National average

The 'national average' mentioned in this report is the arithmetic mean of all trusts' scores after weighting is applied.

Suppressed data

If fewer than 30 respondents have answered a question, no score will be displayed for that question (or the corresponding section the question contributes to).

Further information about the methods

For further information about the statistical methods used in this report, please refer to the survey technical document.

Using the survey results

Navigating this report

This report is split into five sections:

- **Background and methodology** – provides information about the survey programme, how the survey is run, and how to interpret the data.
- **Headline results** – includes key trust-level findings relating to the service users who took part in the survey, benchmarking, and top and bottom scores. This section provides an overview of results for your trust, identifying areas where your organisation performs better than the average and where you may wish to focus improvement activities.
- **Benchmarking** – shows how your trust scored for each evaluative question in the survey, compared with other trusts that took part; using the 'expected range' analysis technique. This allows you to see the range of scores achieved and compare yourself with the other organisations that took part in the survey. Benchmarking can provide you with an indication of where you perform better than the average, and what you should aim for in areas where you may wish to improve.
- **Change over time** – displays your trust score for each survey year. Where available, trend data will be shown from 2014 to 2022. Questions are displayed in a line chart with the trust mean plotted alongside the national average. Statistical significance testing is also shown between survey years 2022 vs 2021. This section highlights areas your trust has improved on or declined in over time.
- **Appendix** – includes additional data for your trust; further information on the survey methodology; and interpretation of graphs in this report.

How to interpret the graphs in this report

There are several types of graphs in this report which show how the score for your trust compares to the scores achieved by all trusts that took part in the survey. Additionally, line charts show your trust's trend data over time.

The two chart types used in the section 'Benchmarking' use the 'expected range' technique to show results. For information on how to interpret these graphs, please refer to the Appendix.

Other data sources

More information is available about the following topics at their respective websites, listed below:

- Full national results; technical document: http://www.cqc.org.uk/cmhsurvey
- National and trust-level data for all trusts who took part in the Community Mental Health Survey 2022 https://nhssurveys.org/surveys/survey/05-community-mental-health/. Full details of the methodology for the survey, instructions for trusts and contractors to carry out the survey, and the survey development report can also be found on the NHS Surveys website.
- Information on the NHS Patient Survey Programme, including results from other surveys: www.cqc.org.uk/content/surveys
- Information about how the CQC monitors hospitals: https://www.cqc.org.uk/what-we-do/how-we-use-information/using-data-monitor-services

Headline results

This section includes:

- information about your trust population
- an overview of benchmarking for your trust
- the best and worst scores for your trust

Who took part in the survey?

This slide is included to help you interpret responses and to provide information about the population of service users who took part in the survey.

1250 invited to take part

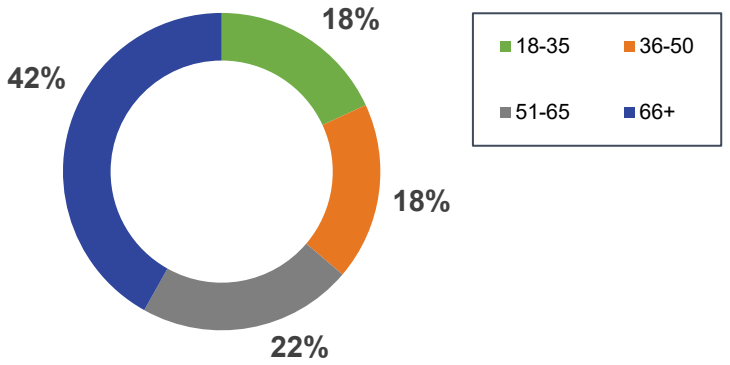
265 completed

22% response rate

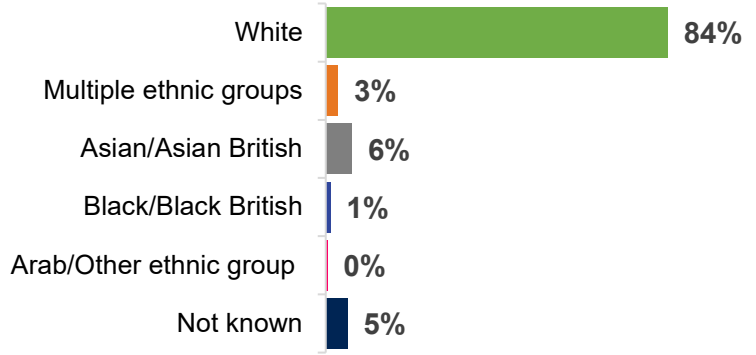
21% average response rate for all trusts

27% response rate for your trust last year

AGE



ETHNICITY



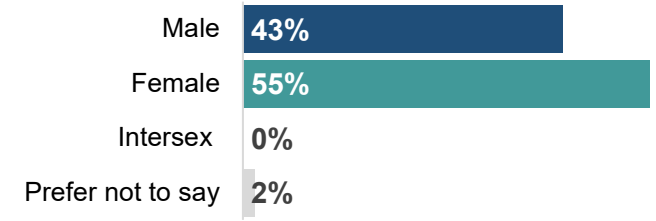
LONG-TERM CONDITIONS

92% of service users have a **physical or mental health condition or illness that has lasted or is expected to last for 12 months or more.**

Number of long-term conditions reported:

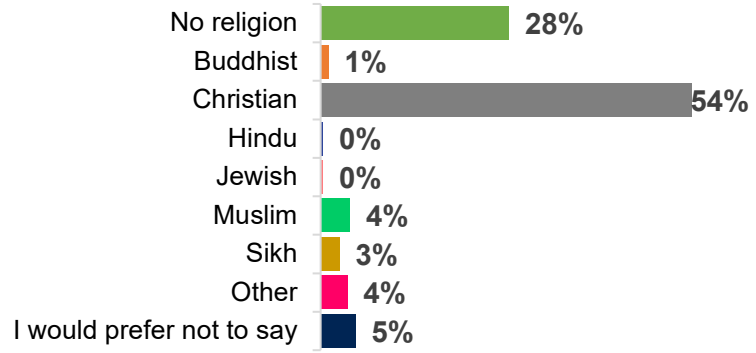
SEX

At birth were you registered as…



1% of service users said their **gender is different from the sex they were registered with at birth**.

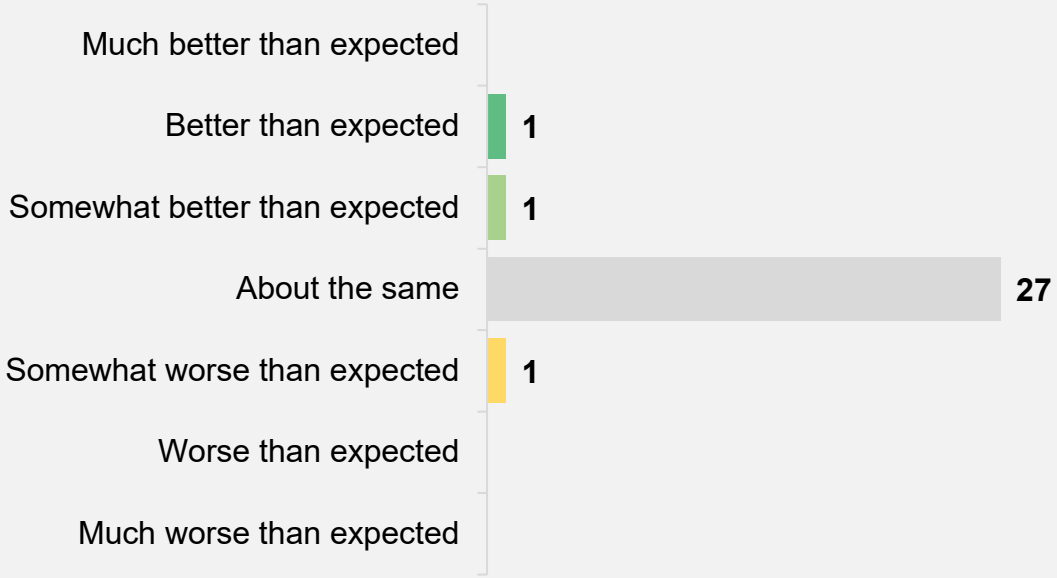
RELIGION



Summary of findings for your trust

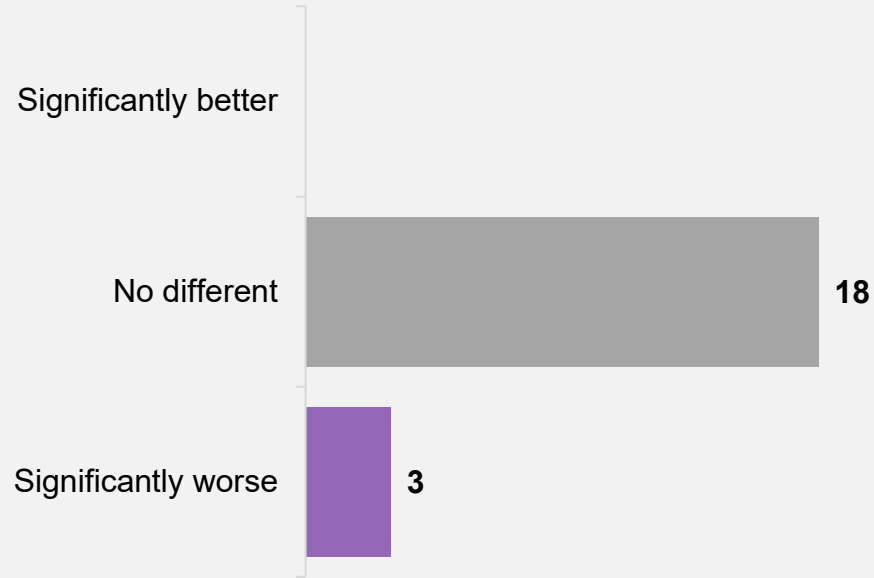
Comparison with other trusts

The **number of questions** at which your trust has performed better, worse, or about the same compared with all other trusts.



Comparison with last year's results

The **number of questions** at which your trust has performed statistically significantly better, significantly worse, or no different than your result from the previous year, 2022 vs 2021.



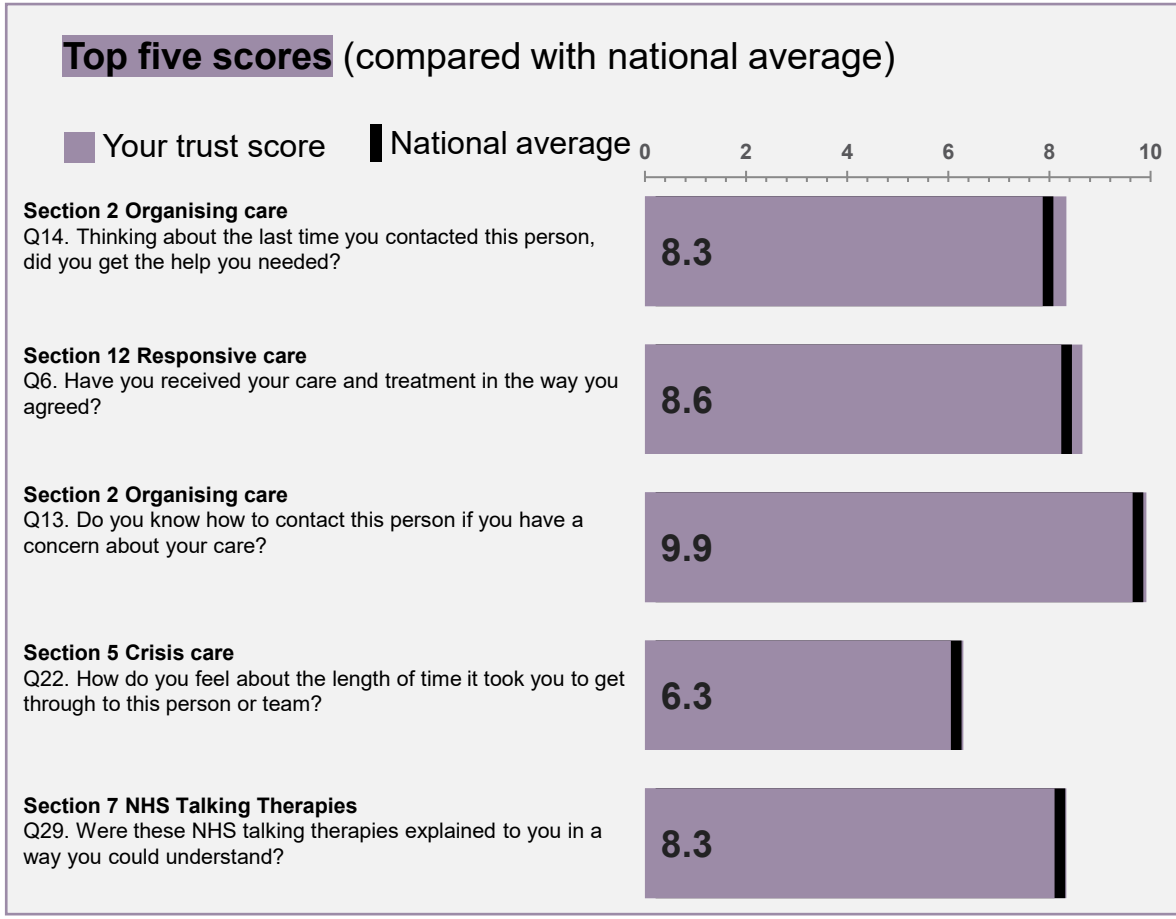
For a breakdown of the questions where your trust has performed better or worse compared with all other trusts, please refer to the appendix section "your trust has performed much worse" , "your trust has performed worse" , "your trust has performed somewhat worse", "your trust has performed somewhat better", "your trust has performed better", "your trust has performed much better" .

Best and worst performance relative to the national average

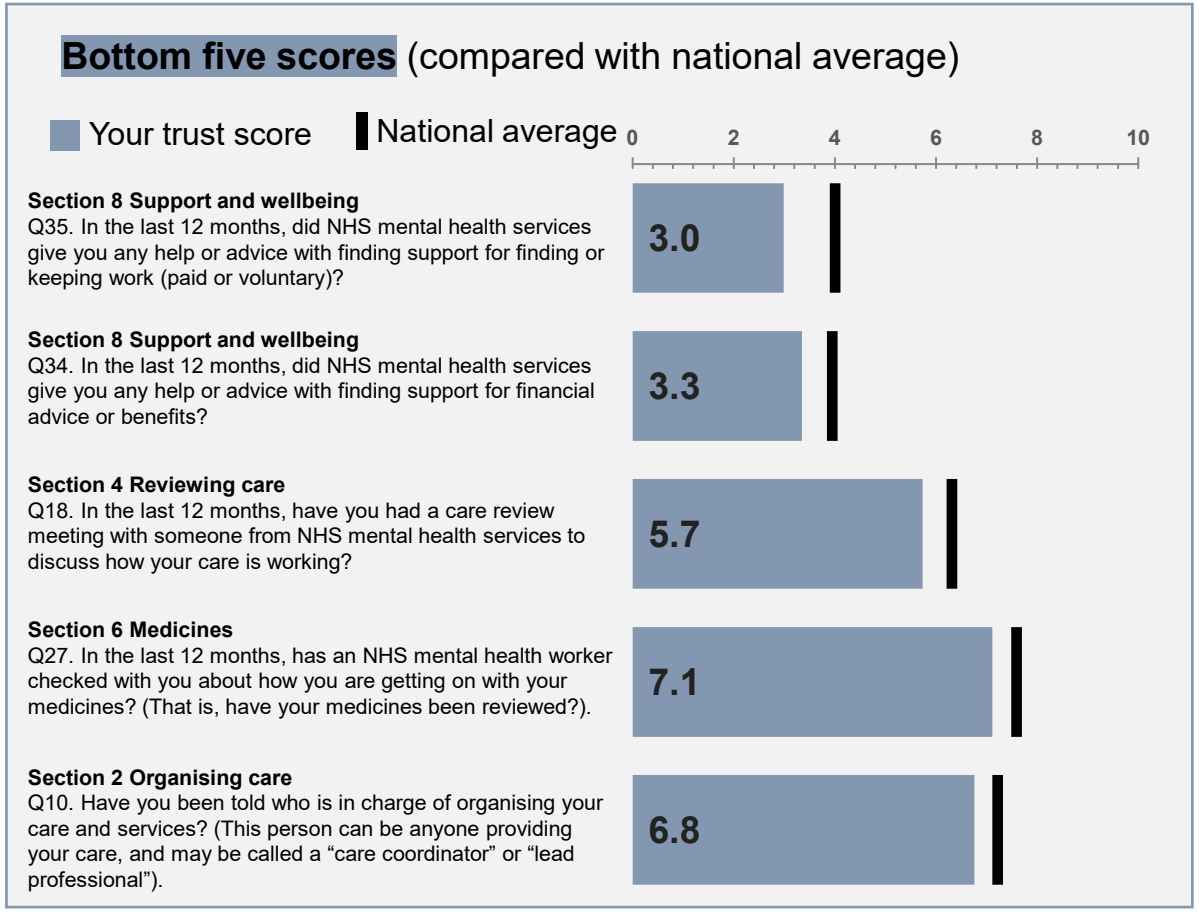
These five questions are calculated by comparing your trust's results to the national average.

- **Top five scores**: These are the five results for your trust that are highest compared with the national average. If none of the results for your trust are above the national average, then the results that are closest to the national average have been chosen, meaning a trust's best performance may be worse than the national average.
- **Bottom five scores:** These are the five results for your trust that are lowest compared with the national average. If none of the results for your trust are below the national average, then the results that are closest to the national average have been chosen, meaning a trust's worst performance may be better than the national average.

Top five scores (compared with national average)



Bottom five scores (compared with national average)



Benchmarking

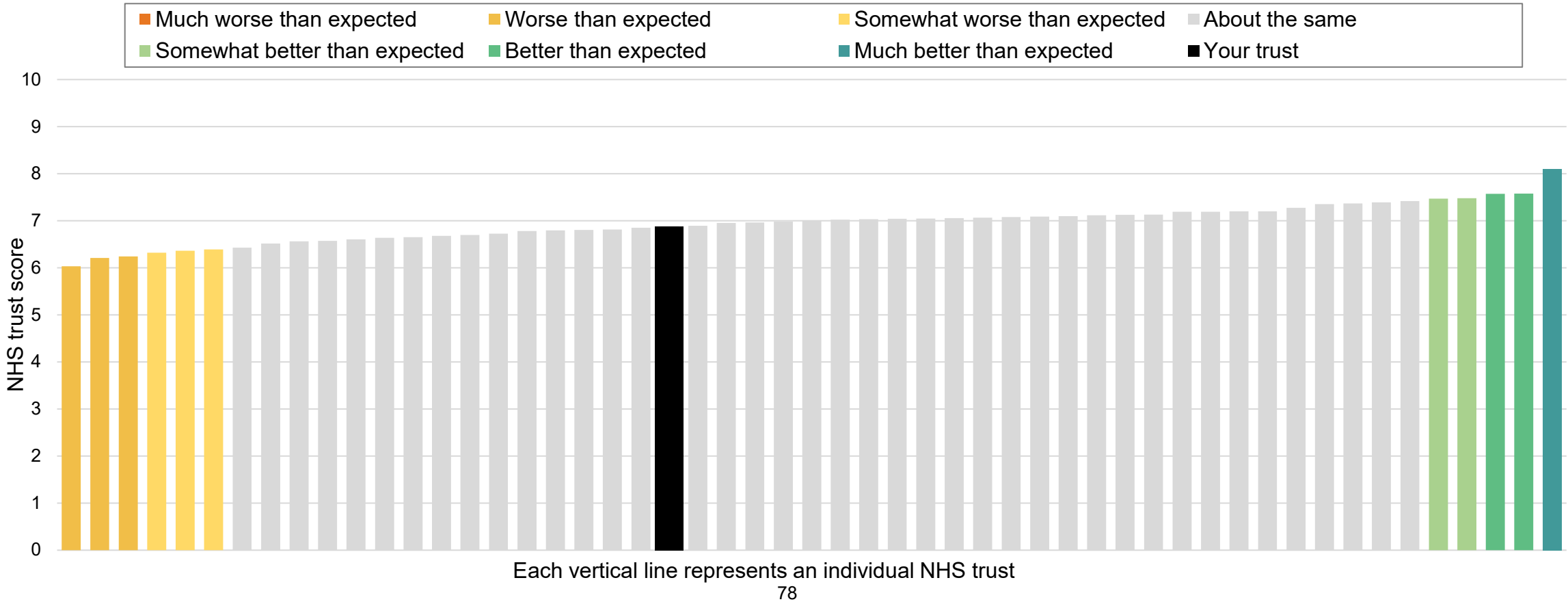
This section includes:

- how your trust scored for each evaluative question in the survey, compared with other trusts that took part.
- an analysis technique called the ‘expected range’ to determine if your trust is performing about the same, better or worse compared with most other trusts.

Section 1. Health and social care workers

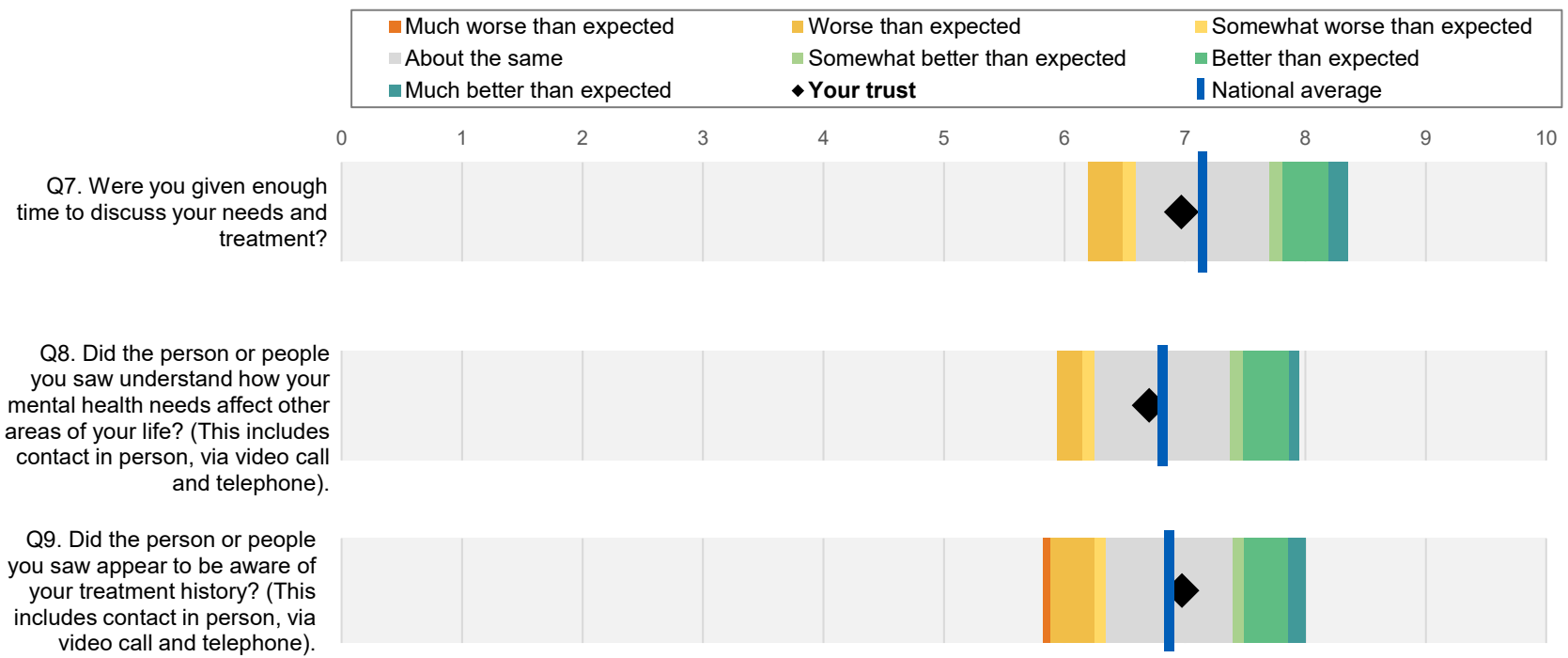
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the ‘expected range’ analysis technique used, a trust could be categorised as ‘about the same’ whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 6.9 About the same



Section 1. Health and social care workers (continued)

Question scores



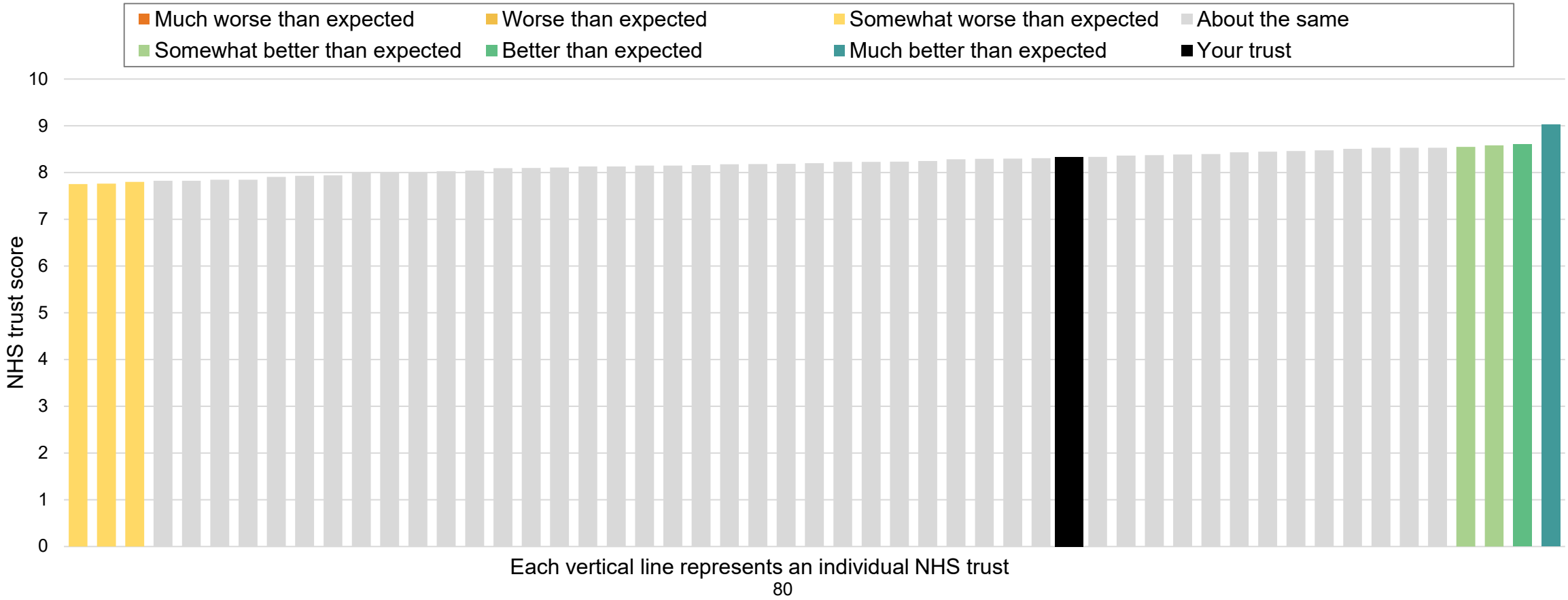
		All trusts in England			
	Number of respondents	Your trust	National average	Lowest score	Highest score
Q7. Were you given enough time to discuss your needs and treatment?	248	7.0	7.1	6.2	8.4
Q8. Did the person or people you saw understand how your mental health needs affect other areas of your life? (This includes contact in person, via video call and telephone).	245	6.7	6.8	5.9	7.9
Q9. Did the person or people you saw appear to be aware of your treatment history? (This includes contact in person, via video call and telephone).	236	7.0	6.9	5.8	8.0

About the same

Section 2. Organising care

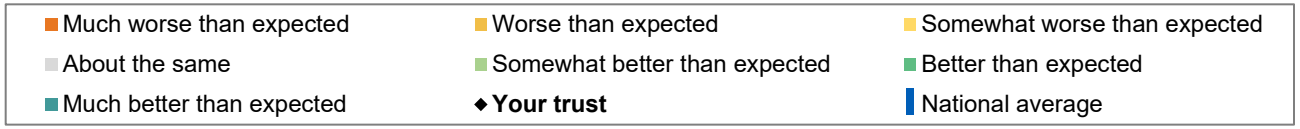
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

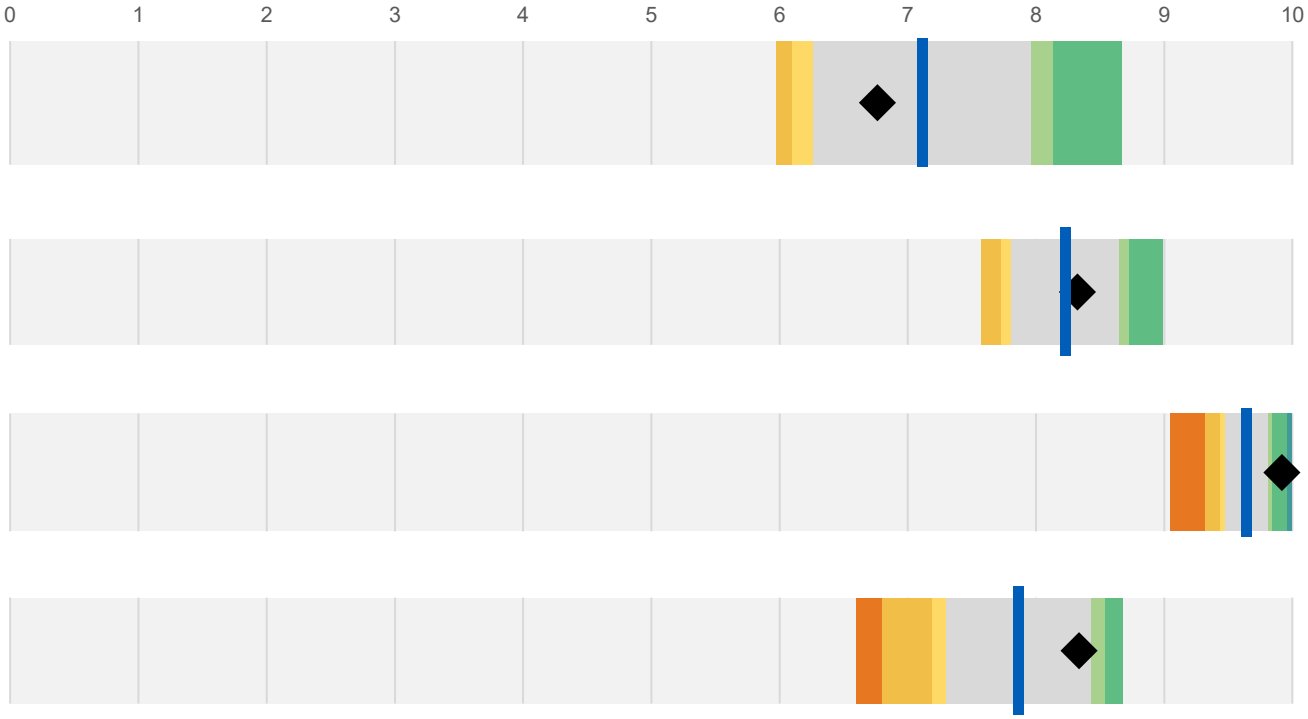
Your trust section score = 8.3 About the same



Section 2. Organising care (continued)

Question scores



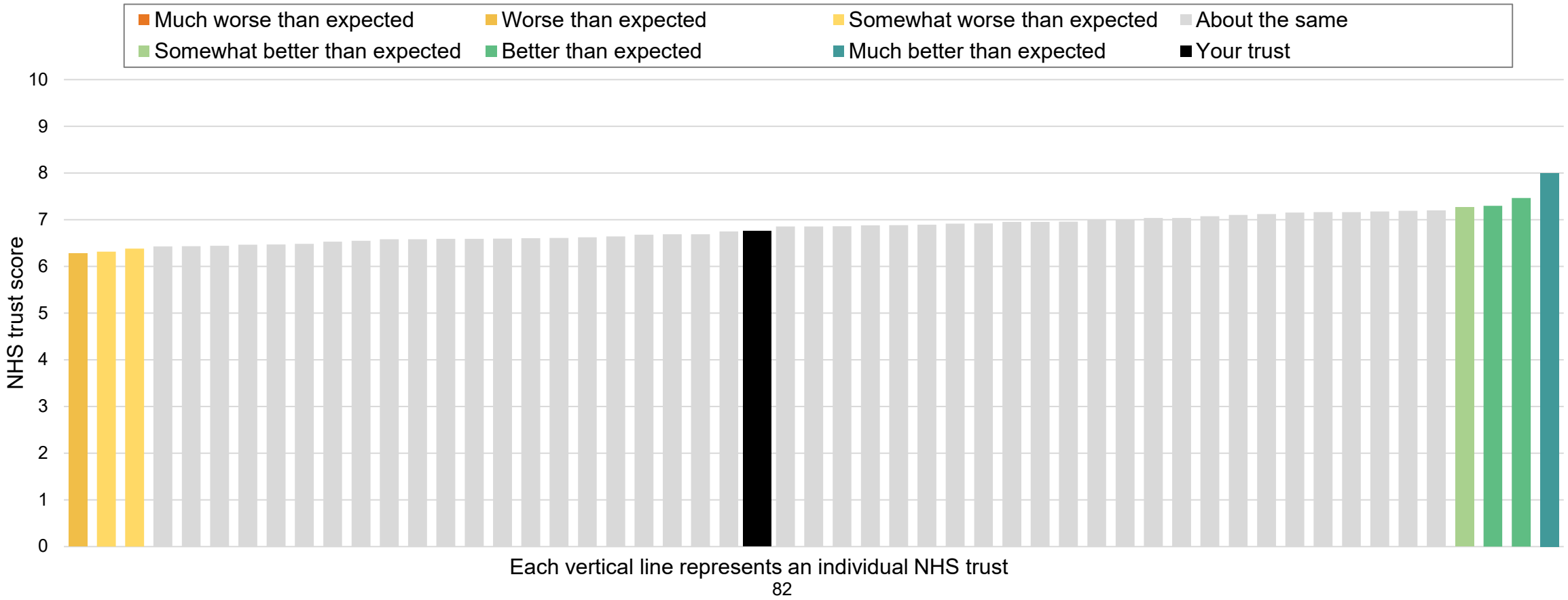


			All trusts in England			
		Number of respondents	Your trust	National average	Lowest score	Highest score
Q10. Have you been told who is in charge of organising your care and services? (This person can be anyone providing your care, and may be called a "care coordinator" or "lead professional").	About the same	208	6.8	7.1	6.0	8.7
Q12. How well does this person organise the care and services you need?	About the same	101	8.3	8.2	7.6	9.0
Q13. Do you know how to contact this person if you have a concern about your care?	Better than expected	95	9.9	9.6	9.0	10.0
Q14. Thinking about the last time you contacted this person, did you get the help you needed?	About the same	92	8.3	7.9	6.6	8.7

Section 3. Planning care

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 6.8 About the same



Section 3. Planning care (continued)

Question scores

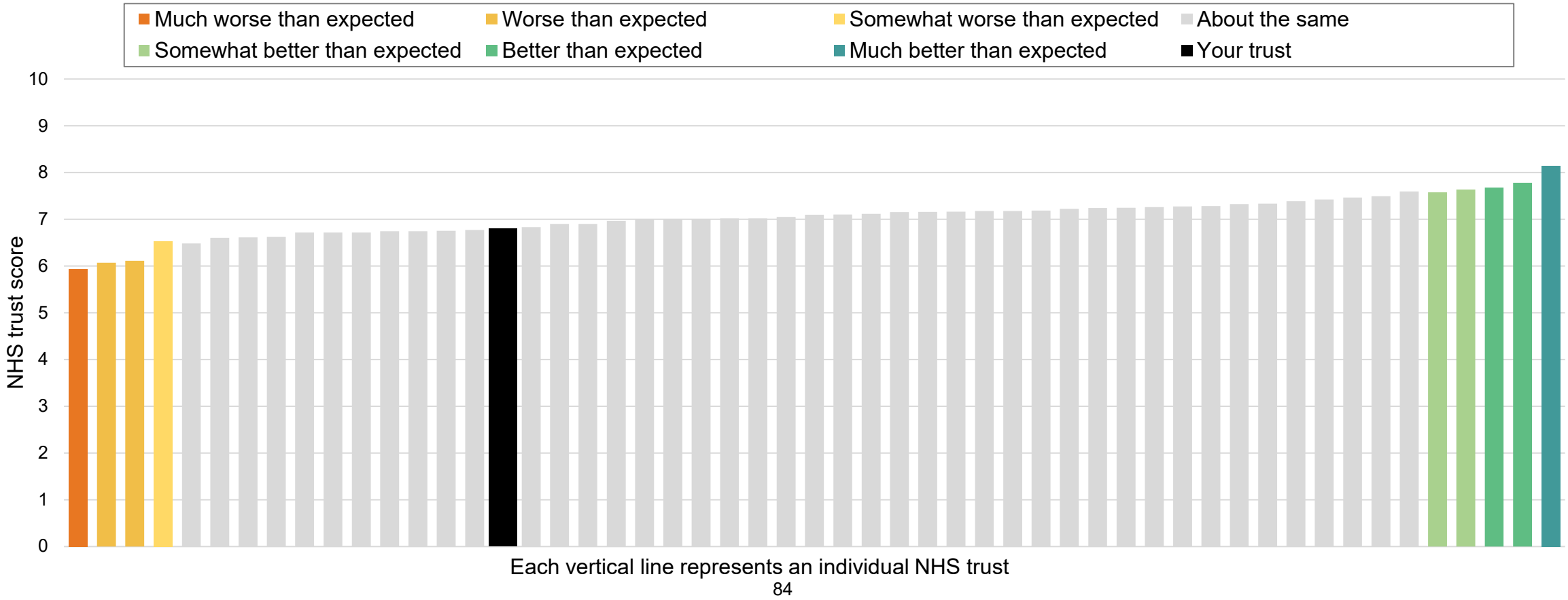
		All trusts in England			
	Number of respondents	Your trust	National average	Lowest score	Highest score
Q15. Have you and someone from NHS mental health services decided what care you will receive? (This may be called a care plan).	237	5.9	6.1	5.0	7.6
Q16. Were you involved as much as you wanted to be in deciding what care you will receive?	172	7.3	7.4	6.7	8.3
Q17. Did decisions on what care you will receive take into account your needs in other areas of your life?	165	7.1	7.0	6.3	8.0

About the same

Section 4. Reviewing care

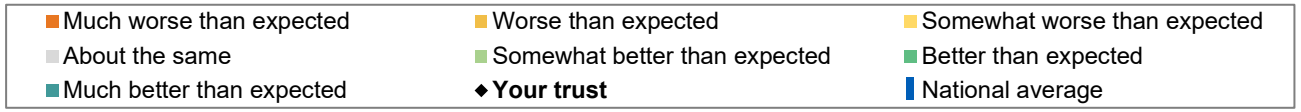
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 6.8 About the same



Section 4. Reviewing care (continued)

Question scores

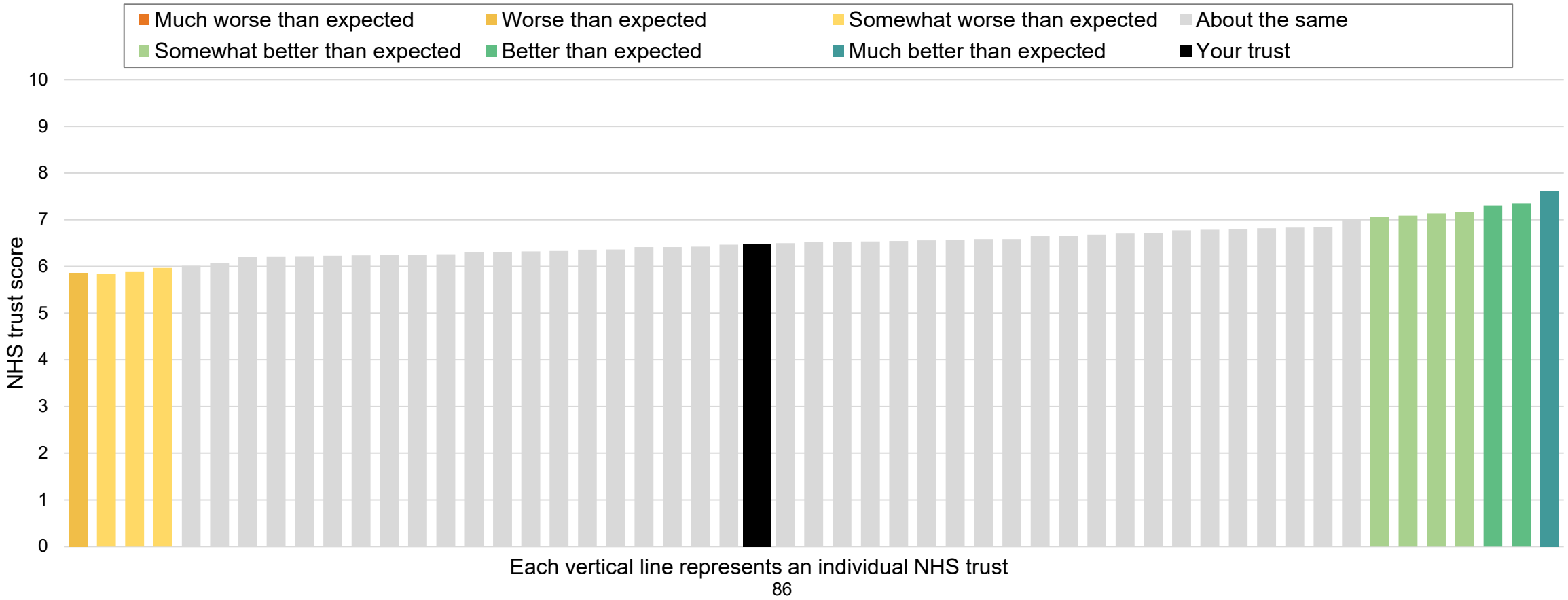


		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
Q18. In the last 12 months, have you had a care review meeting with someone from NHS mental health services to discuss how your care is working?				
184	5.7	6.2	4.8	7.6
About the same				
Q19. Did you feel that decisions were made together by you and the person you saw during this discussion? (This includes contact in person, via video call and telephone).				
105	7.9	7.9	6.7	8.9
About the same				

Section 5. Crisis care

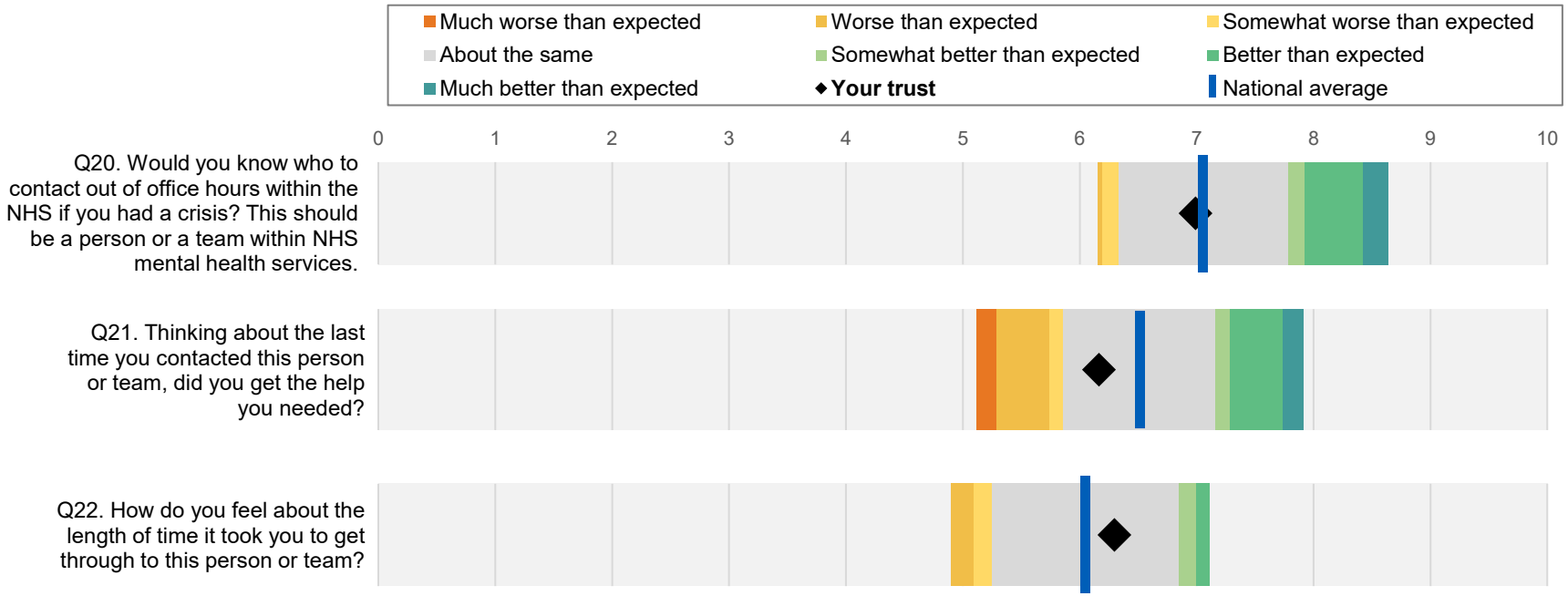
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 6.5 About the same



Section 5. Crisis care (continued)

Question scores



		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
227	7.0	7.1	6.2	8.6
115	6.2	6.5	5.1	7.9
102	6.3	6.0	4.9	7.1

About the same

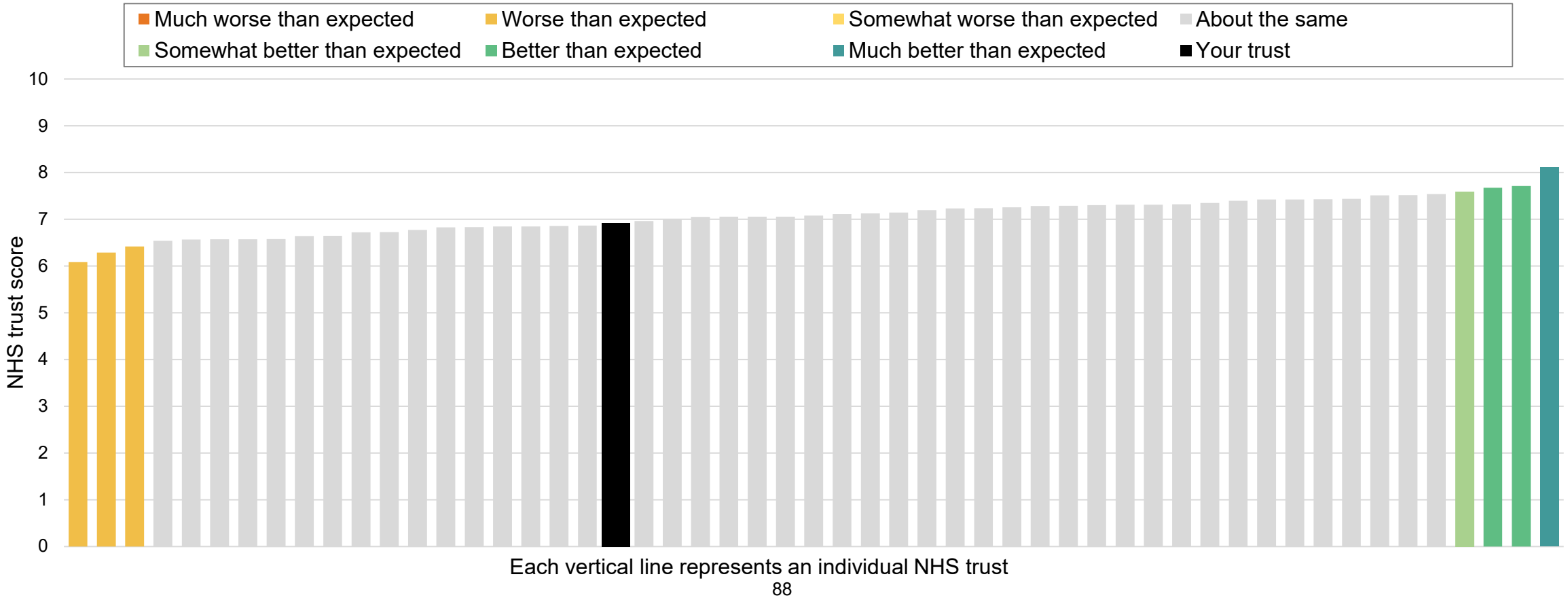
About the same

About the same

Section 6. Medicines

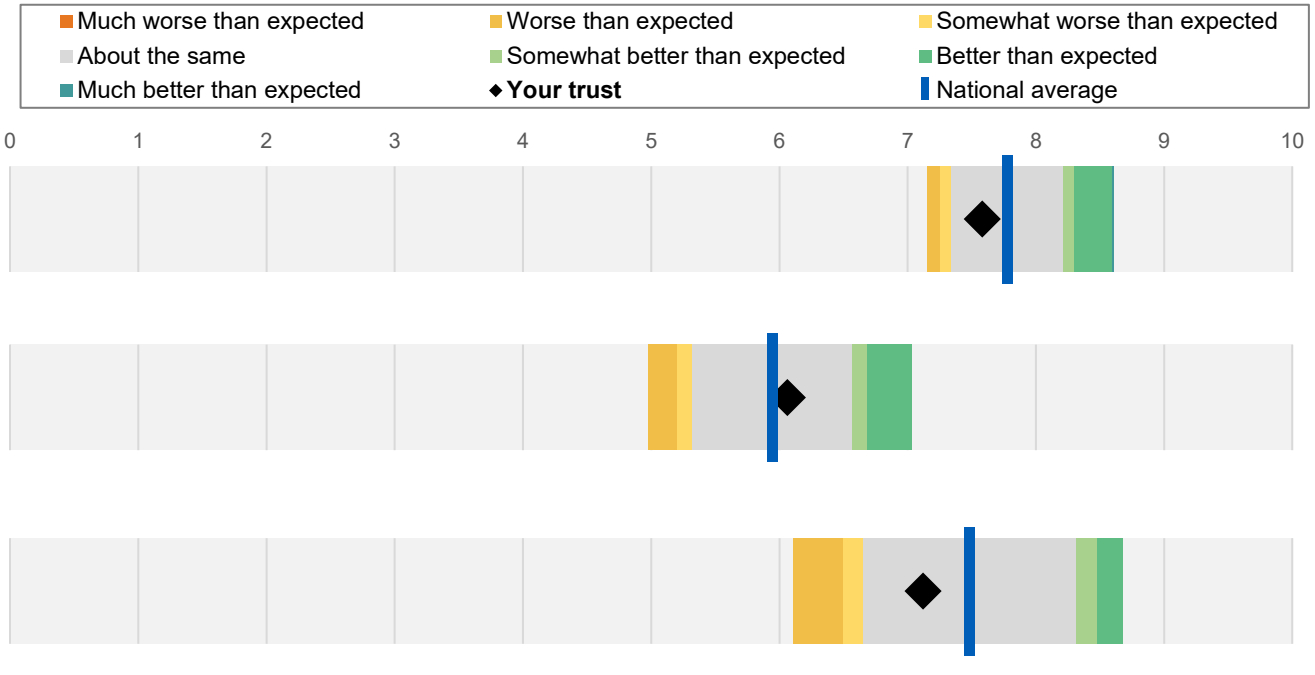
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 6.9 About the same



Section 6. Medicines (continued)

Question scores



		All trusts in England			
	Number of respondents	Your trust	National average	Lowest score	Highest score
Q24. Has the purpose of your medicines ever been discussed with you?	197	7.6	7.8	7.2	8.6
Q25. Have the possible side effects of your medicines ever been discussed with you?	191	6.1	5.9	5.0	7.0
Q27. In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines? (That is, have your medicines been reviewed?).	158	7.1	7.5	6.1	8.7

About the same

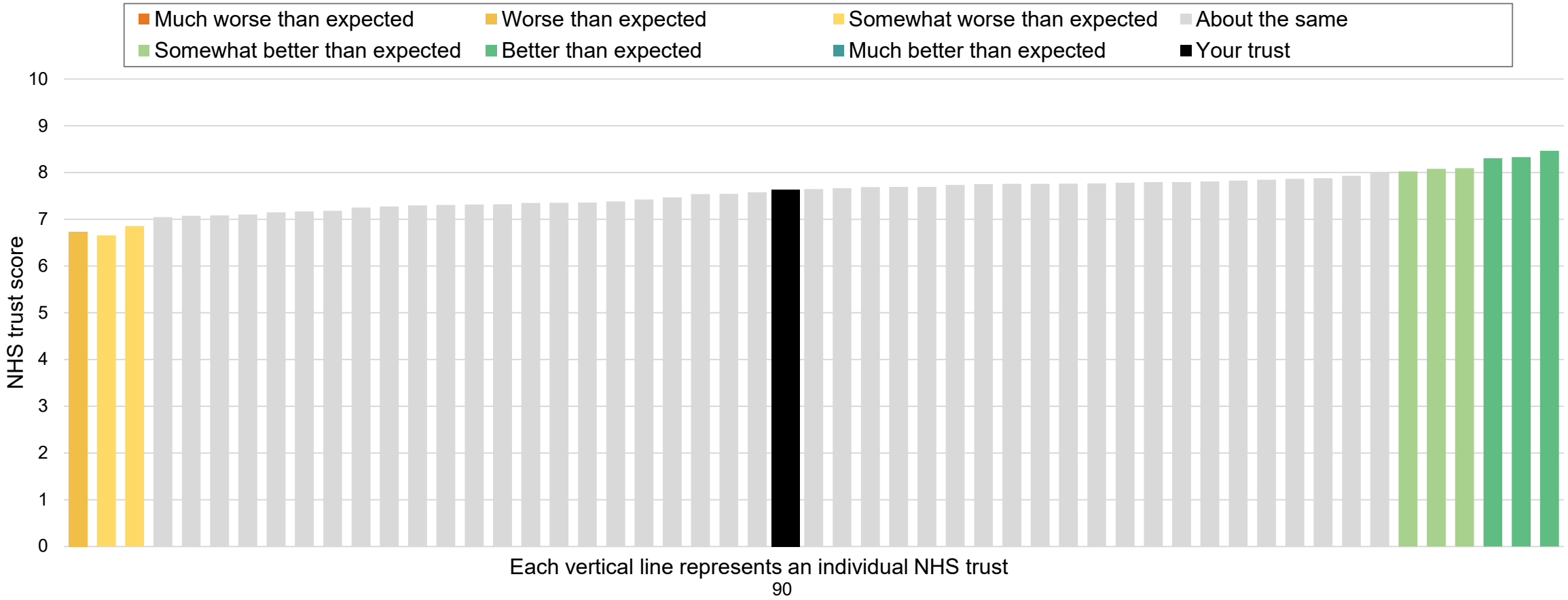
About the same

About the same

Section 7. NHS Talking Therapies

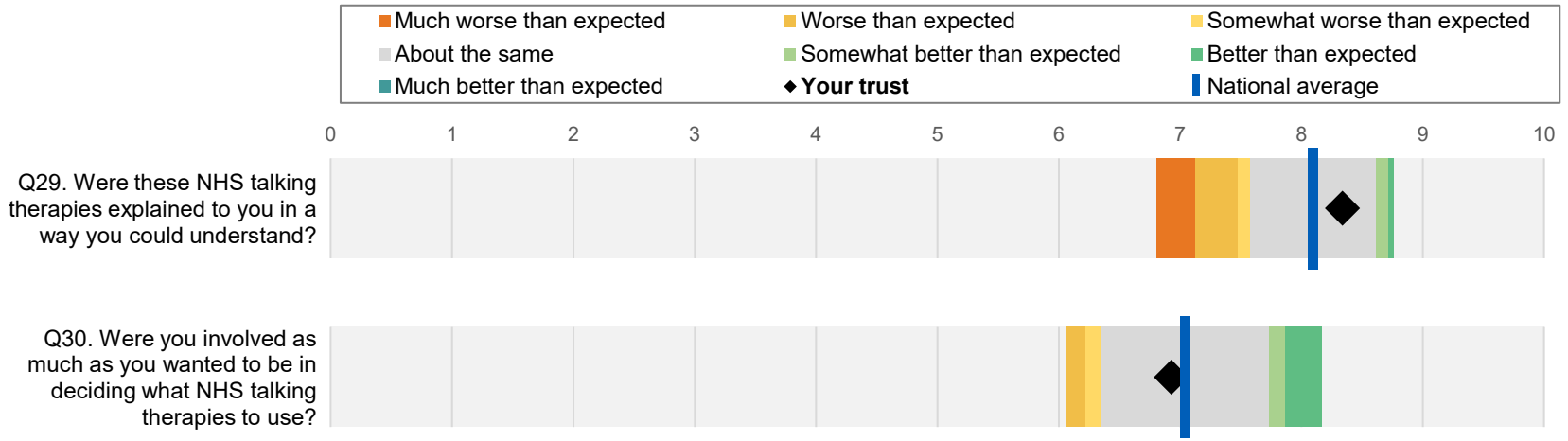
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 7.6 About the same



Section 7. NHS Talking Therapies (continued)

Question scores



			All trusts in England		
	Number of respondents	Your trust	National average	Lowest score	Highest score
Q29. Were these NHS talking therapies explained to you in a way you could understand?	74	8.3	8.1	6.8	8.8
Q30. Were you involved as much as you wanted to be in deciding what NHS talking therapies to use?	68	6.9	7.0	6.1	8.2

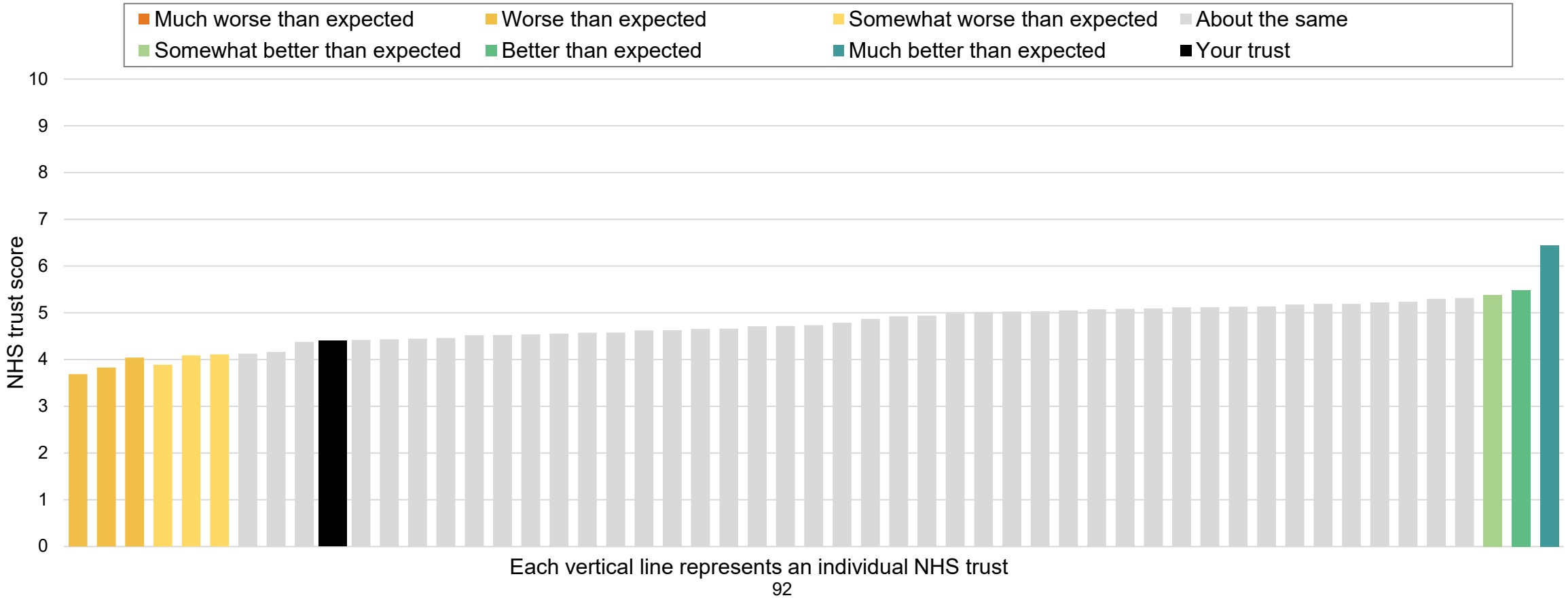
About the same

About the same

Section 8. Support and wellbeing

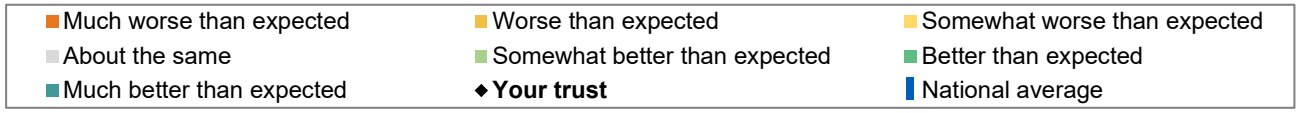
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 4.4 About the same



Section 8. Support and wellbeing (continued)

Question scores

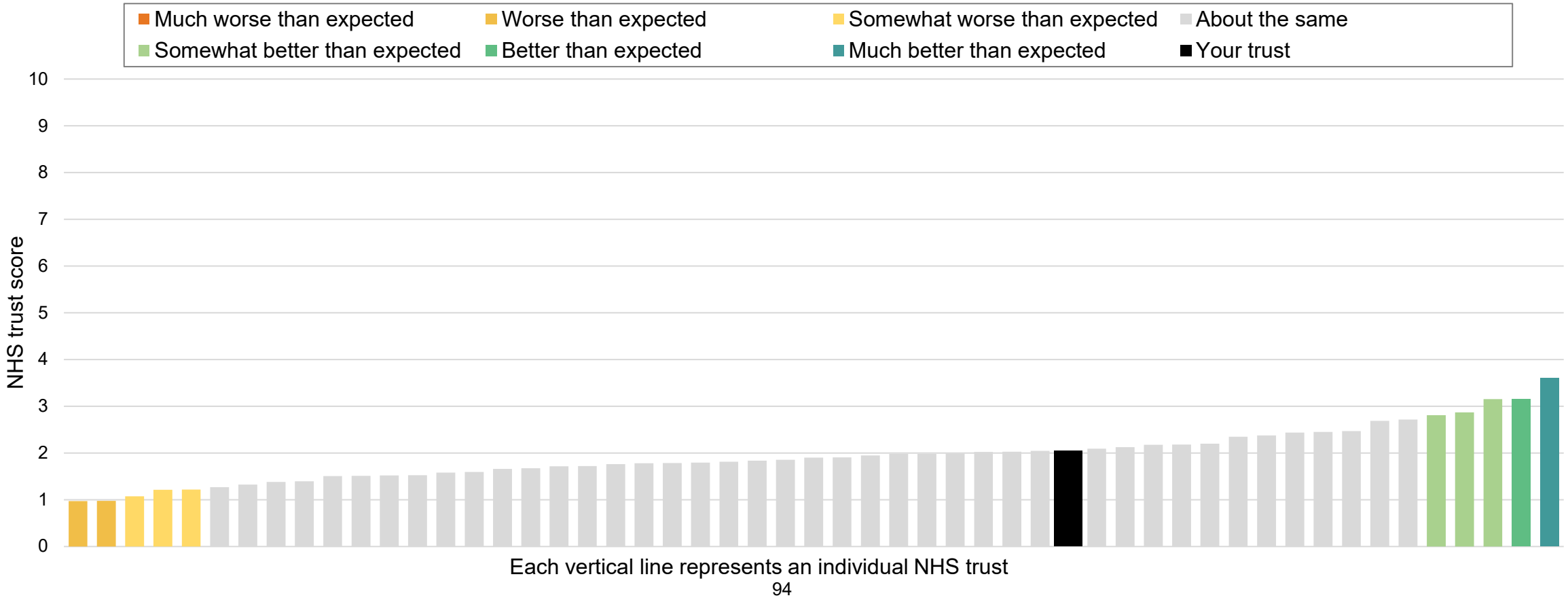


		All trusts in England				
		Number of respondents	Your trust	National average	Lowest score	Highest score
Q33. In the last 12 months, did NHS mental health services support you with your physical health needs (this might be an injury, a disability, or a condition such as diabetes, epilepsy, etc)?	About the same	113	4.8	4.7	3.3	6.8
Q34. In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?	About the same	120	3.3	3.8	2.7	5.3
Q35. In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work (paid or voluntary)?	Somewhat worse than expected	65	3.0	3.9	2.6	5.7
Q36. Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?	About the same	170	6.5	6.6	5.5	8.1

Section 9. Feedback

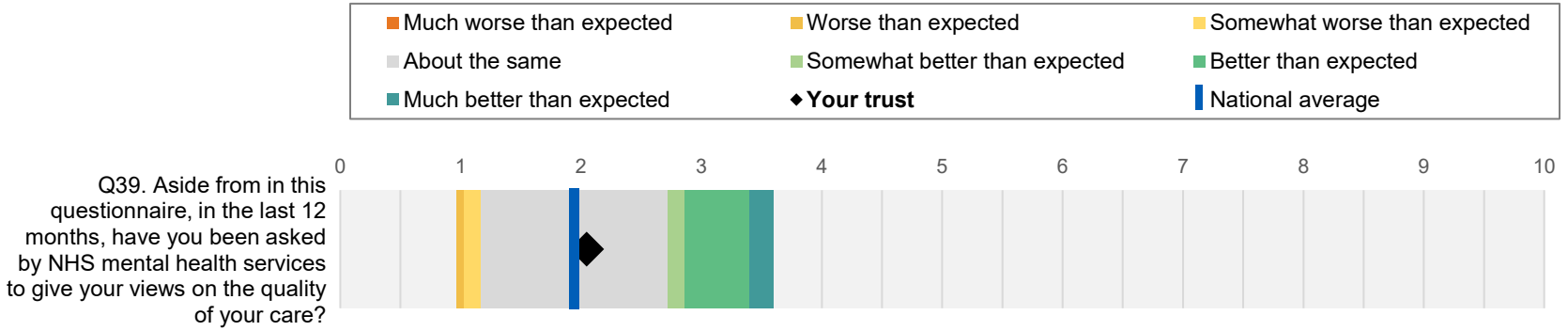
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 2.0 About the same



Section 9. Feedback (continued)

Question scores

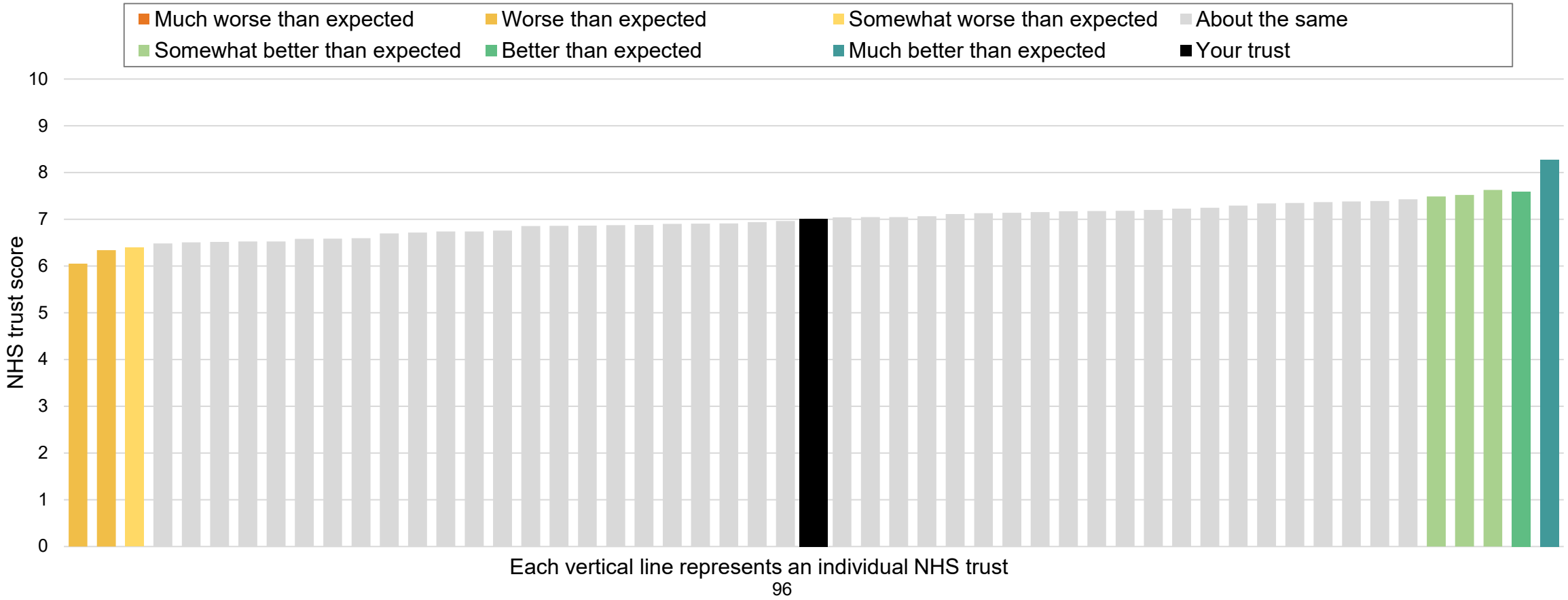


	All trusts in England			
Number of respondents	Your trust	National average	Lowest score	Highest score
206	2.0	1.9	1.0	3.6

Section 10. Overall views of care and services

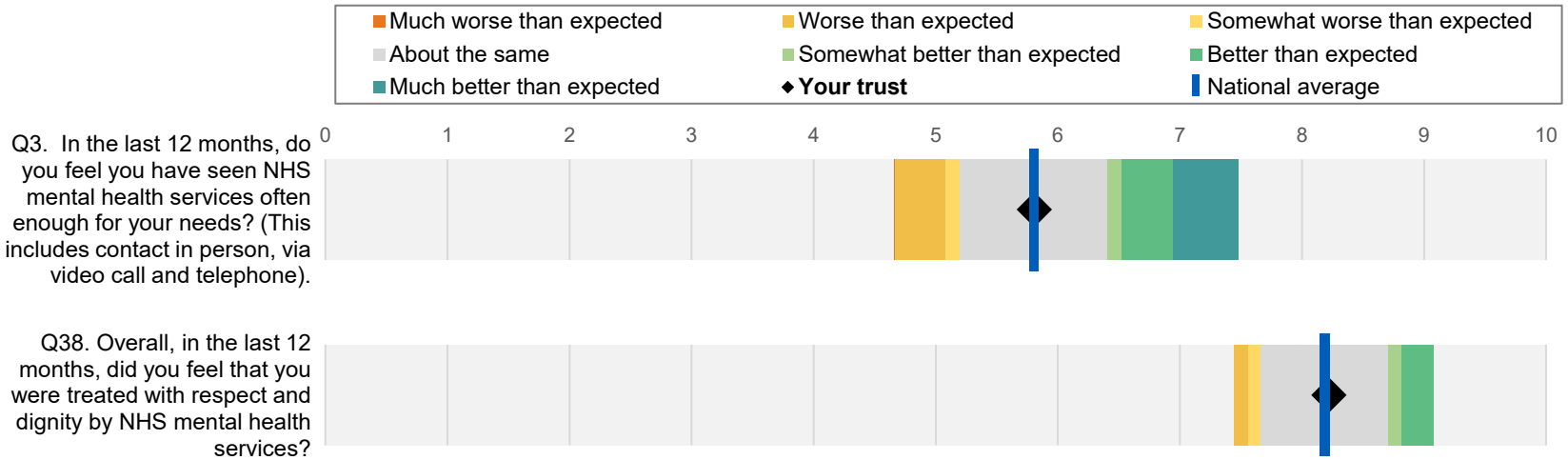
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 7.0 About the same



Section 10. Overall views of care and services (continued)

Question scores



		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
Q3. In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs? (This includes contact in person, via video call and telephone).				
251	5.8	5.8	4.7	7.5
Q38. Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?				
246	8.2	8.2	7.4	9.1

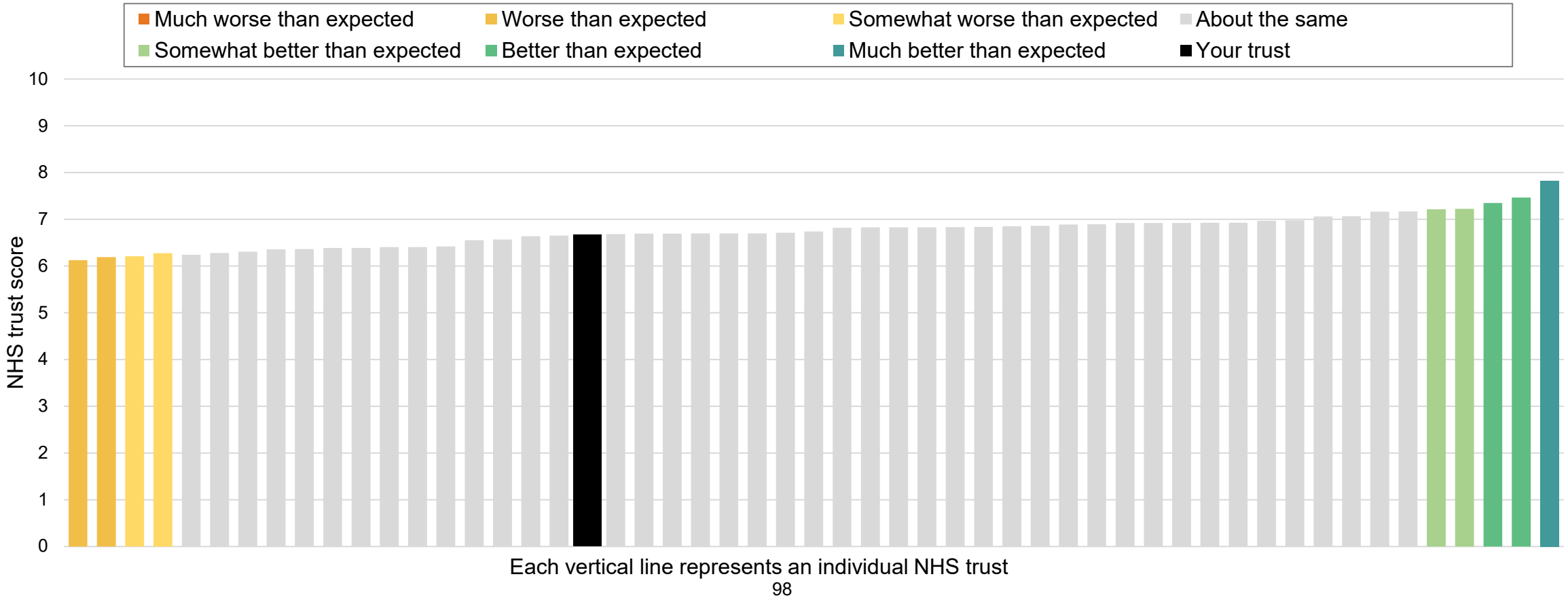
About the same

About the same

Section 11. Overall experience

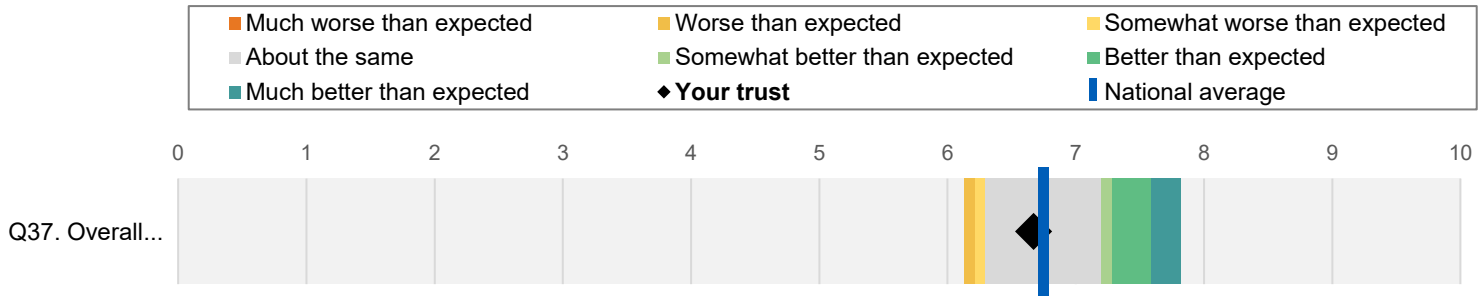
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 6.7 About the same



Section 11. Overall experience (continued)

Question scores



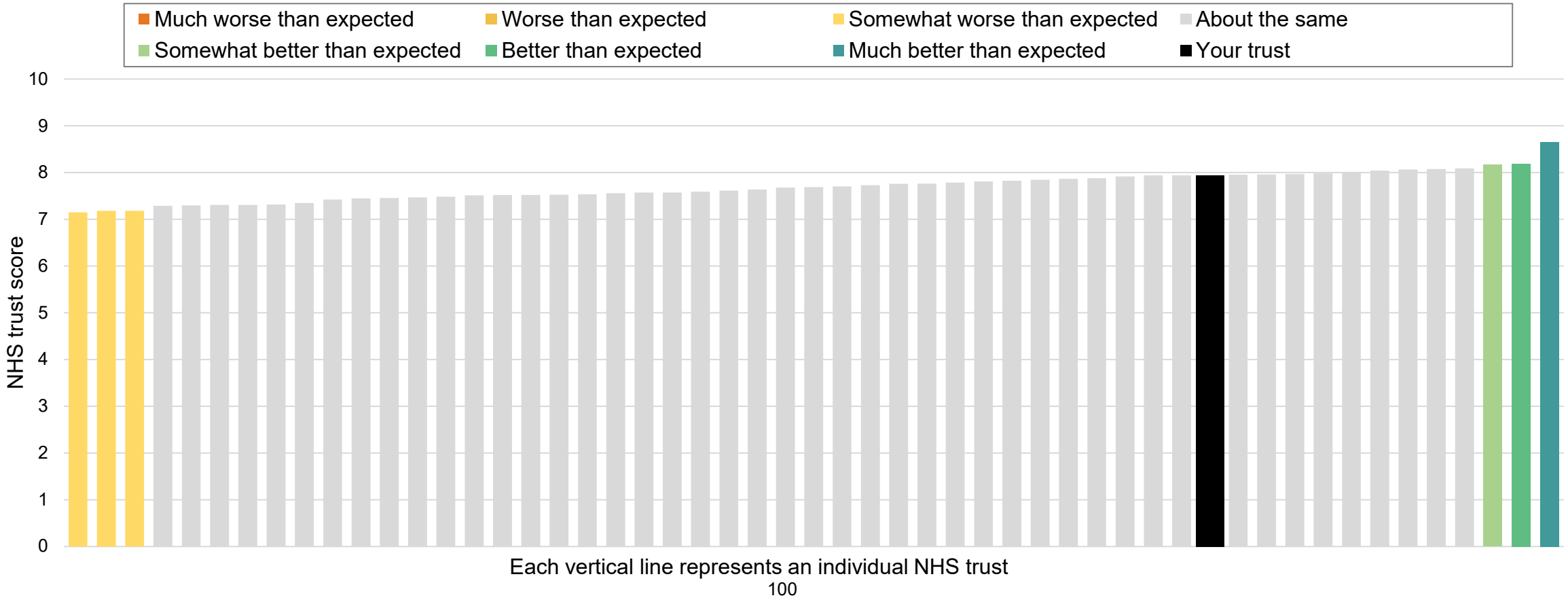
About the same

	All trusts in England			
Number of respondents	Your trust	National average	Lowest score	Highest score
237	6.7	6.7	6.1	7.8

Section 12. Responsive care

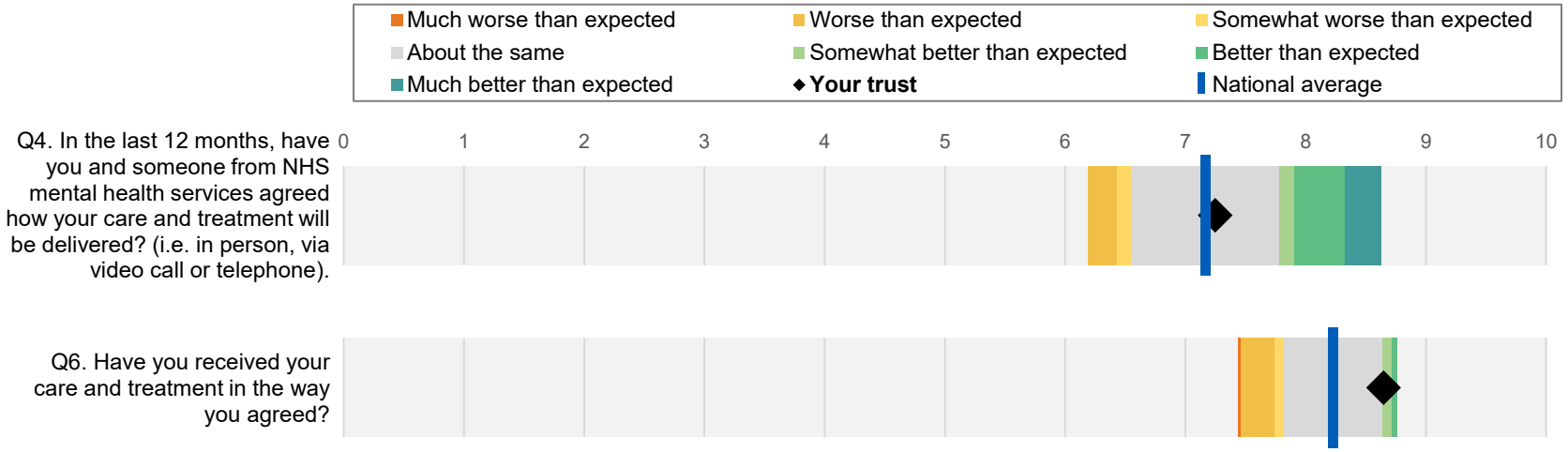
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Your trust section score = 7.9 About the same



Section 12. Responsive care

Question scores



		All trusts in England		
	Number of respondents	Your trust	National average	Lowest score	Highest score
About the same	256	7.2	7.2	6.2	8.6
Somewhat better than expected	178	8.6	8.2	7.4	8.8

Change over time

This section includes:

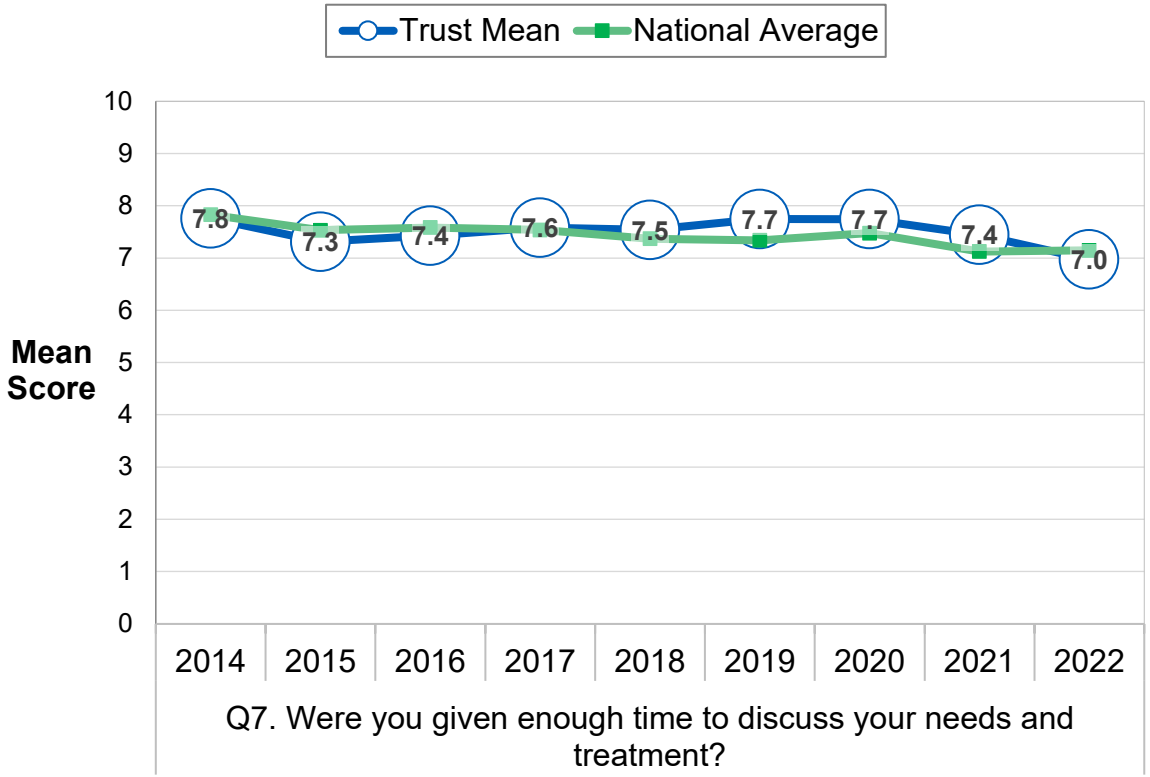
- a comparison to previous survey years scores for your trust for each question, including:
  - your trust's 2022 score compared with its scores from 2014 to 2021.

Please note;

- Section 3 planning care, appears missing from the change over time section as the questions that comprise the section score are non comparable to previous survey years and therefore do not display trends.
- If data is missing for a survey year, this is due to a low number of responses, or because the trust data was not included in the survey that year, due to sampling errors or ineligibility.

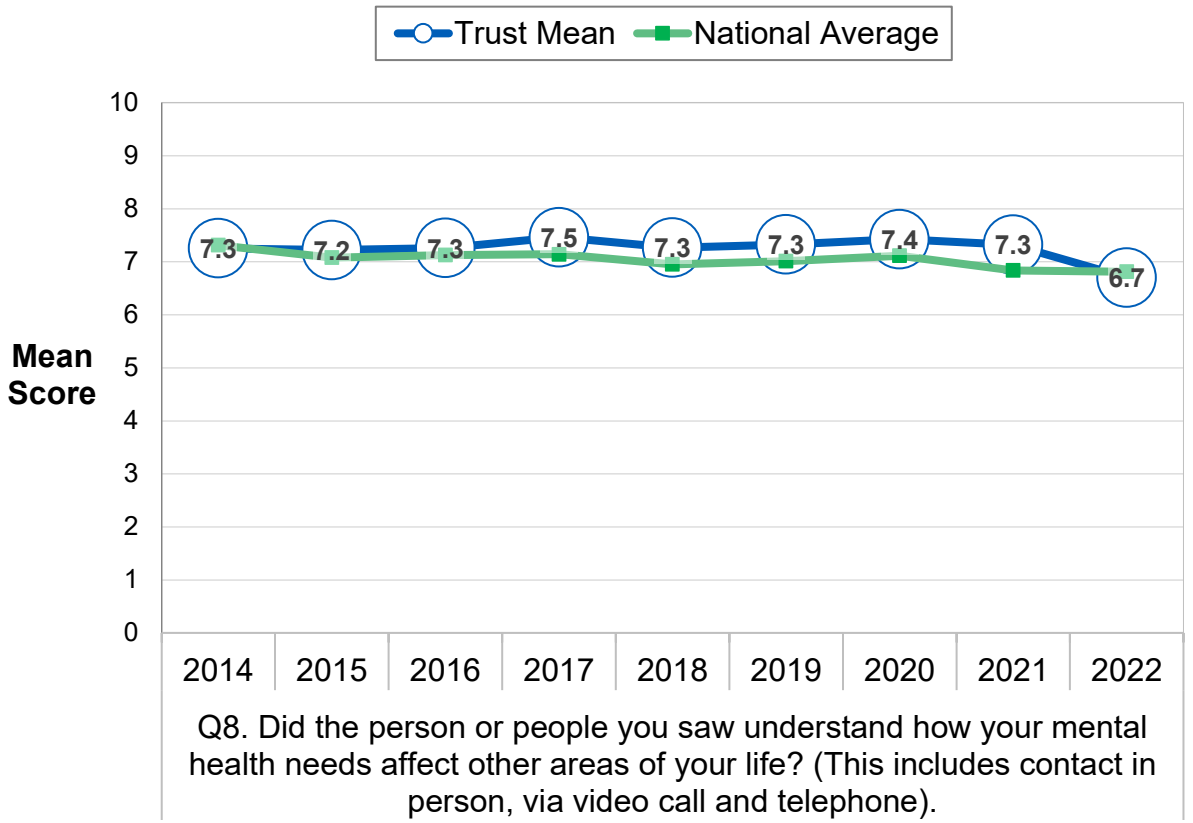
Section 1. Health and social care workers

Question scores



Significant change 2022 vs 2021	No change

Answered by all. Respondents who stated that they didn't know / couldn't remember have been excluded.
Number of respondents: 2014: 226; 2015: 226; 2016: 221; 2017: 229; 2018: 254; 2019: 190; 2020: 310; 2021: 301; 2022: 248

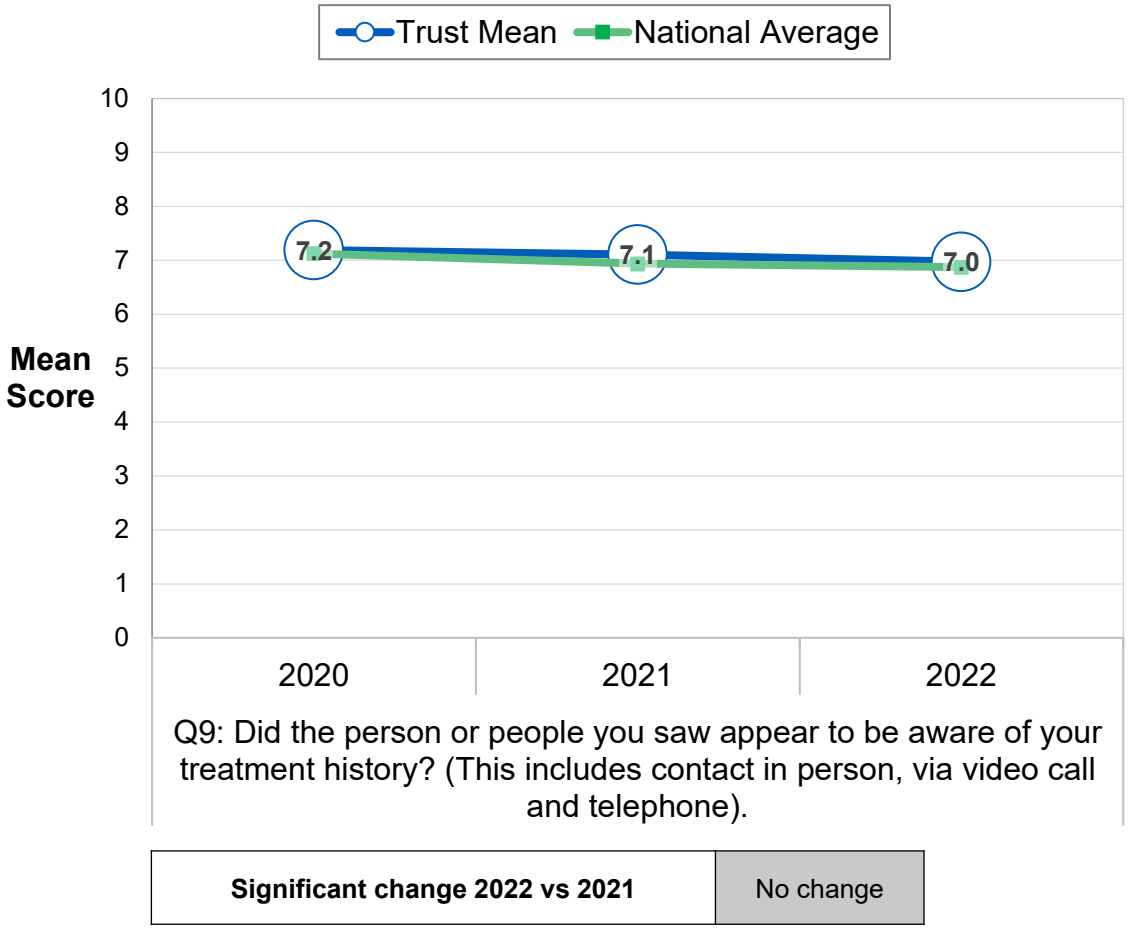


Significant change 2022 vs 2021	No change

Answered by all. Respondents who stated that they didn't know / couldn't remember have been excluded.
Number of respondents: 2014: 211; 2015: 224; 2016: 221; 2017: 220; 2018: 249; 2019: 183; 2020: 299; 2021: 299; 2022: 245

Section 1. Health and social care workers

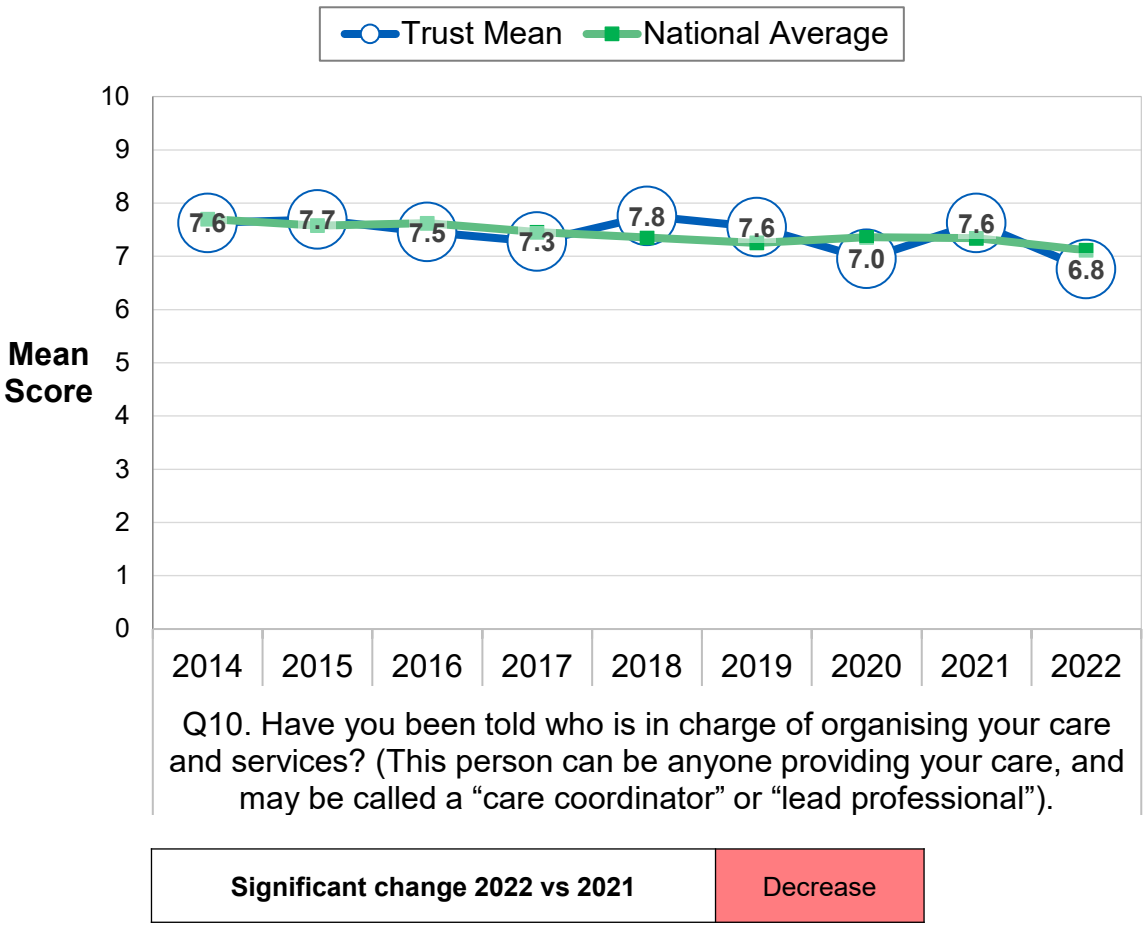
Question scores



Answered by all. Respondents who stated that they didn't know / couldn't remember or that they had no treatment prior to this have been excluded.
Number of respondents: 2020: 291; 2021: 290; 2022: 236

Section 2. Organising care

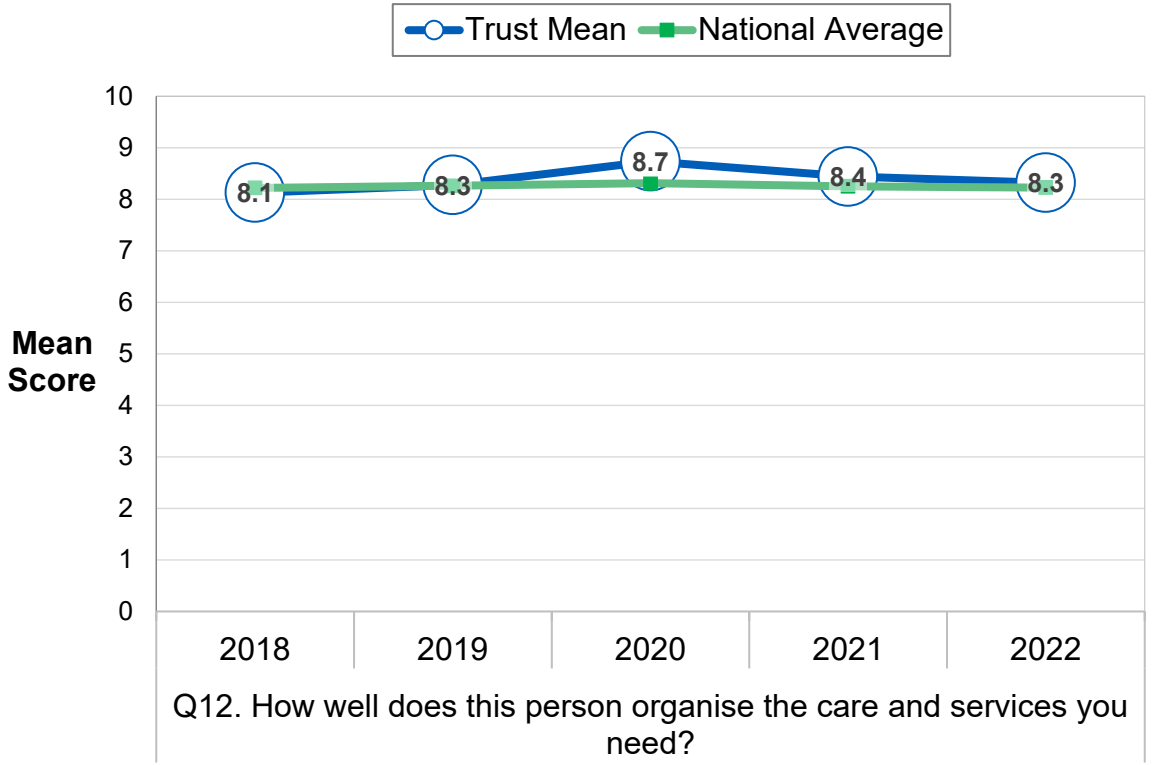
Question scores



Q10. Have you been told who is in charge of organising your care and services? (This person can be anyone providing your care, and may be called a “care coordinator” or “lead professional”).

Significant change 2022 vs 2021	Decrease

Answered by all. Respondents who stated that they weren’t sure have been excluded.
Number of respondents: 2014: 198; 2015: 198; 2016: 189; 2017: 195; 2018: 215; 2019: 164; 2020: 264; 2021: 258; 2022: 208



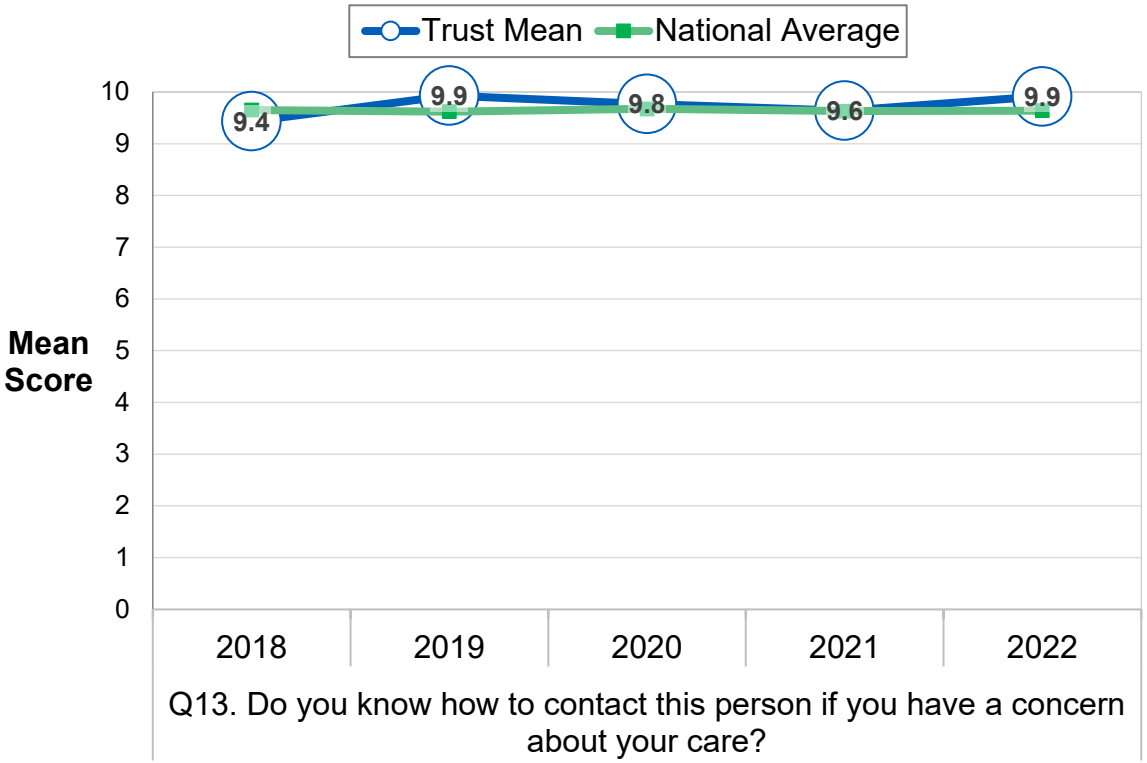
Q12. How well does this person organise the care and services you need?

Significant change 2022 vs 2021	No change

Answered by those who have been told who is in charge of organising their care and services, and the person in charge is not a GP.
Number of respondents: 2018: 106; 2019: 86; 2020: 139; 2021: 140; 2022: 101

Section 2. Organising care

Question scores

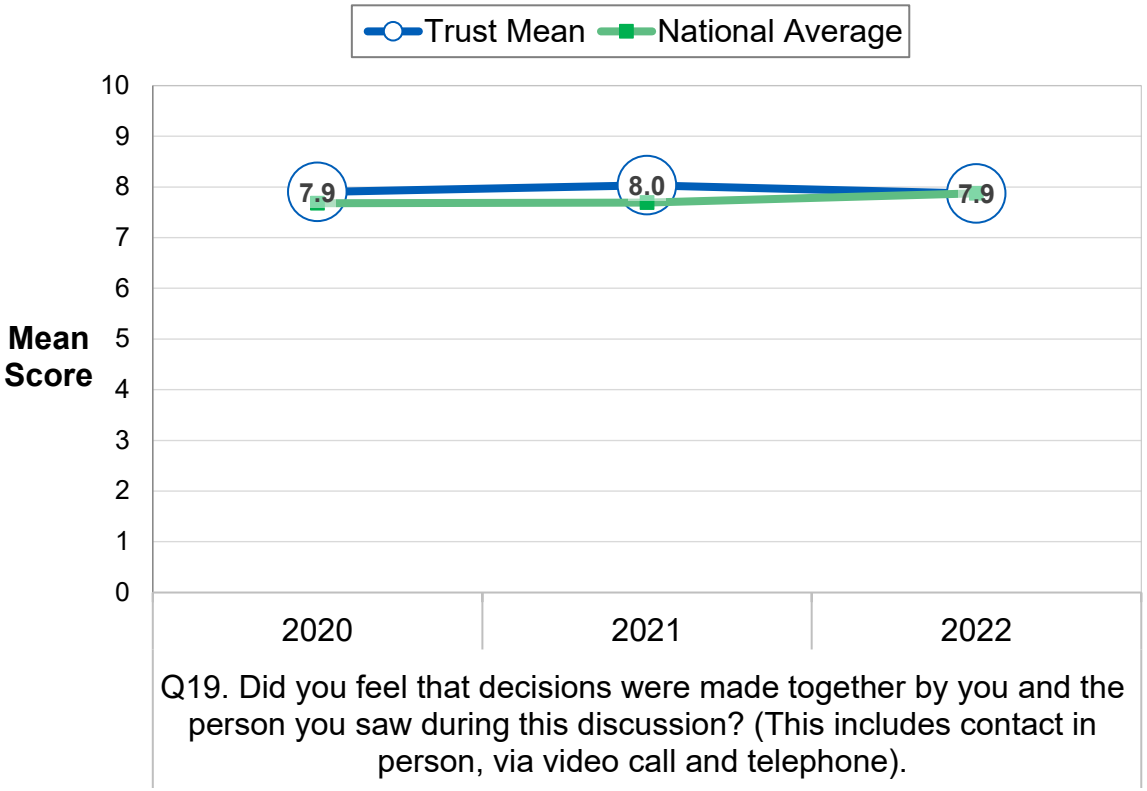


Significant change 2022 vs 2021	No change

Answered by those who have been told who is in charge of organising their care and services, and the person in charge is not a GP. Respondents who stated that they weren't sure have been excluded.
Number of respondents: 2018: 102; 2019: 81; 2020: 134; 2021: 139; 2022: 95

Section 4. Reviewing care

Question scores

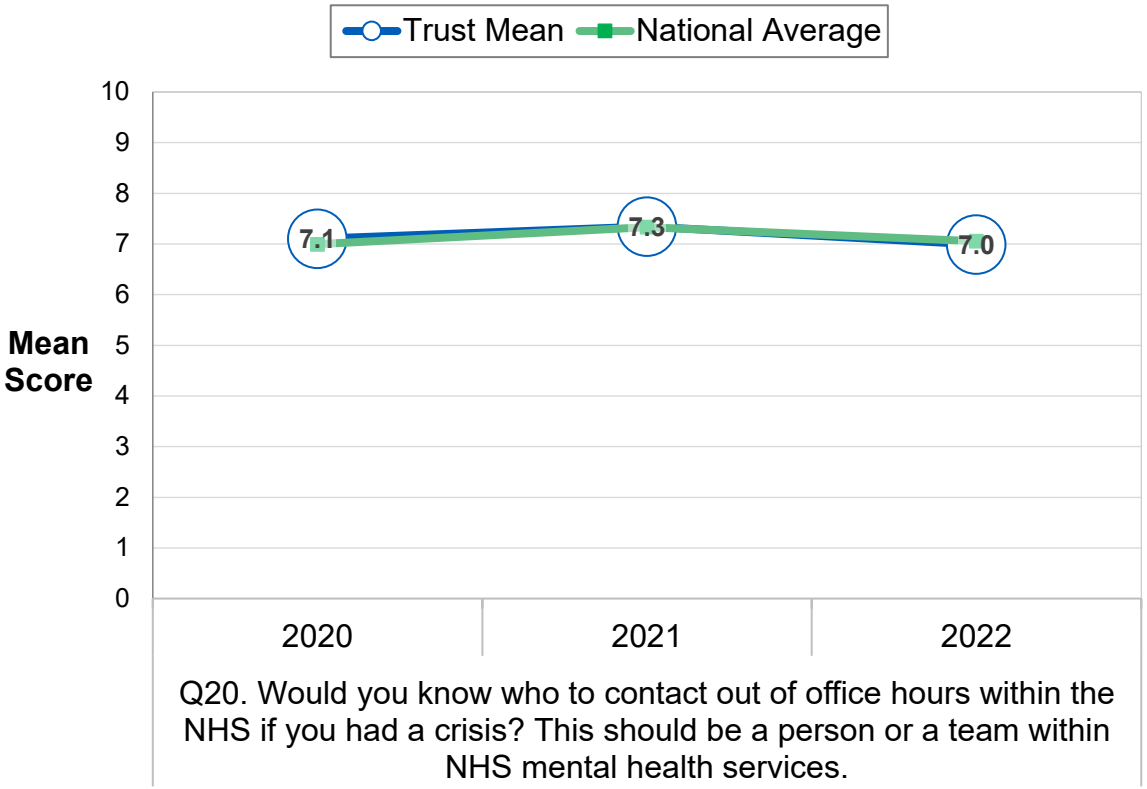


Significant change 2022 vs 2021	No change

Answered by those who felt that decisions were made together with the person they saw during this discussion. Respondents who stated that they didn't know / couldn't remember or did not want to be involved in making decisions have been excluded.
Number of respondents: 2020: 173; 2021: 145; 2022: 105

Section 5. Crisis Care

Question scores

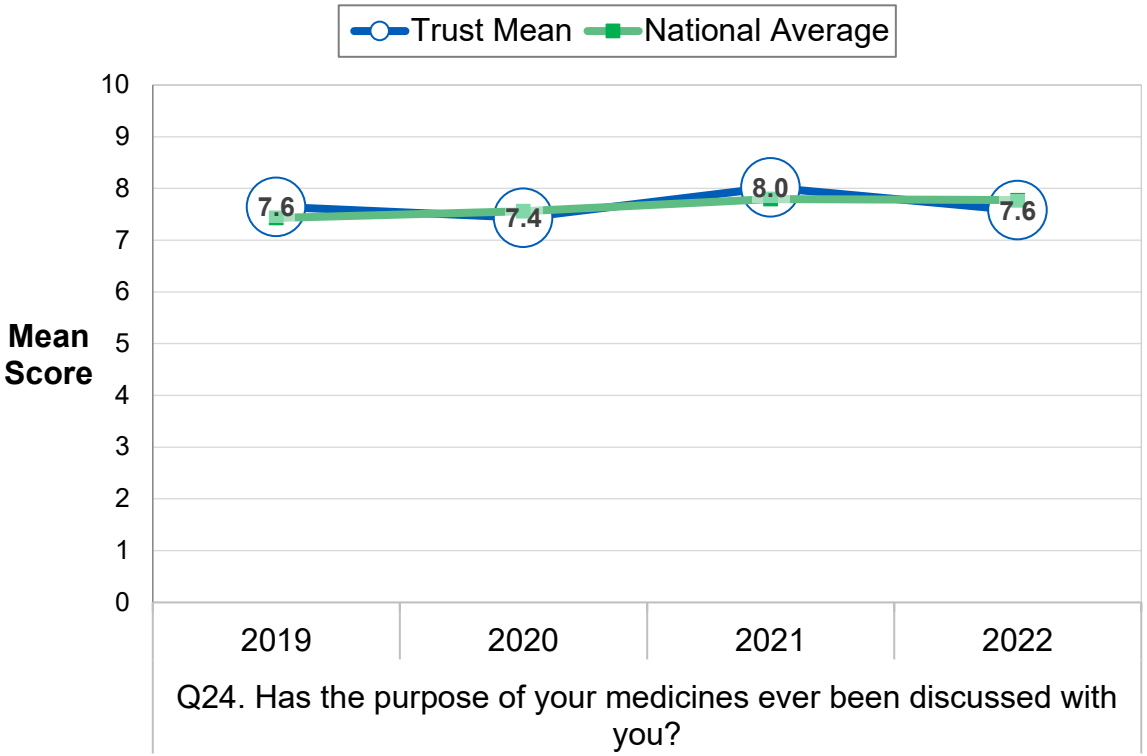


Significant change 2022 vs 2021	No change

Answered by all. Respondents who stated that they weren't sure have been excluded.
Number of respondents: 2020: 285; 2021: 285; 2022: 227

Section 6. Medicines

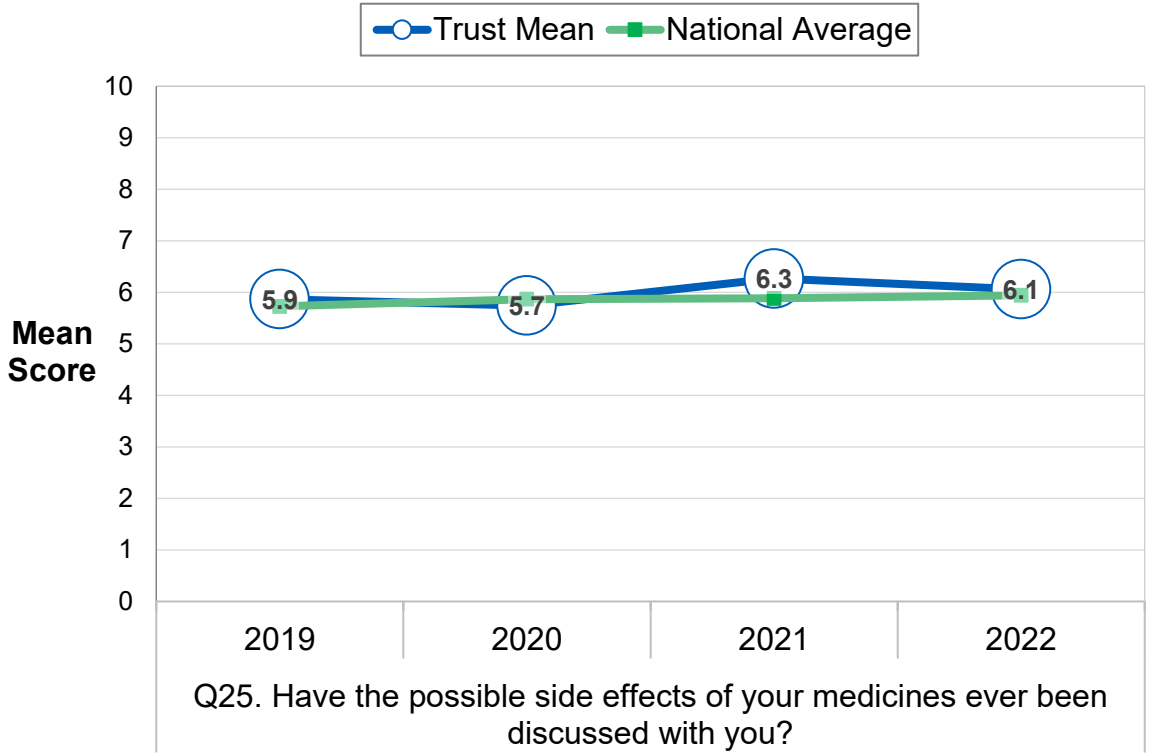
Question scores



Q24. Has the purpose of your medicines ever been discussed with you?

Significant change 2022 vs 2021	No change

Answered by those who have been receiving any medicines in the last 12 months for their mental health needs. Respondents who stated that they didn't know / couldn't remember have been excluded.
Number of respondents: 2019: 159; 2020: 249; 2021: 231; 2022: 197



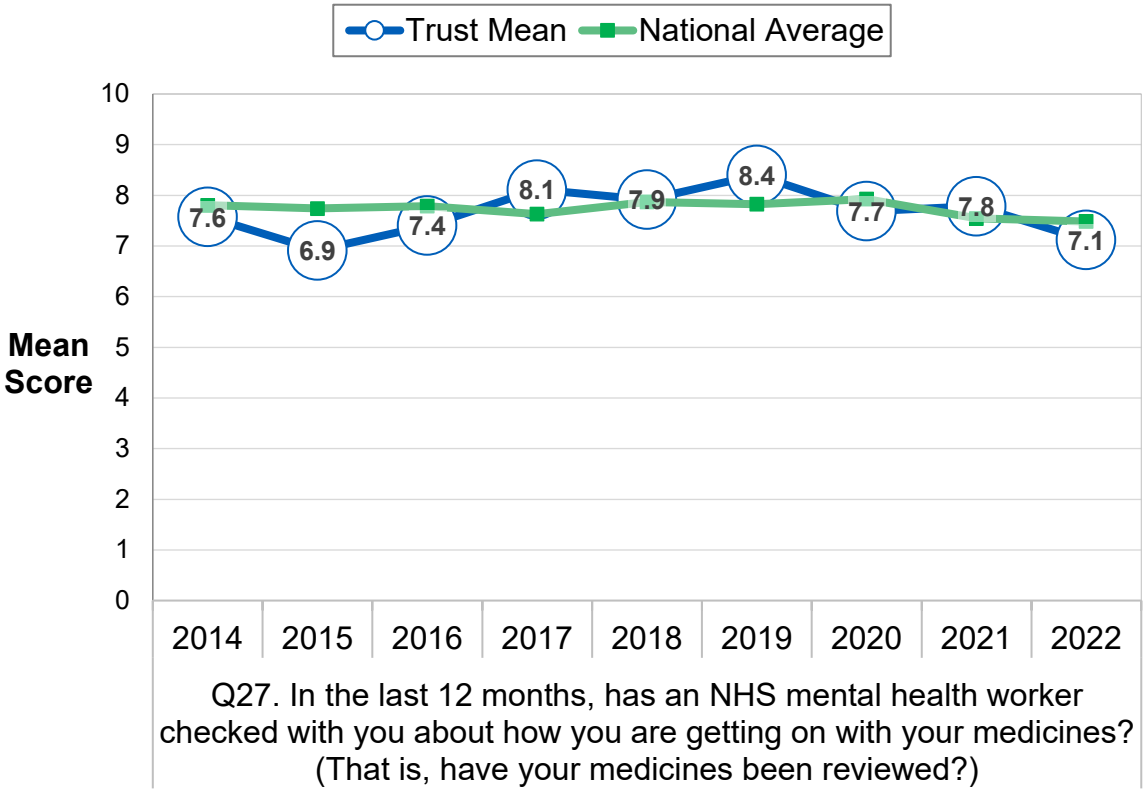
Q25. Have the possible side effects of your medicines ever been discussed with you?

Significant change 2022 vs 2021	No change

Answered by those who have been receiving any medicines in the last 12 months for their mental health needs. Respondents who stated that they didn't know / couldn't remember have been excluded.
Number of respondents: 2019: 153; 2020: 240; 2021: 232; 2022: 191

Section 6. Medicines

Question scores

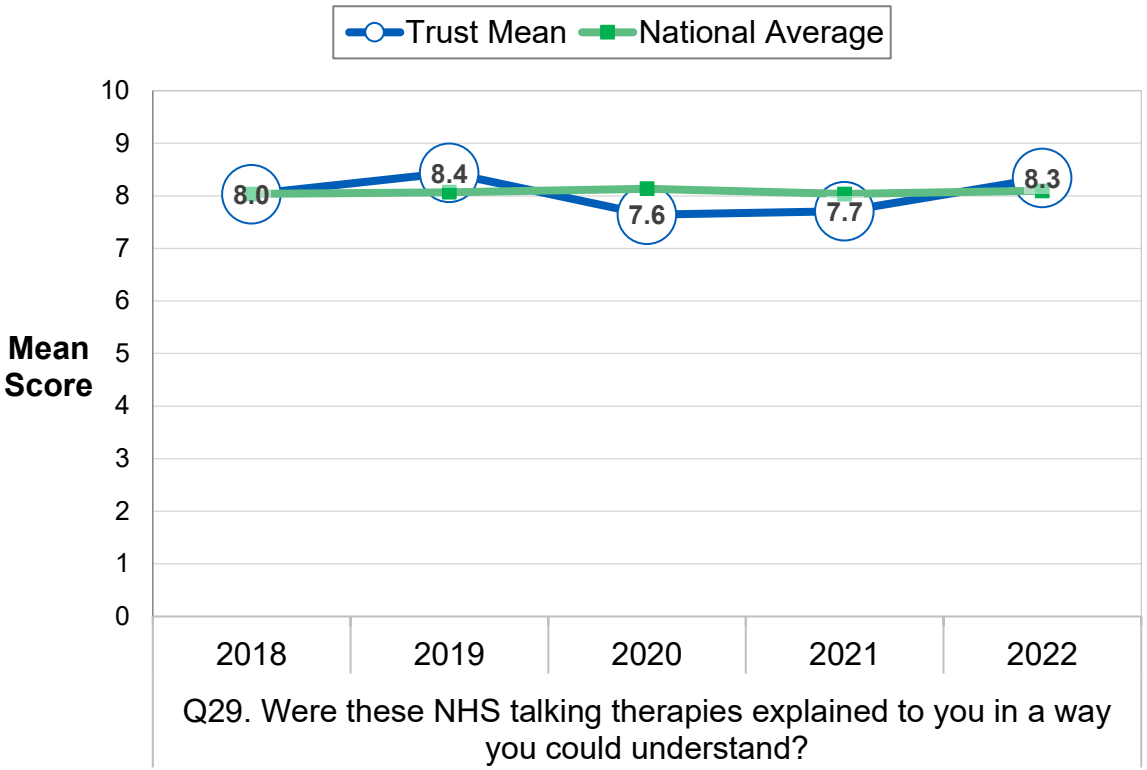


Significant change 2022 vs 2021	No change

Answered by those who have been receiving any medicines for 12 months or longer for their mental health needs. Respondents who stated that they didn't know / couldn't remember have been excluded. Number of respondents: 2014: 135; 2015: 150; 2016: 128; 2017: 153; 2018: 160; 2019: 129; 2020: 184; 2021: 185; 2022: 158

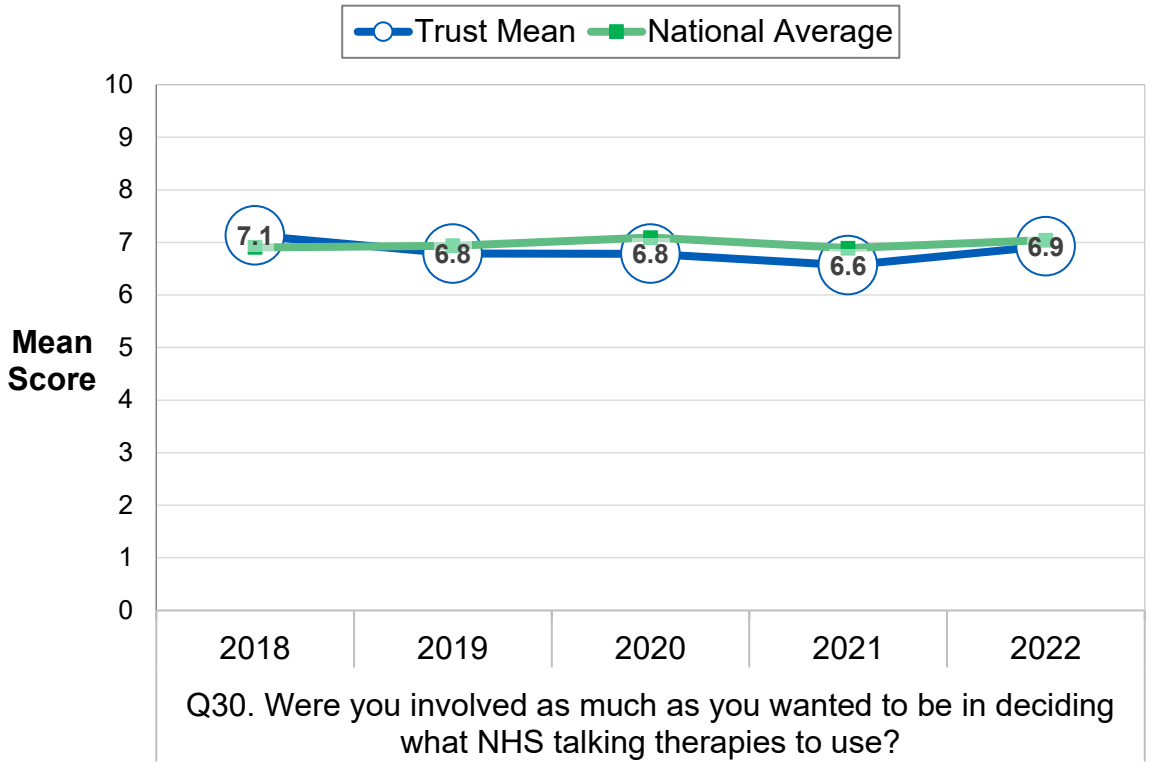
Section 7. NHS Talking Therapies

Question scores



Significant change 2022 vs 2021	No change

Answered by those who have received any NHS talking therapies in the last 12 months for their mental health needs. Respondents who stated that no explanation was needed have been excluded.
Number of respondents: 2018: 92; 2019: 79; 2020: 132; 2021: 72; 2022: 74

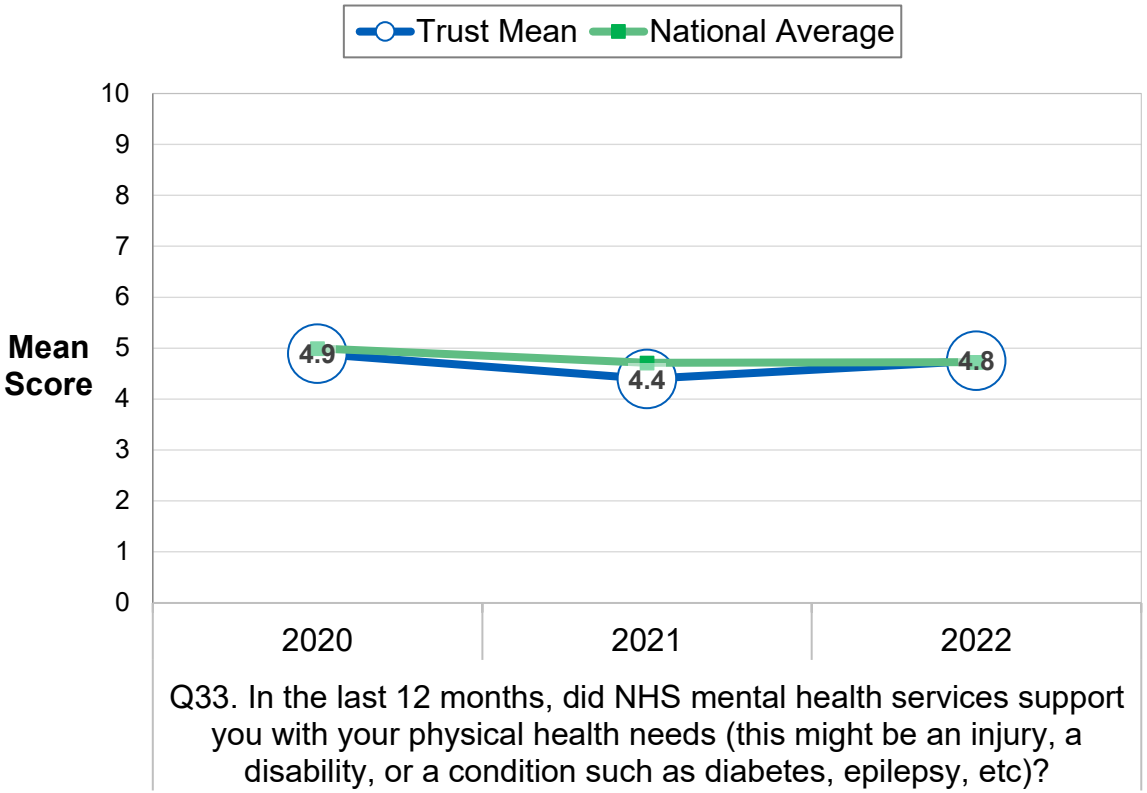


Significant change 2022 vs 2021	No change

Answered by those who have received any NHS talking therapies in the last 12 months for their mental health needs. Respondents who stated that they didn't know / couldn't remember or did not want to be involved have been excluded.
Number of respondents: 2018: 85; 2019: 76; 2020: 129; 2021: 66; 2022: 68

Section 8. Support and wellbeing

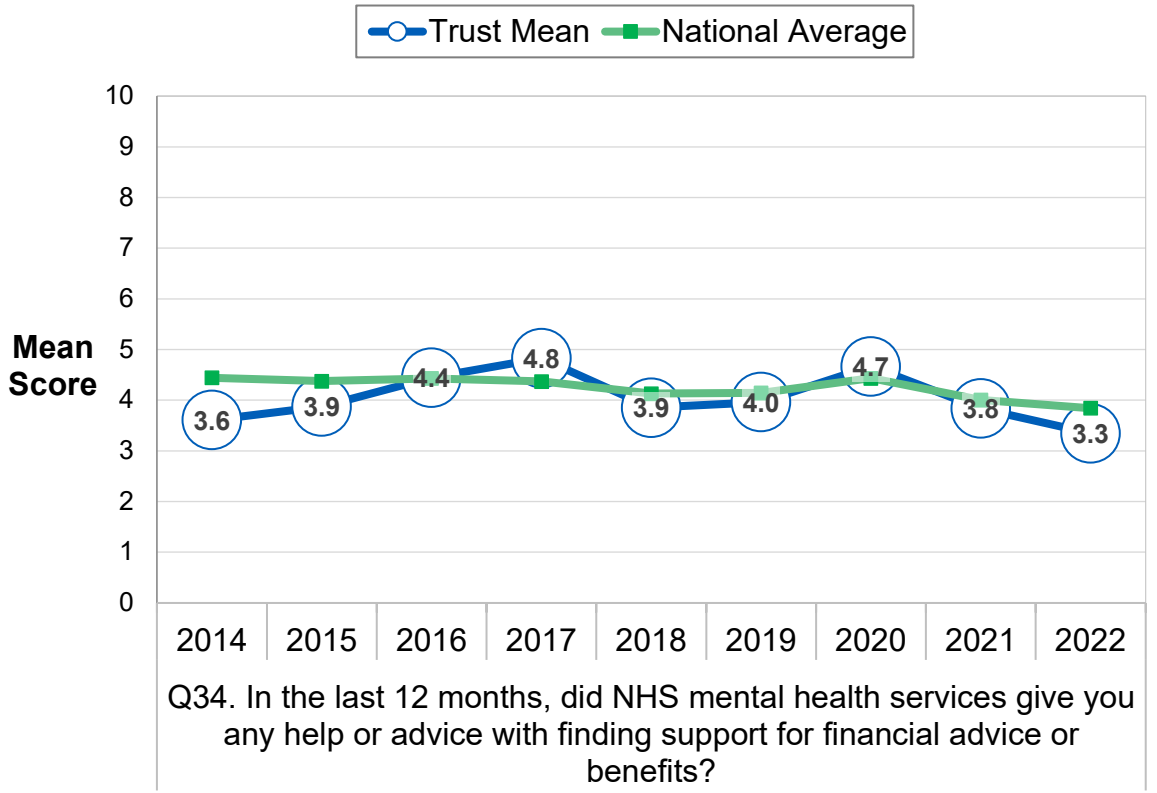
Question scores



Q33. In the last 12 months, did NHS mental health services support you with your physical health needs (this might be an injury, a disability, or a condition such as diabetes, epilepsy, etc)?

Significant change 2022 vs 2021	No change

Answered by all. Respondents who stated that they have support and did not need NHS mental health services to provide it, do not need support for this, or do not have physical health needs have been excluded. Number of respondents: 2020: 147; 2021: 150; 2022: 113



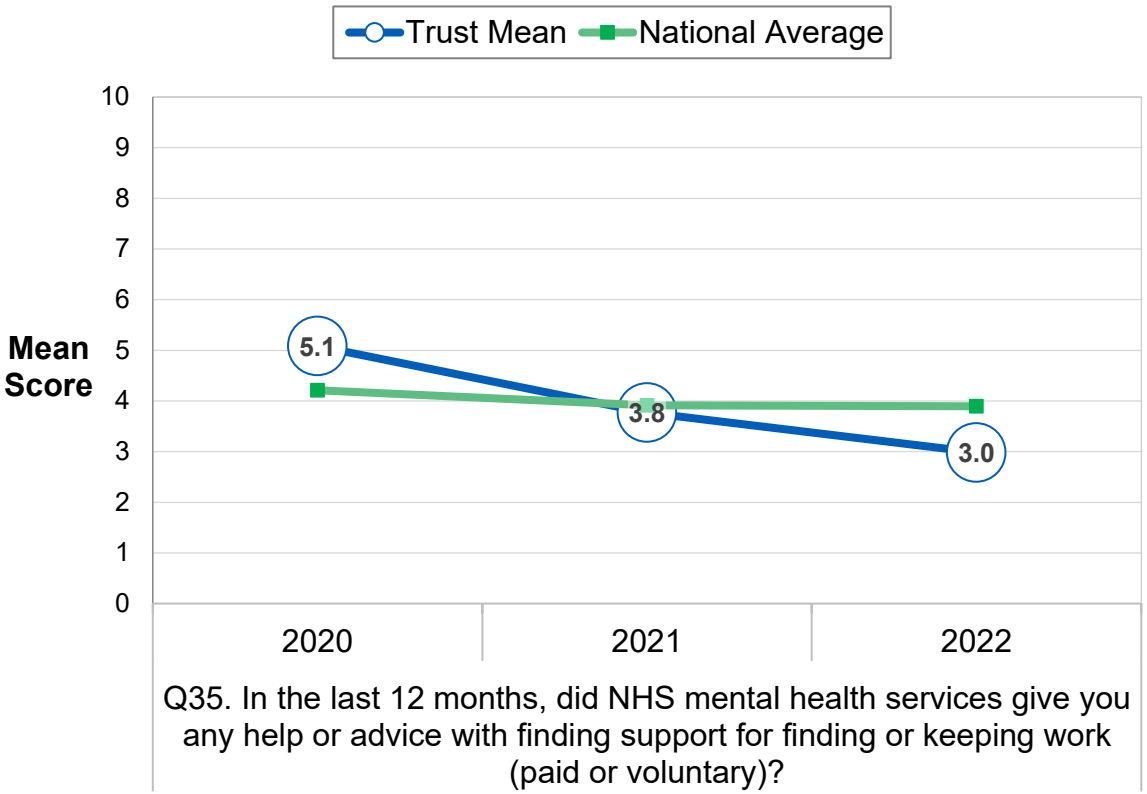
Q34. In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?

Significant change 2022 vs 2021	No change

Answered by all. Respondents who stated that they have support and did not need help / advice to find it, or do not need support for this have been excluded.
Number of respondents: 2014: 106; 2015: 123; 2016: 104; 2017: 119; 2018: 129; 2019: 102; 2020: 171; 2021: 150; 2022: 120

Section 8. Support and wellbeing

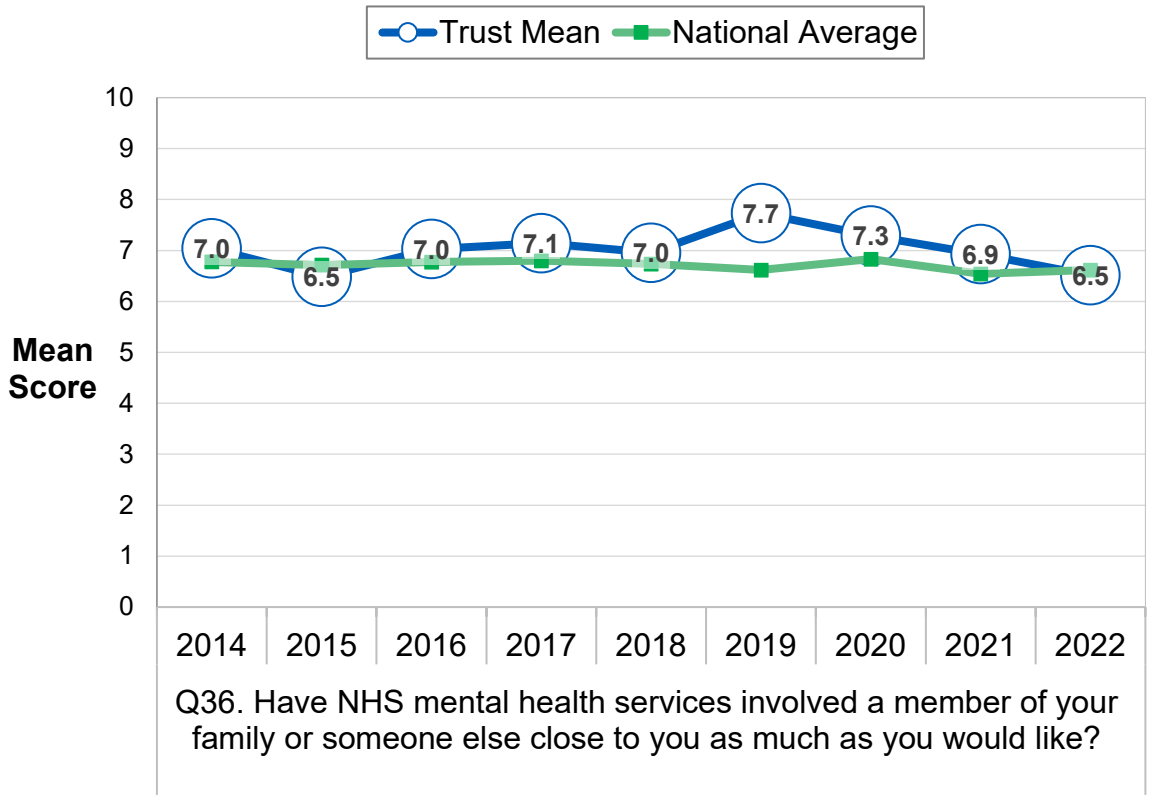
Question scores



Q35. In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work (paid or voluntary)?

Significant change 2022 vs 2021	No change

Answered by all. Respondents who stated that they have support and did not need help / advice to find it, do not need support for this, or are not currently in or seeking work have been excluded. Number of respondents: 2020: 76; 2021: 74; 2022: 65



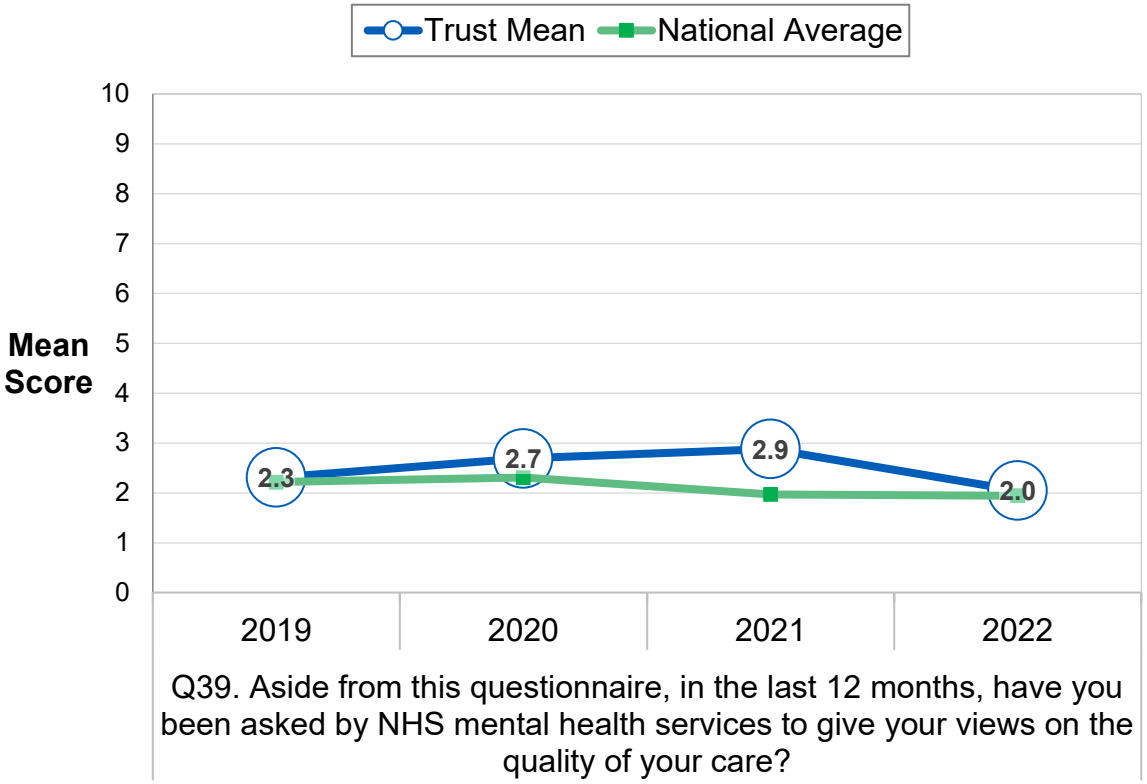
Q36. Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?

Significant change 2022 vs 2021	No change

Answered by all. Respondents who stated that their friends or family did not want to be involved, did not want their friends or family to be involved, or that this does not apply to them have been excluded. Number of respondents: 2014: 148; 2015: 158; 2016: 160; 2017: 173; 2018: 177; 2019: 142; 2020: 214; 2021: 227; 2022: 170

Section 9. Feedback

Question scores

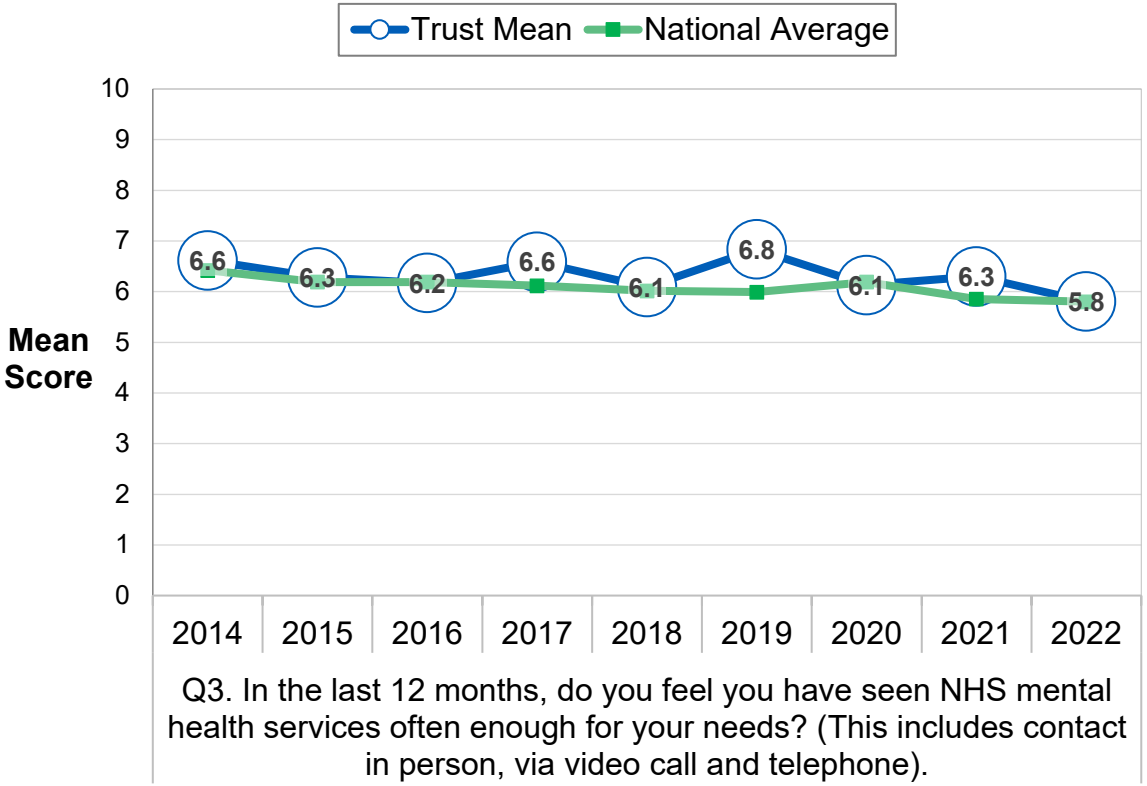


Significant change 2022 vs 2021	Decrease

Answered by all. Respondents who stated that they weren't sure have been excluded.
Number of respondents: 2019: 167; 2020: 288; 2021: 272; 2022: 206

Section 10. Overall views of care and services

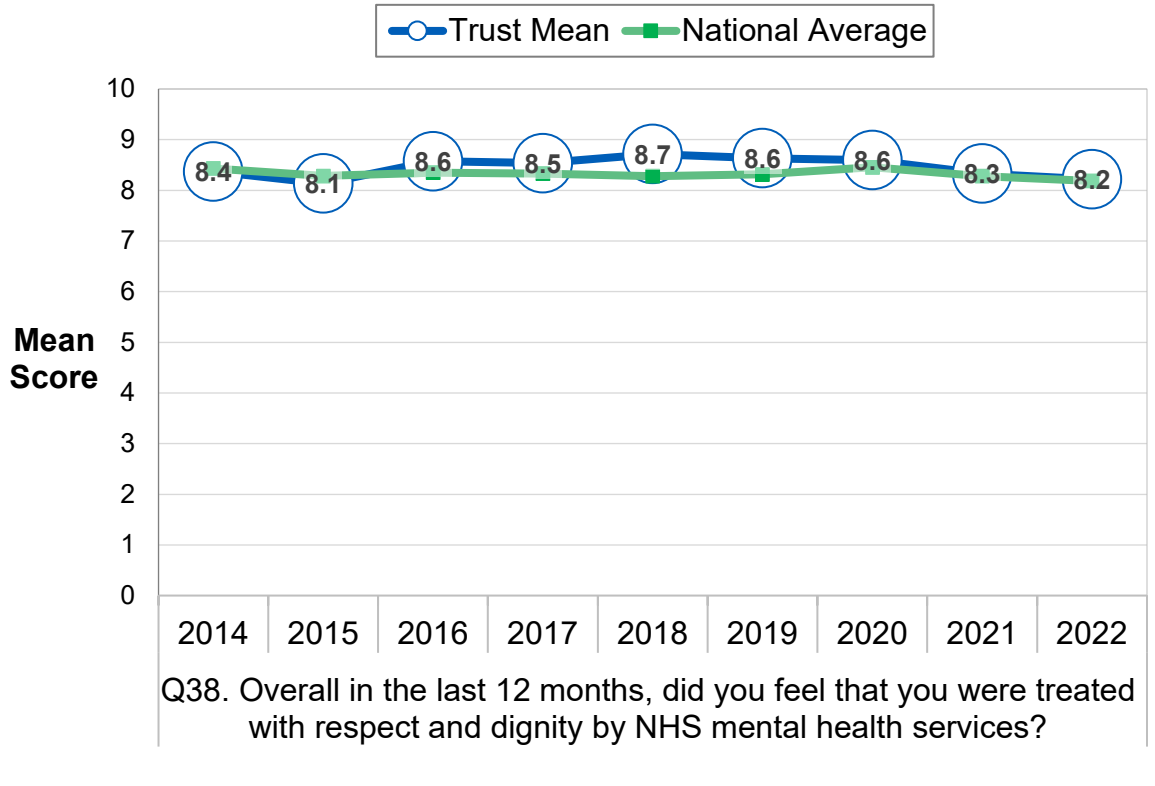
Question scores



Q3. In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs? (This includes contact in person, via video call and telephone).

Significant change 2022 vs 2021	No change

Answered by all. Respondents who stated that they didn't know have been excluded.
Number of respondents: 2014: 222; 2015: 232; 2016: 216; 2017: 229; 2018: 256; 2019: 187; 2020: 312; 2021: 308; 2022: 251



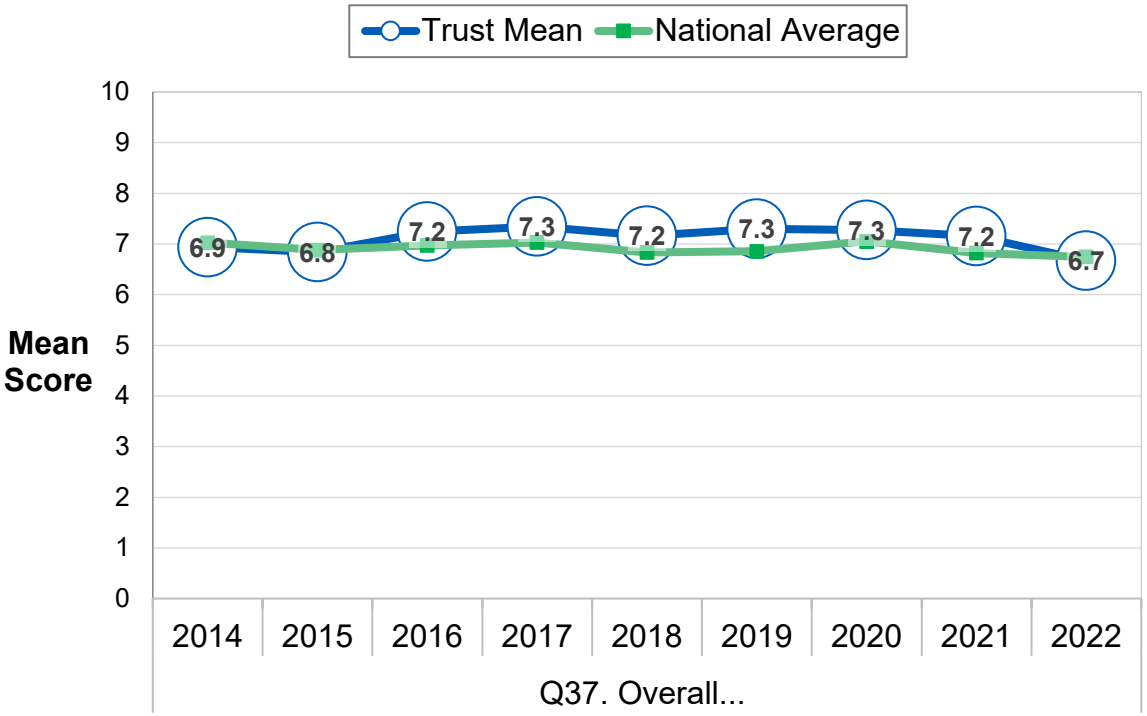
Q38. Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?

Significant change 2022 vs 2021	No change

Answered by all.
Number of respondents: 2014: 226; 2015: 239; 2016: 222; 2017: 232; 2018: 258; 2019: 193; 2020: 313; 2021: 312; 2022: 246

Section 11. Overall…

Question scores



Significant change 2022 vs 2021	Decrease

Answered by all. Number of respondents: 2014: 214; 2015: 228; 2016: 215; 2017: 225; 2018: 245; 2019: 191; 2020: 301; 2021: 303; 2022: 237

Appendix

Comparison to other trusts: where your trust has performed much better

The questions at which your trust has performed much better when compared with all other trusts are listed below.
The questions where your trust has performed about the same compared with all other trusts have not been listed.

Much better than expected

- No questions for your trust fall within this banding.

Comparison to other trusts: where your trust has performed better

The questions at which your trust has performed better than compared with all other trusts are listed below.
The questions where your trust has performed about the same compared with all other trusts have not been listed.

Better than expected

- Q13. Do you know how to contact this person if you have a concern about your care?

Comparison to other trusts: where your trust has performed somewhat better

The questions at which your trust has performed somewhat better when compared with all other trusts are listed below.
The questions where your trust has performed about the same compared with all other trusts have not been listed.

Somewhat better than expected

- Q6. Have you received your care and treatment in the way you agreed?

Comparison to other trusts: where your trust has performed somewhat worse

The questions at which your trust has performed somewhat worse when compared with all other trusts are listed below.
The questions where your trust has performed about the same compared with all other trusts have not been listed.

Somewhat worse than expected

- Q35. In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work (paid or voluntary)?

Comparison to other trusts: where your trust has performed worse

The questions at which your trust has performed worse compared with all other trusts are listed below.
The questions where your trust has performed about the same compared with all other trusts have not been listed.

Worse than expected

- No questions for your trust fall within this banding.

Comparison to other trusts: where your trust has performed much worse

The questions at which your trust has performed much worse when compared with all other trusts are listed below.
The questions where your trust has performed about the same compared with all other trusts have not been listed.

Much worse than expected

- No questions for your trust fall within this banding.

NHS Community Mental Health Survey

Results for Berkshire Healthcare NHS Foundation Trust

Where service user experience is best

- ✓ **Getting help needed:** staff delivered help needed at last contact
- ✓ **Care Delivery:** service users receiving care and treatment in the way agreed
- ✓ **Organisation of care:** service users knowing how to contact the person in charge of organising their care if they have concerns
- ✓ **Crisis care (access):** time taken to get through to staff
- ✓ **NHS Talking Therapies:** staff explaining NHS talking therapies in a way service users can understand

Where service user experience could improve

- **Support and well-being (Work):** service users being given help or advice with finding support for finding or keeping work
- **Support and well-being (Physical):** service users being given help or advice with finding support for financial advice
- **Care review:** service users had care review meeting in last 12 months
- **Medicines review:** NHS mental health services checking how service users are getting on with their medicines
- **Organisation of care:** service users being told who is in charge of organising their care and services

These questions are calculated by comparing your trust's results to the national average. "Where service user experience is best": These are the five results for your trust that are highest compared with the national average. "Where service user experience could improve": These are the five results for your trust that are lowest compared with the national average.

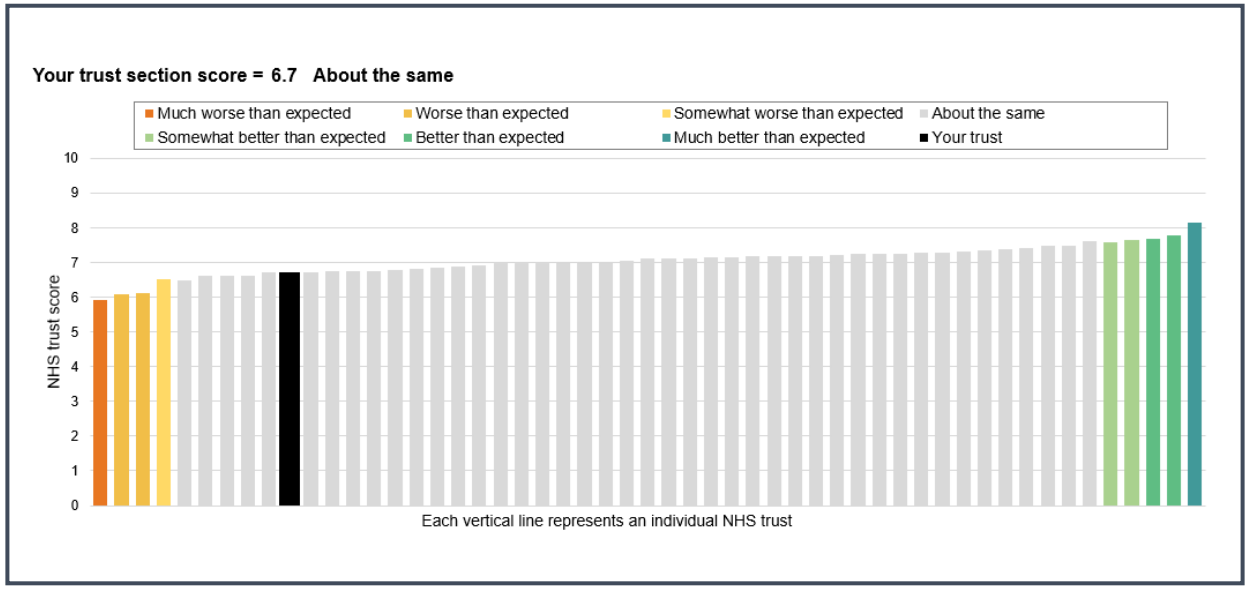
This survey looked at the experiences of people who were receiving care or treatment for a mental health condition and had been treated by the trust between 1 September 2021 and 30 November 2021. Between February and June 2022, a questionnaire was sent to 1250 recent service users. Responses were received from 265 service users at this trust. If you have any questions about the survey and our results, please contact [INSERT TRUST CONTACT DETAILS].

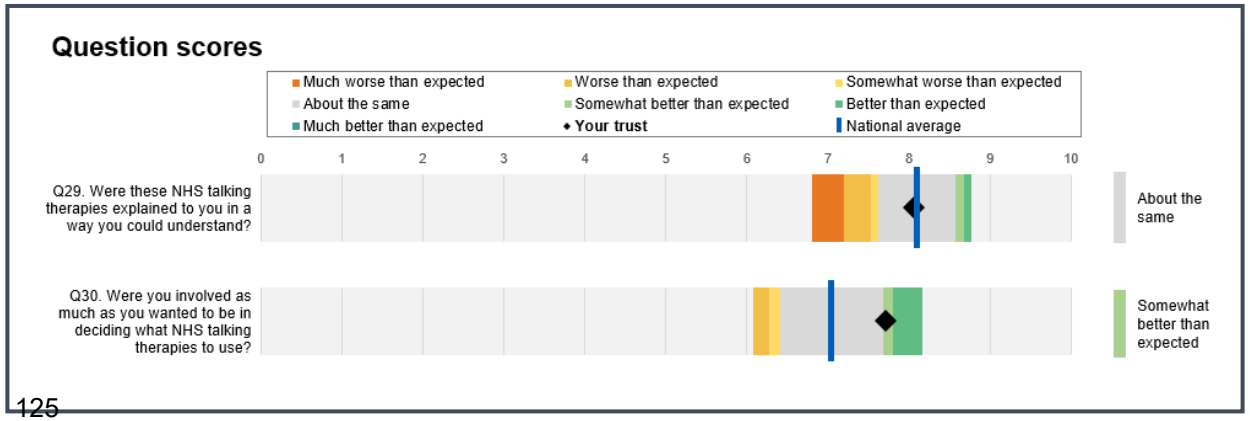
How to interpret benchmarking in this report

The charts in the 'benchmarking' section show how the score for your trust compares to the range of scores achieved by all trusts taking part in the survey. The black line shows the score for your trust. The graphs are divided into seven sections, comparing the score for your trust to most other trusts in the survey:

- If your trust's score lies in the **dark green section** of the graph, its result is 'Much better than expected'.
- If your trust's score lies in the **mid-green section** of the graph, its result is 'Better than expected'.
- If your trust's score lies in the **light green section** of the graph, its result is 'Somewhat better than expected'.
- If your trust's score lies in the **grey section** of the graph, its result is 'About the same'.
- If your trust's score lies in the **yellow section** of the graph, its result is 'Somewhat worse than expected'.
- If your trust's score lies in the **light orange** section of the graph, its result is 'Worse than expected'.
- If your trust's score lies in the **dark orange** section of the graph, its result is 'Much worse than expected'.

These groupings are based on a rigorous statistical analysis of the data termed the 'expected range' technique.





How to interpret benchmarking in this report (continued)

The ‘much better than expected,’ ‘better than expected’, ‘somewhat better than expected’, ‘about the same’, ‘somewhat worse than expected’, ‘worse than expected’ and ‘much worse than expected’ categories are based on an analysis technique called the ‘expected range’. Expected range determines the range within which a trust’s score could fall without differing significantly from the average, taking into account the number of respondents for each trust, to indicate whether the trust has performed significantly above or below what would be expected.

If it is within this expected range, we say that the trust’s performance is ‘about the same’ as other trusts. Where a trust is identified as performing ‘better’ or ‘worse’ than the majority of other trusts, the result is unlikely to have occurred by chance.

In some cases, there will be no shades of orange and/or green area in the graph. This happens when the expected range for your trust is so broad that it encompasses either the highest possible score for all trusts (no green section) or the lowest possible score for all trusts (no orange section). This could be because there were few respondents and/or a lot of variation in their answers.

In some cases, a trust could be categorised as ‘about the same’ whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

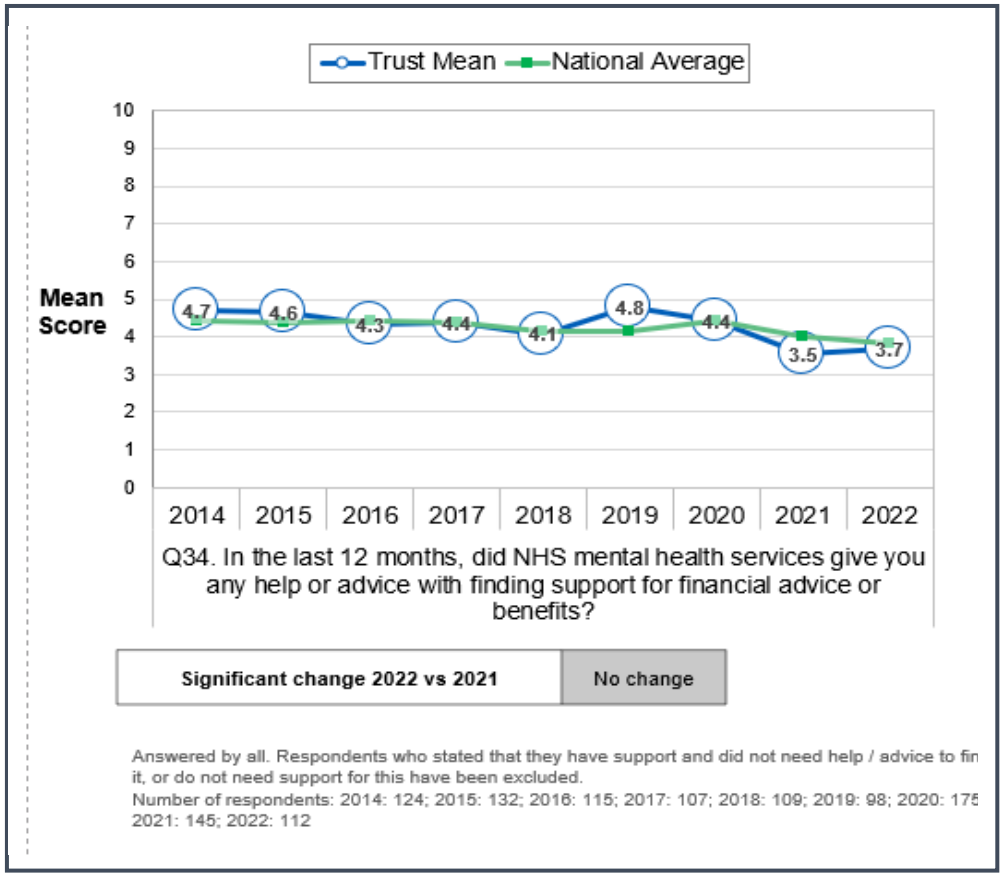
Additional information on the ‘expected range’ analysis technique can be found in the survey technical report on the NHS Surveys website.

How to interpret change over time in this report

The charts in the ‘change over time’ section show how your trust scored in each Community Mental Health survey iteration. Where available, trend data from 2014 to 2022 is shown. If a question only has one data point, this question is not shown. Questions that are not historically comparable, are also not shown.

Each question is displayed in a line chart. These charts show your trust mean score for each survey year (blue line). The national average is also shown across survey years, this is the average score for that question across all community mental health trusts in England (green line). This enables you to see how your trust compares to the national average. If there is data missing for a survey year, this is may be due to either a low number of responses, because the trust was not included in the survey that year, sampling errors or ineligibility.

Statistically significant changes are also displayed in tables underneath the charts, showing significant differences between this year (2022) and the previous year (2021). Z-tests set to 95% significance were used to compare data between the two years (2022 vs 2021). A statistically significant difference means it is unlikely we would have obtained this result if there was no real difference.



An example of scoring

Each evaluative question is scored on a scale from 0 to 10. The scores represent the extent to which the service user's experience could be improved. A score of 0 is assigned to all responses that reflect considerable scope for improvement, whereas a score of 10 refers to the most positive service user experience possible. Where a number of options lay between the negative and positive responses, they are placed at equal intervals along the scale. Where options were provided that did not have any bearing on the trust's performance in terms of service user experience, the responses are classified as "not applicable" and a score is not given. Similarly, where respondents stated they could not remember or did not know the answer to a question, a score is not given.

Calculating an individual respondent's score

The following provides an example for the scoring system applied for each respondent. For question 7 "Were you given enough time to discuss your needs and treatment?":

- The answer code "Yes, definitely" would be given a score of 10, as this refers to the most positive service user experience possible.
- The answer code "Yes, to some extent" would be given a score of 5, as it is placed at an equal interval along the scale.
- The answer code "No" would be given a score of 0, as this response reflects considerable scope for improvement.
- The answer code "Don't know / can't remember" would not be scored, as they do not have a clear bearing on the trust's performance in terms of service user's experience.

Calculating the trust score for each question

The weighted mean score for each trust, for each question, is calculated by dividing the sum of the weighted scores for a question by the weighted sum of all eligible respondents to the question for each trust. An example of this is provided in the survey technical document.

Calculating the section score

An arithmetic mean of each trust's question scores is taken to provide a score for each section.

Thank you.

For further information please contact the Survey Coordination Centre for Existing Methods:

mentalhealth@surveycoordination.com

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	14 February 2023
Title	**Executive Report**
	Item for Noting and to approve the Modern Day Slavery Statement
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	The Trust Board is requested to: a) To note the report and seek any clarification. b) Approve the Trust's Modern Day Slavery Statement

Berkshire Healthcare
NHS Foundation Trust

Trust Board Meeting 14 February 2023

EXECUTIVE REPORT

1. Never Events

A never event occurred on one of our mental health inpatient wards during December 2022 when shower hooks fitted into a flush fitting anti-ligature shower rail failed to release as expected. The patient has physically fully recovered and immediate action was taken to ensure that all hooks in all of our shower and curtain rails across all of our mental health wards are anti-suicide hooks; a full investigation is in progress.

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

2. Modern Day Slavery Statement

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

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

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

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

The Trust Board is requested to approve the Modern-Day Slavery Statement which will be included as part of the Trust's Annual Report for 2022-23.

Executive Lead: Paul Gray, Chief Financial Officer

3. Staff Flu and COVID Booster Vaccination Campaign

Introduction

Seasonal influenza and COVID-19 have the potential to add substantially to the winter pressures the NHS usually faces, particularly if infection waves from both viruses coincide. Mathematical modelling indicates the 2022/23 influenza season in the UK could be up higher than typically seen. The vaccine uptake ambitions for this coming season set out in the letter from the Department of Health and Social Care reflect the importance of protecting people against flu and Covid-19 this winter and should be regarded as the minimum level to achieve.

The Department of Health and Social Care launched the Flu and Covid Booster campaign nationally on 12th September 2022, the campaign asked for all frontline workers to take up the offer of a free vaccination. This year our campaign has been revamped to include a greater focus on staff in all areas being offered both influenza and Covid-19 vaccination.

Communication strategy summary.

Our Communication Strategy was tweaked as we gained more insight on those attending and the questions that we are receiving. Clinic dates and times were updated regularly, newsletters and screensavers were also made available. Nexus was updated with the promotional material and other promotional merchandise was received and offered in clinics. Staff emails and texts were sent out to staff reminding them how to book their vaccine and means of offering the vaccine was tweaked according to demand and requests.

Our delivery model.

This year's campaign was managed by the Lead Nurse for Immunisations and was delivered via a number of methods:

- Booked Clinics and drop-in clinics at Trust locations
- Peer vaccinator walkarounds
- Peer vaccination on inpatient wards
- The Health Bus which is travelling to various sites offering vaccines and health promotion
- Flu vouchers
- GP's/Local Pharmacists – where this occurs independently, staff will be asked to report back to the trust.

Vaccine

The influenza vaccine was available from the third week of September. Our campaign was launched by introducing the new health bus and vaccinating the Executive group on 26th September 2022.

Flu vaccine

- This year's vaccine was Sequiris Quadrivalent cell-based vaccine, and could be given to all adults 18+, a different vaccine for the over 65's was not required in this year's campaign, though over 65's could access the preferred adjuvanted quadrivalent vaccine from their GP if preferred.
- Vouchers were used for those that preferred to receive their vaccination at a local pharmacy.

Covid vaccine

- The Covid vaccine being given was Pfizer Cominarty Bivalent, which contains two strains of Covid-19.

Requirements for Trust Boards

1. Record their commitment to achieving the ambition of 100% of frontline healthcare workers being vaccinated. Monthly uptake report taken to Executive board.
2. All Board members and senior managers to receive their vaccinations and publicise it, members of the Exec having their vaccines was captured and publicised on Nexus.

Uptake of vaccine

Uptake of the flu vaccine by staff remained lower this year than previous years, however this remained in line with the national picture. Communications with staff continued throughout the campaign and a Survey Monkey was cascaded to enquire why staff had not taken up the vaccine, the results remained similar to previous years, with responses such as "I've never had flu so don't need a vaccine," "I don't work in a patient facing role," "I don't trust the vaccine."

Additional clinics, walk arounds and peer vaccinators were made available in the last weeks of December, and vaccine remains available on wards and in pharmacy until its expiry in the early spring.

Approximately 497 staff have been vaccinated elsewhere for flu and covid and 131 flu vouchers given out, these are included in the uptake figures below.

Uptake of vaccine as of 2nd February 2023 as reported by NHS England.

- Flu vaccine uptake **57.4%**
- Covid vaccine uptake **55.8%**

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

4. NHS England's Infection Prevention and Control Board Assurance Framework

The NHS England Infection Prevention and Control Board Assurance Framework has been further updated. following this we have reviewed our current processes alongside the evidence/assurance to support the Key lines of Enquiry detailed within the Framework (Key lines of Enquiry are based on the Health and Social Care Act Code of Practice). The updated framework is attached as at appendix 2 to this report. The review has not identified any significant gaps in assurance that require action.

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

5. Health and Social Care Act (2008) - part 3 A code of Practice for the Prevention and Control of Healthcare Associated Infections

All Trusts have a legal obligation to comply with the Health & Social Care Act (2008) part 3 'A Code of Practice for the Prevention and Control of Health Care Associated Infections (HCAI)', this has recently been updated in December 2022.

The updated code is currently being reviewed and any new or revised requirements will be added into the annual Infection Prevention and Control Programme for 2023-24. The annual programme is approved by the Infection Prevention and Control Strategic Group and Director infection Prevention and Control (Director Nursing and Therapies). The annual programme also forms part of the annual Infection Prevention and Control Report which is presented to Quality Assurance Committee alongside the quarterly Infection Prevention and Control Report.

Executive Lead: Debbie Fulton, Director of Nursing and Therapies

6. NHS England's Plan to Recover Urgent and Emergency Care Services

On the 30 January 2023, the NHS and UK Government published a new two-year delivery plan to help recover urgent and emergency care services, reduce waiting times, and improve patient experience.

To support recovery, this plan sets out five key ambitions, including to:

- Increase bed and ambulance capacity, to help deal with increasing pressures on hospitals which see 19 in 20 beds currently occupied
- Grow the workforce, as increasing capacity requires more staff who feel supported
- Speed up discharge from hospitals, to help reduce the numbers of beds occupied by patients ready to be discharged
- Expand new services in the community, as up to 20% of emergency admissions can be avoided with the right care in place
- Help people access the right care first time, as 111 should be the first port of call and reduce the need for people to go to Accident and Emergency

The plan focuses predominantly on the need to improve hospital discharge and join-up with adult social care, reflecting the challenges of an ageing population and frailty.

A link to a summary document produced by NHS Providers can be found here : uec-recovery-plan-otdb-v1.pdf (nhsproviders.org). If you wish to see the full document this can be found here: NHS England » Delivery plan for recovering urgent and emergency care services

Executive Lead: Julian Emms, Chief Executive

7. National Education Union strikes in February and March 2023

The National Education Union **(**NEU) has announced seven days of strikes in February and March 2023. The first strike date is Wednesday 1 February 2023.

We have communicated that colleagues with school age children may have childcare issues if their child's school is closed as a result of strike action. Some staff may already have heard from schools, however not all schools have yet declared whether the school will be open or not (including whether they will open for children of key workers).

We have advised that for staff with concerns about ability to come to work to speak with line managers about dependents leave (usually reserved for short notice emergencies), having first considered all options for childcare to help minimise disruption to services and patients.

The planned dates for the strikes are:

- **1 February**: All schools in England and Wales
- **14 February:** All schools in Wales
- **28 February**: North and North-West England, Yorkshire and Humber
- **1 March**: East Midlands, West Midlands, and the NEU's Eastern region
- **2 March**: South-East and South-West England, and London
- **15 and 16 March**: All schools in England and Wales

Executive Lead: Alex Gild, Deputy Chief Executive

8. District Nursing Numbers

According to the Royal College of Nursing and the Queen's Nursing Institute in 2003, there were 12,620 district nurses in England. By 2013, the number had dropped to 6,656. In 2019, it was down to just 4,000 - a reduction of two thirds in 16 years. That left only one district nurse for every 14,000 people, despite the national policy direction of providing more treatment in people's homes.

The number has since increased only marginally, to the equivalent of 4,409 full-time posts in the latest figures from March last year. Overseas recruitment in the sector is limited as its not a service that is common in many other countries and the sector can be less visible to newly qualified graduate nurses. This is despite their importance to innovations such as Virtual Wards and Urgent Community Response Teams. This is a subject we will be exploring in further detail at our March 2023 Trust Board Discursive meeting.

Executive Lead: Julian Emms, Chief Executive

Presented by	Julian Emms Chief Executive 14 February 2023

Appendix 1

Modern Day Slavery Statement

This statement is made pursuant to Section 54 of the Modern Slavery Act 2015 and sets out the steps that Berkshire Healthcare NHS Foundation Trust has taken, and is continuing to take, to make sure that modern slavery or human trafficking is not taking place within our business or supply chain during the year ending 31 March 2023.

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

Our Policies on Slavery and Human Trafficking

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

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

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

- **Recruitment** - We operate a robust recruitment policy, including conducting eligibility to work in the United Kingdom checks for all directly employed staff. Agencies on approved frameworks are audited to provide assurance that pre-employment clearance has been

obtained for agency staff, to safeguard against human trafficking or individuals being forced to work against their will

- **Equal Opportunities** - We have a range of controls to protect staff from poor treatment and/or exploitation, which complies with all respective laws and regulations. These include provision of fair pay rates, fair terms and conditions of employment, and fair access to training and development opportunities
- **Safeguarding** - We adhere to the principles inherent within both our safeguarding children and adults' policies. These are compliant with the Berkshire multiagency agreements and provide clear guidance so that our employees are clear on how to raise safeguarding concerns about how colleagues or people receiving our services are being treated, or about practices within our business or supply chain.
- **Whistleblowing** - We operate a whistleblowing/raising concerns policy so that everyone in our employment knows that they can raise concerns about how colleagues or people receiving our services are being treated, or about practices within our business or supply chain, without fear of reprisals, and the various ways in which they can raise their concerns.
- **Standards of business conduct** - This code explains the manner in which we behave as an organisation and how we expect our employees and suppliers to act.

Our approach to procurement and our supply chain includes:

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

Training

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

Our Performance Indicators

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

Infection prevention and control board assurance framework

21 September 2022 V1.11
Updates from November 30th V1.8 highlighted

Foreword

NHS staff should be proud of the care being provided to patients and the way in which services adapted and responded during the COVID-19 pandemic.

Effective infection prevention and control must continue and to support service recovery we have updated this board assurance framework (BAF) to support all healthcare providers to effectively self-assess their compliance with the National Infection Prevention and Control Manual (NIPCM) https://www.england.nhs.uk/publication/national-infection-prevention-and-control/

and other related infection prevention and control guidance to identify risks associated with infectious agents and provide an additional level of assurance to the Board. The general principles can be applied across all settings; acute and specialist hospitals, community hospitals, mental health and learning disability, and locally adapted.

The framework can be used to assure directors of infection prevention and control, medical directors, and directors of nursing by assessing the measures taken in line with the NIPCM or existing local policies whilst the NIPCM is being implemented. It can be used to provide evidence and as an improvement tool to optimise actions and interventions. The framework can also be used to assure trust boards.

Using this framework is not compulsory, however its use as a source of internal assurance will help support organisations to maintain quality standards.

Ruth May
Chief Nursing Officer for England

1. Introduction

The application of Infection Prevention and Control (IPC) measures has been key in the response to the SARS-CoV-2 pandemic.

The UKHSA guidance was archived at the end of April 2022, the proposal is that NIPCM combined with this version of the Board Assurance Framework (BAF) will support this transition.

This will continue to ensure organisations can respond in an evidence-based way to maintain the safety of patients, services users, and staff.

The update of the BAF helps providers to assess against the NIPCM as a source of internal assurance. It will also identify any areas of risk and the corrective actions required in response. The BAF provides assurance to trust boards that organisational compliance has been systematically reviewed.

The BAF is intended to support local organisations with decision making and be used by directors of infection prevention and control, medical directors, and directors of nursing if required unless alternative internal assurance mechanisms are in place.

2. Legislative framework

The legislative framework is in place to protect service users and staff from avoidable harm in a healthcare setting. We have structured the framework around the existing 10 criteria set out in the Code of Practice on the prevention and control of infection which links directly to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
The Health and Safety at Work Act 1974 places wide-ranging duties on employers, who are required to protect the 'health, safety and welfare' at work of all their employees, as well as others on their premises, including temporary staff, casual workers, the self-employed, clients, visitors and the general public. The legislation also imposes a duty on staff to take reasonable care of health and safety at work for themselves and for others, and to co-operate with employers to ensure compliance with health and safety requirements.

Risk assessment processes are central to protecting the health, safety and welfare of patients, service users and staff under both pieces of legislation. Where it is not possible to eliminate risk, organisations must assess and mitigate risk and provide safe systems of work. Local risk assessments should be based on the measures as prioritised in the hierarchy of controls https://www.england.nhs.uk/publication/national-infection-prevention-and-control/ . In the context of infectious agents, there is an inherent level of risk for NHS staff who are treating and caring for patients and service users and for the patients and service users themselves in a healthcare setting. All organisations must therefore ensure that risks are identified, managed, and mitigated effectively.

Infection Prevention and Control board assurance framework

1. Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks their environment and other users may pose to them			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure that: • A respiratory plan incorporating respiratory seasonal viruses that includes: o point of care testing (POCT) methods for infectious patients known or suspected to have a respiratory infection to support patient triage/placement according to local needs, prevalence, and care services o segregation of patients depending on the infectious agent taking into account those most vulnerable to infection e.g clinically immunocompromised. o A surge/escalation plan to manage increasing patient/staff infections. o a multidisciplinary team approach is adopted with hospital leadership, operational teams, estates & facilities, IPC teams and clinical and non- clinical staff to assess and plan for creation of adequate isolation rooms/cohort units as part of the plan. • Organisational /employers risk assessments in the context of managing infectious agents are: o based on the measures as prioritised in the hierarchy of controls. o applied in order and include elimination; substitution, engineering, administration and PPE/RPE. o communicated to staff.	Wards and services have individual risk assessments in place, these are reviewed at service level Wards have patient pathway in place for management of respiratory and other infections , this includes screening / cohorting etc. This includes outbreak management. Gold steering group is multi-professional to support surge and escalation planning. Outbreak meetings are also multi-professional and include estates & facilities Organisation and service risk assessment are based on hierarchy of controls and are available via the staff intranet IPC surveillance and review of local and national PHE data is used to inform decision making Inpatient patient pathway includes plan for use and prioritisation of single rooms/ segregation areas Respiratory infection pathways include prioritisation of single rooms. (Including source and protective isolation).		

○ further reassessed where there is a change or new risk identified eg. changes to local prevalence. • the completion of risk assessments have been approved through local governance procedures, for example Integrated Care Systems. • risk assessments are carried out in all areas by a competent person with the skills, knowledge, and experience to be able to recognise the hazards associated with the infectious agents. • ensure that transfers of infectious patients between care areas are minimised and made only when necessary for clinical reasons. • resources are in place to monitor and measure adherence to the NIPCM. This must include all care areas and all staff (permanent, flexible, agency and external contractors). • the application of IPC practices within the NIPCM is monitored e.g. 10 elements of SICPs • the IPC Board Assurance Framework (BAF) is reviewed, and evidence of assessments are made available and discussed at Trust board level. • the Trust Board has oversight of incidents/outbreaks and associated action plans. • the Trust is not reliant on a single respirator mask type and ensures that a range of predominantly UK made FFP3 masks are available to users as required.	Weekly DoN calls (Frimley ICB) for system discussion and alignment Triage tool undertaken for outpatients where possible. Triage for inpatients undertaken at referral and admission screening compliance. Patients are only moved within and between care settings if there is clinical rationale and need National Infection Prevention and Control Manual is used to support decision making / local guidance alongside Hierarchy of controls and Every Action Counts Materials (PPE assessments, ward compliance tools, posters for exampled; IPC resources are updated to reflect universal and transmission based precautions) Resources are available on the trust intranet with reminders through clinical newsletter 'Circulation' and all staff briefings Any deviation from national guidance would be agreed at internal gold/ executive level internally and through system meetings BAF is made available at Board The QPEG has monthly IPC report detailing incidents and outbreaks as well as any learning, Board has site of serious incidents, Quality Assurance Committee receives a quarterly report on IPC activity. Communication to Board between meetings as appropriate. CCO, DIPC support outbreak meetings A range of UK , FFP3 masks are available and all staff requiring FFP3 are encouraged to be tested for at least 2 types of mask. There is a dedicated mailbox for FIT which is overseen by EFM with		

	central records on ESR and an ongoing FIT training programme. Supportive visits are undertaken by executive and senior leaders as well as IPCT to support ongoing compliance Monthly hand hygiene audit for inpatient units and quarterly for community services		

2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure that: • the Trust has a plan in place for the implementation of the National Standards of Healthcare Cleanliness and this plan is monitored at board level. • the organisation has systems and processes in place to identify and communicate changes in the functionality of areas/room • cleaning standards and frequencies are monitored in clinical and non-clinical areas with actions in place to resolve issues in maintaining a clean environment. • enhanced/increased frequency of cleaning should be incorporated into environmental decontamination protocols for patients with suspected/known infections as per the NIPCM (Section 2.3) or local policy and staff are appropriately trained.	EFM lead implementation of national standards with IPC involved in review and planning. Weekly and monthly operational meetings as well as task and finish group are auditing progress and compliance Ongoing through EFM Estates and facilities cleaning SOPs – all areas are monitored and in line with National Standards of Healthcare Cleanliness. Ad hoc spot checks . Star rating are publicly displayed Estates and facilities cleaning SOPs – cleaning and disinfection process as determined by NHSE/I • 01 Cleaning Process COVID within 1 metre of patient • 02 Cleaning process COVID High risk units where AGPs being conducted • Cleaning Process COVID cohort no patient contact • NHS Cleaning and Decontamination Training - Covid		

	These documents are available electronically and in a printed format to all relevant teams Inpatient SOP and patient pathways Cleaning schedules in place which include enhanced twice daily cleaning requirements for all clinical sites and wards when required – checks undertaken to ensure compliance and monitored as part of compliance tool Wipes and cleaning products available for staff to use on desks / workstations in non-clinical areas EFM attend any outbreak meetings		
• manufacturers' guidance and recommended product 'contact time' is followed for all cleaning/disinfectant solutions/products.	Chlorclean used. Monitored as part of IPC compliance tool ICC026 Environmental/Equipment Cleaning and Disinfection Policy		
• For patients with a suspected/known infectious agent the frequency of cleaning should be increased particularly in: ○ patient isolation rooms ○ cohort areas ○ donning & doffing areas – if applicable ○ 'Frequently touched' surfaces e.g., door/toilet handles, chair handles, patient call bells, over bed tables and bed/trolley rails. ○ where there may be higher environmental contamination rates, including: ▪ toilets/commodes particularly if patients have diarrhoea and/or vomiting.	Inpatient SOP E&F cleaning and environmental SOP Cleaning schedules in place which include enhanced twice daily cleaning requirements for all clinical sites and wards when required – checks undertaken to ensure compliance and monitored as part of compliance tool these documents are available electronically and in a printed format to all relevant teams Wipes and cleaning products available for staff to use on desks / workstations in non-clinical areas EFM attend any outbreak meetings		
• The responsibility of staff groups for cleaning/decontaminationn are clearly defined and all staff are aware of these as outlined in the National Standards of Healthcare Cleanliness	Touch points – doors/handles and handrails at least 2 times per day in patient areas.		
• A terminal clean of inpatient rooms is carried out: ○ when the patient is no longer considered infectious	IPC/ Out break Policy details requirements		

○ when vacated following discharge or transfer (this includes removal and disposal/or laundering of all curtains and bed screens). ○ following an AGP if clinical area/room is vacated (clearance of infectious particles after an AGP is dependent on the ventilation and air change within the room).	Domestic staff on wards have been trained and issued relevant SOPs. BHFT Facilities managers also check. IPC compliance tool includes check against decontamination and use of cleaning products (including reconstitution of chlorclean). posters available to support correct chlorclean reconstitution for clinical areas.		
• reusable non-invasive care equipment is decontaminated: ○ between each use ○ after blood and/or body fluid contamination ○ at regular predefined intervals as part of an equipment cleaning protocol ○ before inspection, servicing, or repair equipment.	ICC026 Environmental/Equipment Cleaning and Disinfection Policy Ward and community services equipment cleaning schedules Included as part of IPC compliance tool Monitored as part of IPC monthly spot check (inpatients) SOP for cleaning of reusable goggles Patient equipment monitoring part of IPC annual monitoring programme		
• compliance with regular cleaning regimes is monitored including that of reusable patient care equipment.	IPC and EFM spot checks Ward and community IPC compliance tool		
• ventilation systems, should comply with HBN 03:01 and meet national recommendations for minimum air changes https://www.england.nhs.uk/publication/specialised-ventilation-for-healthcare-buildings/ • ventilation assessment is carried out in conjunction with organisational estates teams and or specialist advice from the ventilation group and/ or the organisations, authorised engineer and plans are in place to improve/mitigate inadequate ventilation systems wherever possible.	Review of all aircon on trust sites undertaken with risk assessment and guidance issued - 22.6.20 guidance circulated through service management including list of air con for use; also circulated through all staff email with reminders through COVID newsletters including heatwave advice for staff. Guidance regularly recirculated as part of summer planning information dissemination		

• where possible air is diluted by natural ventilation by opening windows and doors where appropriate	Ventilation policy has been amended to reflect the new HTM 03-01 All staff advised through newsletter/intranet and staff briefings regarding need for good natural ventilation Part of ward compliance tool Risk assessments and service level SOP's include natural ventilation Ventilation policy in line with HTM03-01 cool rooms have been created using appropriate air handling in areas where we cannot provide natural ventilation?		
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**

Systems and process are in place to ensure that:
• arrangements for antimicrobial stewardship (AMS) are maintained and a formal lead for AMS is nominated
• NICE Guideline NG15 https://www.nice.org.uk/guidance/ng15 is implemented – Antimicrobial Stewardship: systems and processes for effective antimicrobial medicine use
• the use of antimicrobials is managed and monitored:
  ○ to optimise patient outcomes
  ○ to minimise inappropriate prescribing
  ○ to ensure the principles of Start Smart, Then Focus https://www.gov.uk/government/publications/antimicrobial-stewardship-start-smart-then-focus are followed
	Oversight by AMSG, and AMS Lead Pharmacist.
	
	Antimicrobial Stewardship Group programme of work that encompasses the requirements of Criterion 3 of the H&SC Act (2008) to demonstrate compliance.
	
	Antimicrobial stewardship group meeting minutes
	
	Antimicrobial stewardship annual audit
	
	The trust's antimicrobial stewardship strategic plans are aligned with the Trust goals. There is an AMS Annual Plan on a Page, as opposed to a specific AMS strategy
	
	Routine pharmacist review of all prescribing, ensuring adherence to antimicrobial formulary (Trustwide access via Microguide app)		

• contractual reporting requirements are adhered to, and boards continue to maintain oversight of key performance indicators for prescribing including: o total antimicrobial prescribing; o broad-spectrum prescribing; o intravenous route prescribing; adherence to AMS clinical and organisational audit standards set by NICE: https://www.nice.org.uk/guidance/ng15/resources o • resources are in place to support and measure adherence to good practice and quality improvement in AMS. This must include all care areas and staff (permanent, flexible, agency and external contractors).	Pharmacy antimicrobial stewardship strategy NICE guidelines for anti-infectives reviewed by the AMSG and the Microguide updated appropriately. Antimicrobial Stewardship Group programme of work that encompasses the requirements of Criterion 3 of the H&SC Act (2008) to demonstrate compliance. Antimicrobial stewardship group meeting minutes Antimicrobial stewardship annual audit is undertaken The trust's antimicrobial stewardship strategic plans are aligned with the Trust goals. There is an AMS Annual Plan on a Page, as opposed to a specific AMS strategy Resources available on Nexus and advice can be gained through pharmacy inc 24/7 on call)		
4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.			
• **Key lines of enquiry**	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure that: • IPC advice/resources/information is available to support visitors, carers, escorts, and patients with good practices e.g. hand hygiene, respiratory etiquette, appropriate PPE use • visits from patient's relatives and/or carers (formal/informal) should be encouraged and supported whilst maintaining the safety and wellbeing of patients, staff and visitors • national principles on inpatient hospital visiting and maternity/neonatal services will remain in place as an absolute	Advice is available through staff and also posters . Visits have returned to pre-pandemic access with IPC guidance around transmission based precautions as required Guidance is in place for wards for in relation to visiting and IPC are available for advice to support decision making		

	minimum standard. national guidance on visiting patients in a care setting is implemented. • patients being accompanied in urgent and emergency care (UEC), outpatients or primary care services, should not be alone during their episode of care or treatment unless this is their choice. • restrictive visiting may be considered by the incident management team during outbreaks within inpatient areas This is an organisational decision following a risk assessment and should be communicated to patients and relatives. • there is clearly displayed, written information available to prompt patients' visitors and staff to comply with handwashing, respiratory hygiene and cough etiquette. The use of facemasks/face coverings should be determined following a local risk assessment. • if visitors are attending a care area to visit an infectious patient, they should be made aware of any infection risks and offered appropriate PPE. • Visitors, carers, escorts who are feeling unwell and/or who have symptoms of an infectious illness should not visit. Where the visit is considered essential for compassionate (end of life) or other care reasons (e.g., parent/child) a risk assessment may be undertaken, and mitigations put in place to support visiting. • Visitors, carers, escorts should not be present during AGPs on infectious patients unless they are considered essential following a risk assessment e.g., carer/parent/guardian. • implementation of the supporting excellence in infection prevention and control behaviours Implementation Toolkit has been adopted where required C1116-supporting-excellence-in-ipc-behaviours-imp-toolkit.pdf (england.nhs.uk)	Restricted visiting is considered by MDT including IPC as part of Infection control management on needs based approach during outbreaks Isolation signage is used in addition to verbal conversations with visitors as required Visitors are advised not to visit if unwell this communication is supported by posters Posters displayed in patient and public areas including toilets PPE, handrub and hand hygiene facilities including bins are available to all visitors Update to visitor posters available on Nexus. Local implementation of IPC precautions for visitors (such as mask wearing) introduced based on Covid activity/ surveillance/ high incidence. Visitors would not be present during AGP unless considered essential Every Action counts plan in place to include information within the supporting excellence document Clear plan in place for which elements are planned or in use and disseminated resources included in IPC Link Practitioner programme		

5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure that: • all patients are risk assessed, if possible, for signs and symptoms of infection prior to treatment or as soon as possible after admission, to ensure appropriate placement and actions are taken to mitigate identified infection risks (to staff and other patients). • signage is displayed prior to and on entry to all health and care settings instructing patients with symptoms of infection to inform receiving reception staff, immediately on their arrival (see NIPCM). • the infection status of the patient is communicated prior to transfer to the receiving organisation, department or transferring services ensuring correct management /placement	All clinic settings have checklist for use to screen patients just prior to or on arrival – this is available on RIO - circulated in newsletter, through clinical reference group and email via IPC. Public posters in place to support this. Inpatients are tested if they become symptomatic or following risk assessment if considered as a close contact of a positive case to enable quick detection and appropriate action to mitigate transmission Posters displayed and available on trust intranet STOP posters for visitors Completion of inter healthcare transfer form. Monitoring of IHTF part of IPC annual monitoring programme ICC017 Infection Control Isolation, Cohort and Movement of Patients IPC surveillance. Flagging of positive and suspected cases on Rio Robust links with local acute providers Review of Datix if non-compliance identified Triage and Covid status on admission referral All clinic settings have checklist for use to screen patients just prior to or on arrival – this is available on RIO - circulated in newsletter, through clinical reference group and email via IPC		

• triaging of patients for infectious illnesses is undertaken by clinical staff based on the patients' symptoms/clinical assessment and previous contact with infectious individuals, the patient is placed /isolated or cohorted accordingly whilst awaiting test results. This should be carried out as soon as possible following admission and a facemask worn by the patient where appropriate and tolerated. • patients in multiple occupancy rooms with suspected or confirmed respiratory infections are provided with a surgical facemask (Type II or Type IIR) if this can be tolerated. • patients with a suspected respiratory infection are assessed in a separate area, ideally a single room, and away from other patients pending their test result and a facemask worn by the patient where appropriate and tolerated (unless in a single room/isolation suite). • patients with excessive cough and sputum production are prioritised for placement in single rooms whilst awaiting test results and a facemask worn by the patient where appropriate and tolerated only required if single room accommodation is not available. • patients at risk of severe outcomes of infection receive protective IPC measures depending on their medical condition and treatment whilst receiving healthcare e.g., priority for single room protective isolation • if a patient presents with signs of infection where treatment is not urgent consider delaying this until resolution of symptoms providing this does not impact negatively on patient outcomes. • The use of facemasks/face coverings should be determined following a local risk assessment. • patients that attend for routine appointments who display symptoms of infection are managed appropriately, sensitively and according to local policy.	Inpatients are tested if they become symptomatic or following risk assessment of symptoms if considered as a close contact of a positive case and unless known to be positive to enable quick detection and appropriate action to mitigate transmission Individual risk assessment is undertaken by wards regarding wearing of face masks for patients Patient pathway includes cohorting of possible and confirmed cases away from patients who are asymptomatic waiting results and those with negative result. Transfers known to have had exposure to covid prior to transfer isolated for 10 days (early stepdown can be considered if negative LFD on day 5 & 6) RIO tool for inpatient screening can be audited /also detailed within notes. Admission screen compliance monitored Patient are triaged either prior to or on attendance at clinics All symptomatic patients treated as potentially positive with appropriate PPE worn in accordance with standard and transmission-based precautions. Where appointment is not urgent it is postponed Risk assessment and posters/ resources for inpatients wearing of facemasks in high incidence/ where positive cases identified.		

• Staff and patients are encouraged to take up appropriate vaccinations to prevent developing infection • Two or more infection cases linked in time, place and person trigger an incident/outbreak investigation and are reported via reporting structures.	Information regarding staff vaccination is provided at all staff briefings, in newsletters and on intranet with all staff encouraged to take up offer of flu and covid vaccination. Alternative options are provided for those unable to attend trust clinics such as vouchers for flu vaccination and access through NBS for covid Outbreak meetings are instigated where there is 2 or more cases linked, with investigation also undertaken and reporting through relevant structures and processes		
6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure that: • IPC education is provided in line with national guidance/recommendations for all staff commensurate with their duties. • training in IPC measures is provided to all staff, including: the correct use of PPE • all staff providing patient care and working within the clinical environment are trained in hand hygiene technique as per the NIPCM and the selection and use of PPE appropriate for the clinical situation and on how to safely put it on and remove it (NIPCM);	Mandatory IPC training for clinical staff Updated IPC training presentation IPC mandatory training compliance reviewed monthly and included in IPC monthly reports IPC resources available on Nexus For Q3 2022/23 compliance stands at 88% against a target of 85% Every Acton counts materials reviewed and relevant tools in use with clear plan around what has been implemented rollout of IPC guardian role for all services		

	IPCT providing bespoke training sessions for those areas identified with low training compliance.		
• adherence to NIPCM, on the use of PPE is regularly monitored with actions in place to mitigate any identified risk • gloves and aprons are worn when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or in line with SICP's and TBP's.	Monthly IPC service compliance tool (stepped up to daily for all outbreaks or increased incidence) IPCT and senior staff visits to monitor PPE compliance Senior staff visibility to promote PolicyICC003 Standard Precautions and the use of Personal Protective Equipment (PPE) Glove improvement project and involvement in national pilot commenced, update to be provided at IPCLP event in October 2022		
• hand hygiene is performed: ○ before touching a patient. ○ before clean or aseptic procedures. ○ after body fluid exposure risk. ○ after touching a patient; and ○ after touching a patient's immediate surroundings.	Posters in place in clinical and non-clinical areas Monthly and quarterly hand hygiene observations submitted by inpatient and community services Hand hygiene technique resources avaliable Signage for use face coverings where this is required Catch it, Kill it, Bin it posters Regular social media use to promote need for visitors to wear face covering IPC Compliance tool for clinical areas to ensure adherence Equipment cleaning schedules in clinical areas Patient equipment monitoring included in IPC annual monitoring programme Enhanced cleaning in place Social distancing in non-clinical areas poster Safety at work poster Wearing a facemask for patient's poster displayed in inpatient units		

• the use of hand air dryers should be avoided in all clinical areas. Hands should be dried with soft, absorbent, disposable paper towels from a dispenser which is located close to the sink but beyond the risk of splash contamination (NIPCM) • staff understand the requirements for uniform laundering where this is not provided for onsite.	Ongoing messaging to staff around how to keep themselves safe outside of the workplace Verbal communication/ education for visitors and patients provided by staff, senior staff available for support Signage is actively being removed where this no longer reflects guidance (for example 2m distance signs on the floor and walls of corridors) Paper towels are in place Guidance provided to staff on laundering of uniform provided on trust intranet		
7. Provide or secure adequate isolation facilities			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • that clear advice is provided; and the compliance of facemask wearing for patients with respiratory viruses is monitored (particularly when moving around the ward or healthcare facility) providing it can be tolerated and is not detrimental to their (physical or mental) care needs.	Masks available included in ward risk assessment and individually risk assessed dynamically depending on patients' condition and ability to tolerate Individual risk assessment undertaken for inpatients and documented Mask wearing included in ward risk assessment tool Wearing facemasks for patients on inpatient wards poster displayed on inpatient units **For outpatient settings** Patients attending outpatient settings advised to wear masks & posters at entrances when required, for example when high incidence identified, patient has respiratory/ infectious symptoms.		

• patients who are known or suspected to be positive with an infectious agent where their treatment cannot be deferred, care is provided following the NIPCM. • patients are appropriately placed i.e.; infectious patients are ideally placed in a single isolation room. If a single/isolation room is not available, cohort patients with confirmed respiratory infection with other patients confirmed to have the same infectious agent. • standard infection control precautions (SIPC's) are applied for all, patients, at all times in all care settings • Transmission Based Precautions (TBP) may be required when caring for patients with known / suspected infection or colonization	Use of triage tool prior to or on attending appointments enabling staff to risk assess placement of patient where appointment necessary and defer appointment where it can be safely postponed if there is concern around infection. SOP in place for this process EFM review of all sites as part of recovery process and screens/ partitions provided where appropriate F2F visits to patients homes as an alternative option to attending a clinic where clinically required **For the wards** Isolation policy Patient pathway; oversight by IPC and senior managers to ensure understanding and appropriate actions Cohort wards /areas are identified for Prospect Park Hospital should they be required - this is detailed in SOP and risk assessment/ physical barriers of closed doors with clear signage Community wards have cohort bays -posters / signage IPC advice where there are potential / known respiratory infections IPC surveillance to identify new cases and ensure appropriate actions taken to minimise spread Posters, Information on Nexus, IPC training and supportive IPC visits all reinforce standard precautions alongside policies and guidance. ICC003 Standard Precautions and the use of Personal Protective Equipment (PPE) Patient pathway for managing infection/ symptomatic patients		

8. Secure adequate access to laboratory support as appropriate			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
There are systems and processes in place to ensure: • Laboratory testing for infectious illnesses is undertaken by competent and trained individuals. • patient testing for infectious agents is undertaken promptly and in line with national guidance. • staff testing protocols are in place for the required health checks, immunisations and clearance • there is regular monitoring and reporting of the testing turnaround times, with focus on the time taken from the patient to time result is available.	The trust has no internal laboratories Guidance and competency assessment provided to all inpatient and swabbing teams. Support from physical health lead at PPH to support training Covid Screening undertaken if symptomatic and if appropriate on discharge Patient pathway includes Covid 19/ Influenza/ RSV testing of patients if symptomatic/ and prior to discharge to Nursing /care homes Guidance for staff regarding requirements and process for staff testing on Nexus/ in newsletters/ screen savers. Lateral flow testing introduced for patient facing staff where staff are symptomatic or choose to routine test (routine LFD testing of asymptomatic staff paused following new Guidance) Managers receive notification when staff have recorded their LFD to enable managers to know who is testing and who to follow up Flow charts and checklists to support staff with understanding when PCR testing / LFD is required , available on NEXUS, disseminated through all staff newsletter How to gain LFD disseminated to staff and on Nexus Monitored through IPC and escalated to DIPC and Head of commissioning if issues arise		

• inpatients who go on to develop symptoms of infection after admission are tested/retested at the point symptoms arise. **COVID-19 Specific** • patients discharged to a care home are tested for SARS-CoV-2, 48 hours prior to discharge (unless they have tested positive within the previous 90 days), and result is communicated to receiving organisation prior to discharge. Coronavirus (COVID-19) testing for adult social care services - GOV.UK (www.gov.uk) • for testing protocols please refer to: COVID-19: testing during periods of low prevalence - GOV.UK (www.gov.uk) C1662_covid-testing-in-periods-of-low-prevalence.pdf (england.nhs.uk)	IPCT receive daily COVID 19 testing reports where PCR is undertaken provided by BSPS Wards escalate positive patient LFD results to IPC inbox as detailed in SOP Liaison with Acute Trusts and laboratory services/ BSPS leads Guidance for testing of those with symptoms; advice From IPC IPC mandatory surveillance processes in place Daily, weekly & monthly mandatory surveillance data provided by laboratory/ acute trusts Deteriorating patient procedures in place to include being alert to potential sepsis and transfer of unwell patients to acute providers as appropriate Included Patient pathway guidance		

9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections

Key lines of enquiry	Evidence	Gaps in Assurance	Mitigating Actions
Systems and processes are in place to ensure that • resources are in place to implement, measure and monitor adherence to good IPC and AMS practice. This must include all care areas and all staff (permanent, flexible, agency and external contractors). • staff are supported in adhering to all IPC and AMS policies. • policies and procedures are in place for the identification of and management of outbreaks of infection. This includes the documented recording of an outbreak.	IPC training recorded on ESR and monitored Dedicated IPC email for support and advice Dedicated COVID in box for advice Guidance for keeping safe at work produced and disseminated. Support / visits from managers, Clinical Directors and IPCT to check compliance Annual IPC monitoring programme in place Sharing of learning from incidents, outbreaks, and post incident reviews		

	Monthly IPC report shared through Divisional patient safety and quality processes as well as QPEG IPC champions/ Link Practitioners in place across the Trust and active IPCLP programme in place IPC surveillance with IPC guidance provided Signage, posters and reminders on all staff briefings and newsletters Monthly compliance tool Every Action Counts action plan with use of tools and resources assessed to be relevant EFM monitoring of cleaning schedules / practice	
• all clinical waste and infectious linen/laundry used in the care of known or suspected infectious patients is handled, stored and managed in accordance with current national guidance as per NIPCM	IPC compliance tool Waste management included in Trust guidance documents and posters including flyer for community patients Policy on waste management https://www.england.nhs.uk/coronavirus/publication/covid-19-waste-management-standard-operating-procedure/ Waste management SOP Feedback from waste suppliers regarding non-compliance Linen and laundry monitoring part of IPC annual monitoring programme (undertaken July 2022) Posters to support waste and linen segregation	
• PPE stock is appropriately stored and accessible to staff when required as per NIPCM	PPE held at central locations with dedicated team responsible for managing and distributing Over £50,000 was invested to bring a designed for purpose storage facility into operation All items have at least 14 days of current stock Separate arrangements made for winter / adverse weather contingency plans to reduce change of disruption in supply Stock control and distribution arrangements in place as well as process for estimating burn rate Trust is an active user of the national Palantir system	

	PPE stock catalogue PPE supply and stock review meetings are held twice a week involving nursing, procurement, PMO and the PPE team PPE included in daily Sit reps ICS-wide Process in place for mutual aid should stock levels become an issue and shared warehouse with additional stock beginning to operate Email for all staff to request PPE in place Dedicated team used to deliver PPE to services with support from redeployed staff where necessary		
10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure that: • staff seek advice when required from their occupational health department/IPCT/GP or employer as per their local policy. • bank, flexible, agency, and locum staff follow the same deployment advice as permanent staff. • staff understand and are adequately trained in safe systems of working commensurate with their duties.	Dedicated infection control in box for advice Occupation health service Individual risk assessment undertaken annually and if staff member situation changes with individual advice given where risk is deemed high Wellbeing hub for staff in place offering a range of wellbeing offers All bank and agency have induction NHSP are informed when there is a ward with covid positive patients to enable high risk staff to be aware Same PPE available to all staff IPC advice/ nexus to staff including temporary workers PPE videos for donning & Doffing included within IPC resources PPE competency for all clinical staff providing face to face patient care – wards check at start of shift that all staff on duty have undertaken PPE competency training		

• a fit testing programme is in place for those who may need to wear respiratory protection. • where there has been a breach in infection control procedures staff are reviewed by occupational health. Who will: o lead on the implementation of systems to monitor for illness and absence. o facilitate access of staff to treatment where necessary and implement a vaccination programme for the healthcare workforce as per public health advice. o lead on the implementation of systems to monitor staff illness, absence and vaccination. o encourage staff vaccine uptake. • staff who have had and recovered from or have received vaccination for a specific respiratory pathogen continue to follow the infection control precautions, including PPE, as outlined in NIPCM. • a risk assessment is carried out for health and social care staff including pregnant and specific ethnic minority groups who may be at high risk of complications from respiratory infections such as influenza or severe illness from COVID-19. o A discussion is had with employees who are in the at-risk groups, including those who are pregnant and specific ethnic minority groups. o that advice is available to all health and social care staff, including specific advice to those at risk from complications.	PPE posters on Nexus and printed copies made available to services Mandatory IPC training covers PPE, includes induction In place, dedicated fit testing email and ongoing fit testing train the trainer sessions arranged as required. Datix completed for all staff contracting covid as possible work exposure, these are reviewed by risk team and RIDDOR reporting supported Absence is monitored and supported by managers with HR support All staff have been offered covid and flu vaccine through staff Immunisation Programme, 2022 Programme commencd on 3rd October Individual conversations with those staff who are not as yet vaccinated with advice and resources available on Nexus ; Q&A / webinar provided ; Q&A and all staff briefings Promotion of how to gain both flu and covid through regular communications Flu campaign includes voucher schemes as well as peer vaccinators and clinics to support maximum uptake Advice from IPC / microbiology / HCSAUK as required Staff sickens absence including reason is monitored Yes - there is no differential between expectations to follow both universal and transmission based precautions regardless of vaccination status		

○ Bank, agency, and locum staff who fall into these categories should follow the same deployment advice as permanent staff. ○ A risk assessment is required for health and social care staff at high risk of complications, including pregnant staff. • testing policies are in place locally as advised by occupational health/public health. • NHS staff should follow current guidance for testing protocols: C1662_covid-testing-in-periods-of-low-prevalence.pdf (england.nhs.uk) • staff required to wear fit tested FFP3 respirators undergo training that is compliant with HSE guidance and a record of this training is maintained by the staff member and held centrally/ESR records. • staff who carry out fit test training are trained and competent to do so. • fit testing is repeated each time a different FFP3 model is used. • all staff required to wear an FFP3 respirator should be fit tested to use at least two different masks • those who fail a fit test, there is a record given to and held by employee and centrally within the organisation of repeated testing on alternative respirators or an alternative is offered such as a powered hood. • that where fit testing fails, suitable alternative equipment is provided. Reusable respirators can be used by individuals if they comply with HSE recommendations and should be	Annual risk assessment undertaken for all staff, additional risk assessments for individuals if their circumstances change; this includes individual conversations for those at risk with advice from occupational health , IPC , medical Director for those most at risk . Pages on nexus provide information All temporary staff have local induction , access to NEXUS and same info as available to permanent staff High risk temporary staff are to deployed to covid positive cohort areas All pregnant staff have risk assessment revisited and advice provided with support from HR / occupational health, IPC as required All staff required/ may be required to wear FFP3 are FIT tested and trained by staff who have undertaken FIT test training Ongoing fit testing Programme in place Only staff who have undergone FIT tester training undertake staff FIT testing and a record is centrally maintained of all staff who have undergone FIT tester training Staff are tested for the masks that they are using and where supply changes staff are retested for available masks The IPC/ EFM hold a list of all staff who have been trained as fit testers and those who have been fit tested/ mask they have been fit tested for. when a member of staff is fit tested, they are given a certificate detailing the result of the fit test		

decontaminated and maintained according to the manufacturer's instructions • members of staff who fail to be adequately fit tested: a discussion should be had, regarding re deployment opportunities and options commensurate with the staff members skills and experience and in line with nationally agreed algorithm. • a documented record of this discussion should be available for the staff member and held centrally within the organisation, as part of employment record including Occupational health. • boards have a system in place that demonstrates how, regarding fit testing, the organisation maintains staff safety and provides safe care across all care settings. • This system should include a centrally held record of results which is regularly reviewed by the board. • staff who have symptoms of infection or test positive for an infectious agent should have adequate information and support to aid their recovery and return to work.	and which mask. These results are added to ESR and Departments also keep a local record for staff who have been fit tested. Where a member of staff fails a FIT test of a certain mask alternative FFP3 masks are tried and hoods are available for those that require FFP3 as part of their regular clinical work but no FFP3 fit adequately (there are only a very small number services that routinely require FFP3 due to their work within the Trust as AGP are not performed in the fast majority of Community and Mental Health Services); for services where there is occasional need to undertake and AGP procedure someone who is not FIT tested / able to acquire adequate FIT of any available mask would not be asked to perform the procedure Any decision on redeployment due to staff member risk is documented FIT testing programme includes EFM staff Annual and as required risk assessments are held centrally as part of employment record and with OH as appropriate Agreement with the Board that the DoN will highlight any concerns regarding FIT testing to the Board as part of executive updates Monthly report provided to DoN from the FIT testing coordinator All records are kept on ESR Sickness absence policy includes keeping in contact HR support to managers where required Wellbeing hub available for all staff		

	Covid inbox for staff queries around access to testing Guidance available on Nexus regarding options for access to testing Managers checklist / flow chart		

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Meeting Date	14 February 2023
Title	**December 2022 Finance Report**
Purpose	To provide an update to the Board on the Trust's Financial Performance to 31 November 2022.
Business Area	Finance
Author	Rebecca Clegg, Director of Finance
Relevant Strategic Objectives	Strategic Objective 2: Work with partners to deliver integrated and sustainable services to improve health outcomes for our populations. True North Goal 4: Money Matters – to deliver services that are efficient and financially sustainable.
CQC Registration/Patient Care Impacts	Achievement of CQC Well Led standard.
Resource Impacts	n/a
Legal Implications	Compliance with statutory Financial Duties.
Equality and Diversity Implications	n/a
SUMMARY	The Trust is reporting a £0.4m surplus against a year to date deficit plan of £0.9m. The Trust has agreed to change its forecast outturn to a surplus. This will happen at month 10. The Trust's cash balance remains strong with a closing balance of £56.1m as at 31 December 2022. The Trust is reporting £2.7m capital expenditure against a year to date plan of £6.8m. There is a £3.5m YTD underspend against the limit set by the ICB but it is expected that we fully recover this slippage by year end.
ACTION	The Board is asked to note the Trust's financial performance.

Berkshire Healthcare NHS
NHS Foundation Trust

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST

Finance Report

Financial Year 2022/23

December 2022

Purpose

To provide the Board and Executive with a summary of the Trust's financial performance for the period ending 31 December 2022.

Document Control

Version	*Date*	*Author*	*Comments*
1.0	12/01/23	Rebecca Clegg	Draft
2.0	19/01/23	Paul Gray	Final

Distribution

All Directors.

All staff as appropriate.

Contents

Dashboard & Summary Narrative

Target		Year to Date			Forecast Outturn		
		Actual	Plan		Forecast	Plan	
		£m	£m	Achieved	£m	£m	Achieved
1a	Income and Expenditure Plan	0.4	-0.9	Yes	-0.9	-0.9	Yes
2a	CIP - Identification of Schemes	7.5	10.1	No	7.5	10.1	No
2b	CIP - Delivery of Identified Schemes	3.8	6.8	No	n/a	10.1	n/a
3a	Cash Balance	56.1	49.9	Yes	46.7	46.7	Yes
3c	Aged Receivables > 90 days	0.1	n/a	n/a	n/a	n/a	n/a
3d	Aged Payables > 90 days	0.2	n/a	n/a	n/a	n/a	n/a
3e	Better Payment Practice Code Value NHS	72%	95%	No	95%	95%	Yes
3f	Better Payment Practice Code Volume NHS	93%	95%	No	95%	95%	Yes
3g	Better Payment Practice Code Value non-NHS	91%	95%	No	95%	95%	Yes
3h	Better Payment Practice Code Volume non-NHS	93%	95%	No	95%	95%	Yes
4a	Capital Expenditure not exceeding CDEL	2.6	6.9	Yes	8.7	8.7	Yes

Key Messages

The table above provides a high level summary of the Trust's performance against key financial duties and other financial indicators. The key points to note are:

- We are performing better than planned on Income and Expenditure. In December, the Board agreed to move the forecast outturn to a surplus. The time scale for reporting the revised deficit to NHSE is now month 10 in line with other organisations in the ICS.
- The 2022/23 pay award has now been made for all Trust staff funded from allocations from NHS commissioners.
- The Trust planned to deliver £10.1m of cost improvements in order to achieve the planned deficit. Our CIP delivery is £3m less than planned year to date and there remains £2.5m of unidentified schemes, plus some identified schemes at risk and which will not deliver as planned, furthering the requirement for new initiatives.
- The underperformance on Better Payment Practice code non-NHS invoices by value relates to a single invoice from the PFI provider received in advance and which was settled in early August. The underperformance on NHS invoices relates to NHSPS invoices which have required additional validation.

System View

The contract hosted by Frimley ICB for services across Frimley and BOB IBCs is now signed. Agreement has been reached on the carry forward of SDF with both ICBs.

Although both ICSs are behind plan YTD, both are continuing to forecast breakeven but with the expectation that the systems and individual organisations will commit to final forecast outturns at month 10 in line with the national protocol for variances to plan. It is expected that both ICSs will be forecasting deficits from month 10.

2.0 Income & Expenditure

Dec-22	In Month Act £'m	In Month Plan £'m	In Month Var £'m	YTD Act £'m	YTD Plan £'m	YTD Var £'m	22/23 Plan £'m
Operating Income	27.2	26.7	0.4	240.4	238.6	1.7	318.8
Elective Recovery Fund	1.0	0.2	0.7	3.1	1.4	1.7	2.0
Donated Income	0.0	0.0	0.0	(0.0)	0.0	(0.0)	0.0
Total Income	**28.1**	**27.0**	**1.2**	**243.4**	**240.0**	**3.4**	**320.8**
Staff In Post	17.5	18.7	(1.1)	157.4	164.7	(7.2)	221.2
Bank Spend	2.1	1.4	0.8	17.0	12.1	4.9	16.2
Agency Spend	0.7	0.4	0.3	5.9	3.6	2.3	4.5
Total Pay	**20.3**	**20.4**	**(0.1)**	**180.3**	**180.3**	**0.0**	**241.9**
Purchase of Healthcare	1.8	1.3	0.5	15.9	13.7	2.2	16.7
Drugs	0.5	0.4	0.1	4.1	3.9	0.2	5.3
Premises	1.3	1.2	0.1	11.0	11.0	0.1	14.7
Other Non Pay	2.1	1.7	0.4	14.2	14.2	(0.1)	20.1
PFI Lease	0.6	0.6	(0.0)	5.6	5.3	0.3	7.0
Total Non Pay	**6.3**	**5.2**	**1.1**	**50.8**	**48.2**	**2.6**	**63.7**
Total Operating Costs	**26.7**	**25.7**	**1.0**	**231.1**	**228.5**	**2.7**	**305.6**
EBITDA	**1.5**	**1.3**	**0.2**	**12.3**	**11.5**	**0.8**	**15.1**
Interest (Net)	0.1	0.3	(0.2)	2.2	3.0	(0.8)	4.0
Depreciation	1.0	0.9	0.0	8.3	8.3	0.0	10.8
Impairments	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Disposals	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PDC	0.2	0.1	0.1	1.5	1.0	0.5	1.3
Total Financing	**1.2**	**1.4**	**(0.1)**	**12.0**	**12.3**	**(0.3)**	**16.2**
Reported Surplus/ (Deficit)	**0.2**	**(0.1)**	**0.3**	**0.3**	**(0.8)**	**1.1**	**(1.0)**
Adjusted Surplus/ (Deficit)	**0.2**	**(0.1)**	**0.3**	**0.4**	**(0.9)**	**1.1**	**(0.9)**

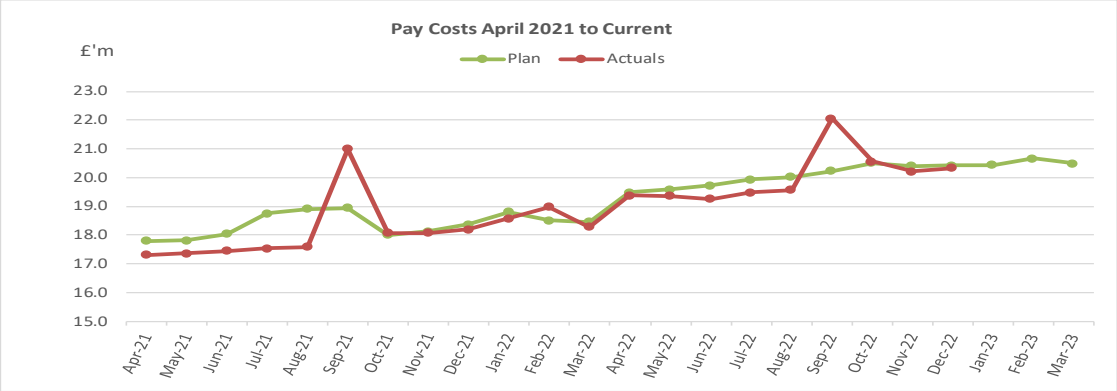
Key Messages

The table above gives the financial performance against the Trust's income and expenditure plan as at 31 December 2023.

In December the Trust is reporting a £0.2m surplus against a £0.1m deficit plan and now has a surplus of £0.4m YTD against a £0.9m deficit plan. This increased surplus is in line with the agreement for the Trust to move to a surplus forecast outturn as part of the work to bring the BOB ICS forecast deficit in line with NHSE's expectations. We are now expecting to change the forecast at month 10 in line with the other organisations within the ICS.

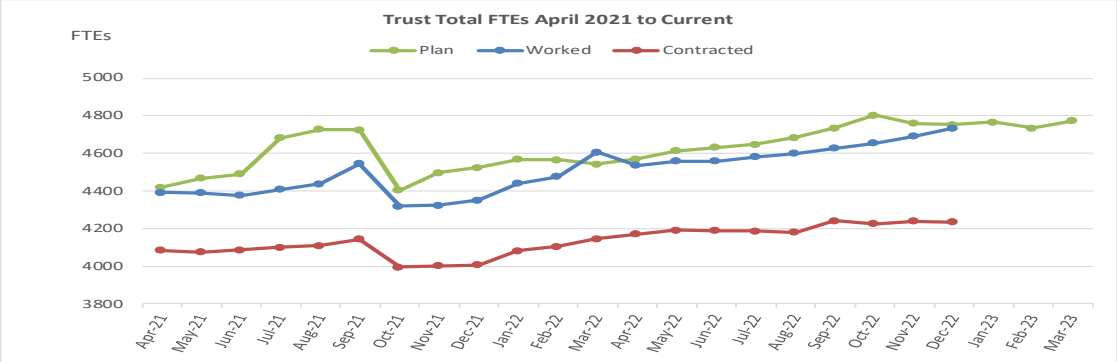
We are releasing the balance of ERF funding over the last 5 months of the year and are assuming no clawback of funding which is in line with NHSE guidance.

Workforce



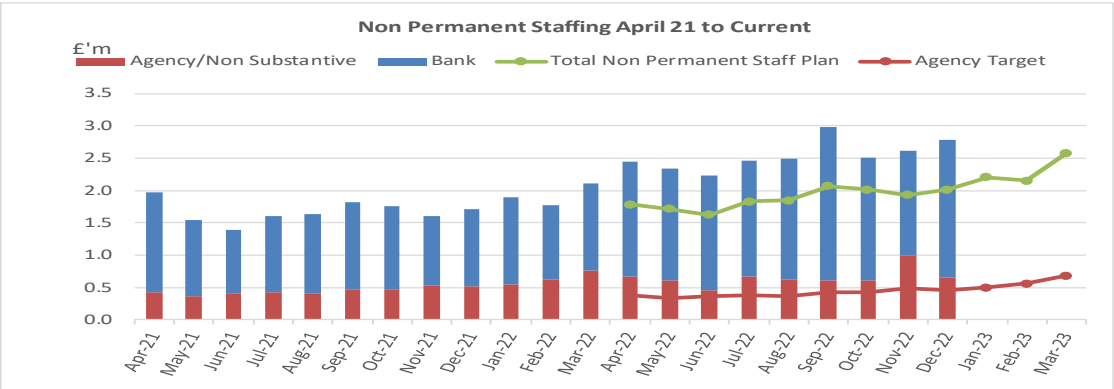
Staff Costs

YTD	£'m
2022/23	180.3
2021/22	162.6
▲	11%
Prior Yr	**£'m**
Dec-22	20.3
Dec-21	18.2
▲	12%



FTEs

Prior Mth	CFTE	WFTE
Dec-22	4,234	4,735
Nov-22	4,239	4,691
	0% ▼	1% ▲
Prior Yr	**CFTE**	**WFTE**
Dec-22	4,234	4,735
Dec-21	4,005	4,352
	2% ▲	3% ▲



Staff Costs

YTD	Bank £'m	Agency £'m
2022/23	17.0	5.9
2021/22	11.0	4.0
	54% ▲	46% ▲
Prior Yr	**£'m**	**£'m**
Dec-22	2.1	0.7
Dec-21	1.7	0.5
	24% ▲	27% ▲

Key Messages

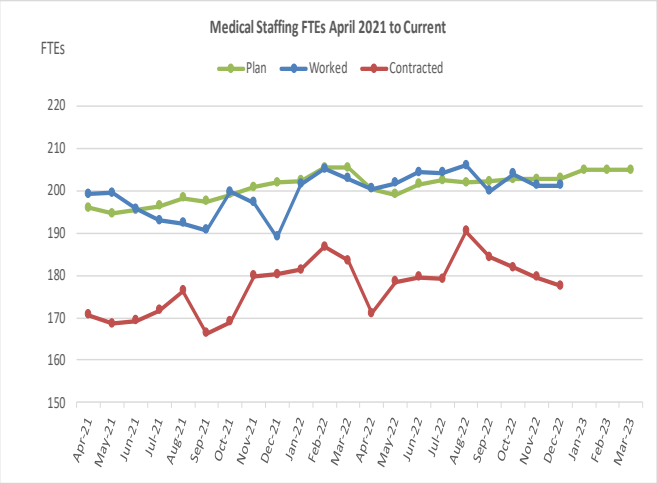
Pay costs in month were £20.3m, which is broadly in line with plan but within that there is a higher than planned pay award offsetting overall expenditure on substantive and temporary staffing which is lower than planned.

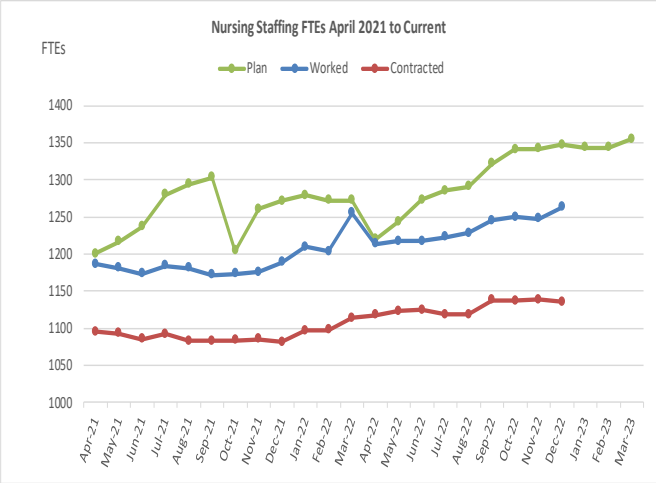
In month, we have seen an decrease in contracted WTEs (5) and an increase in worked WTEs (44).

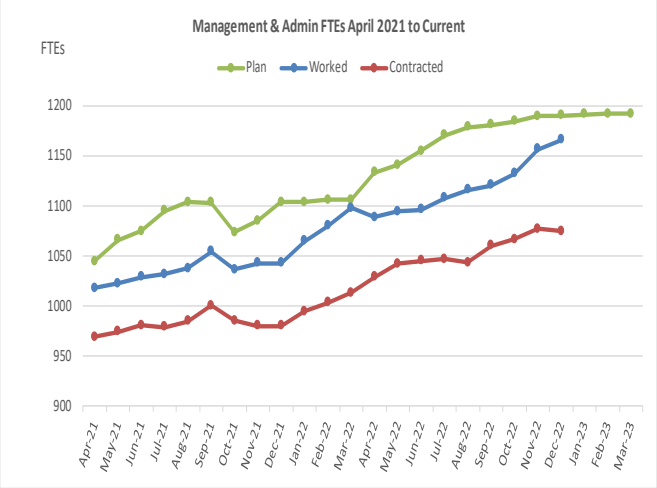
We are continuing to offset in part, substantive vacancies with higher levels of temporary staffing (£7.1m higher than plan year to date). Bank expenditure has remained fairly consistent, but both bank and agency expenditure has increased in month linked to additional shifts worked over the bank holiday period particularly across Westcall, 111 and inpatients.

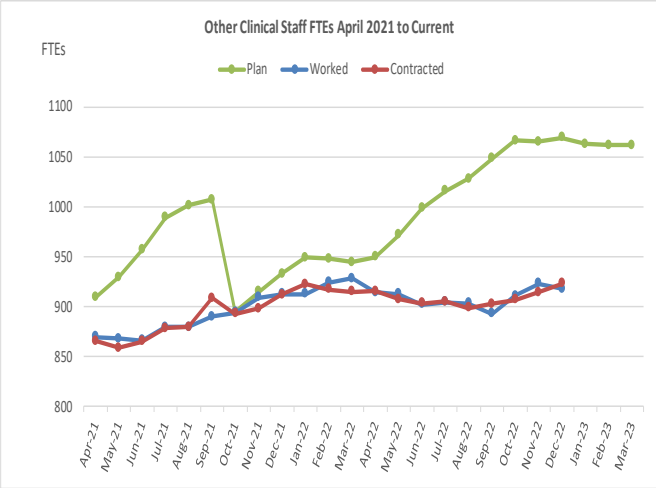
NHSE/I has reintroduced an agency ceiling, which applies at a system level. There is an expectation that costs will be a minimum of 10% lower than in 21/22. Our agency costs grew gradually during 21/22 due in part to the need to cover medical staffing vacancies and continued pressures filling rotas in West Call. This run rate has continued into the current year and unchanged will result in costs c20% higher than last year despite a plan to reduce agency usage significantly. A representation of a 10% reduction in spend (compared with 2021/22) has been added to the chart.

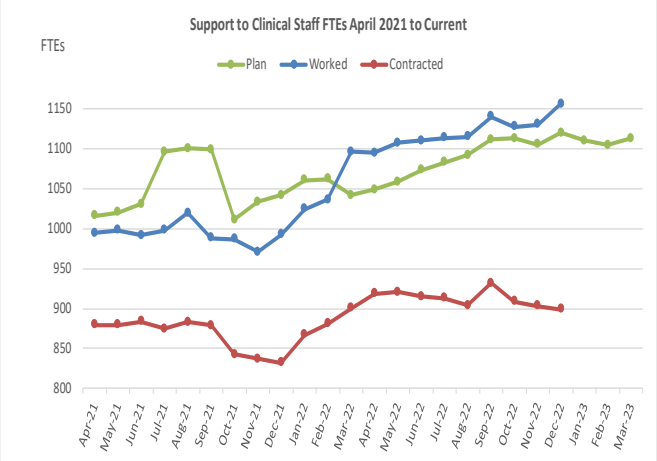
Staffing Detail

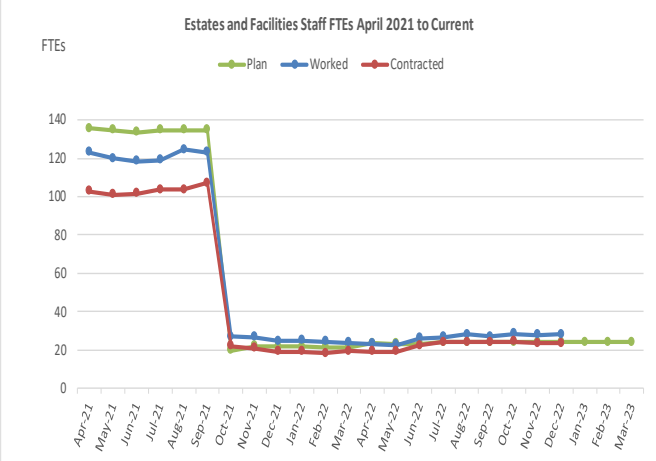












Key Messages

The tables above provides current staffing numbers broken down into core staffing groups.

In month, we have seen an decrease in contracted WTEs (5) and an increase in worked WTEs (44) which is mainly due to bank holidays and additional temporary staffing, particularly in Westcall, 111 and MH Inpatients.

Income & Non Pay

Income

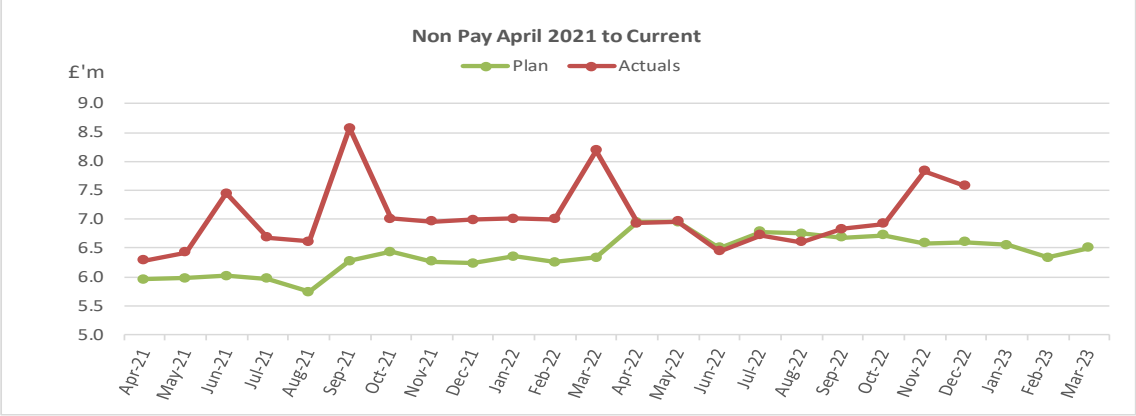
YTD	£'m
2022/23	243.4
2021/22	217.3
▲	12%

Prior Yr	£'m
Dec-22	28.1
Dec-21	24.6
▲	14%

Key Messages

Core income is higher than planned due to the pay award which was higher than the 2% in the original planning assumptions. Offsetting the funding for the pay award is the clawback in funding for the reduction in employer's NICs from November. We continue to defer income/slippage on investments linked to lower than expected recruitment. Slippage is being monitored closely by both ICBs.

We have released £740k of the additional £2m ERF income that we have earned in month. This has covered one-off items of expenditure as planned and the remaining balance will be released across the final months of the year. This is in line with guidance that advises ICBs to assume that there is no clawback of ERF income in the second half of the year.



Non Pay

YTD	£'m
2022/23	62.8
2021/22	63.0
▼	0%

Prior Yr	£'m
Dec-22	7.6
Dec-21	7.0
▲	8%

Key Messages

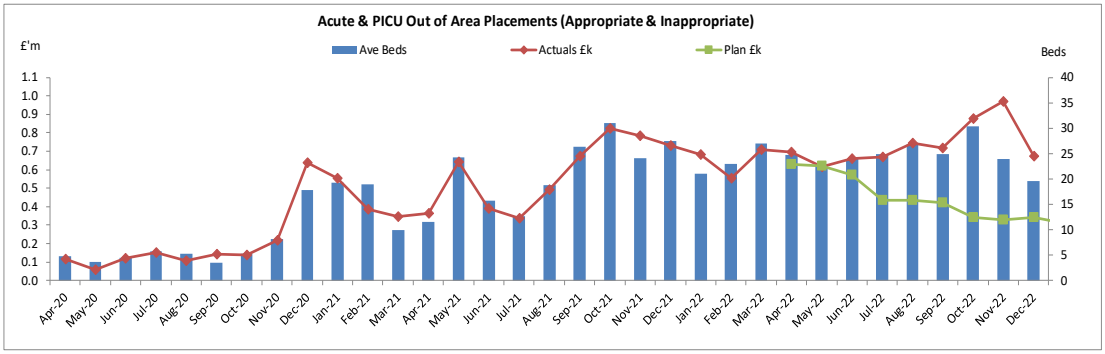
Non Pay spend was £7.6m in month, which was higher than planned linked to some one-off items funded from the release of elective recovery funding.

Expenditure on Out of Area Placements continues to be higher than planned although the average number of placements has decreased from 24 in November to 20 in December with the monthly costs decreasing from £0.9m to £0.7m. We are expecting this reduction to continue.

The contractual arrangement with NHSPS mitigates our risk on utility price increases for NHSPS properties, with costs passed through to ICBs under the historical arrangement. We are expecting to see an increase in gas and electric costs of £653k compared with the previous year, most of which will be in the second half of the year.

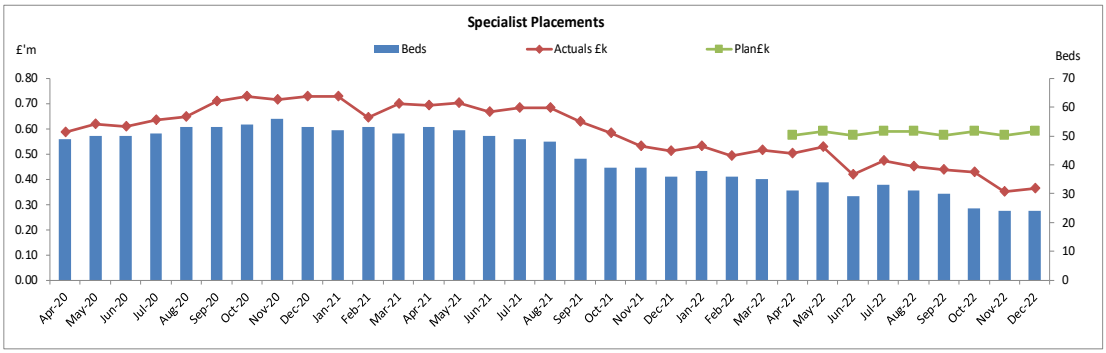
The Trust is benefiting from an increase in bank interest rates and has generated £0.9m YTD in interest.

Placement Costs



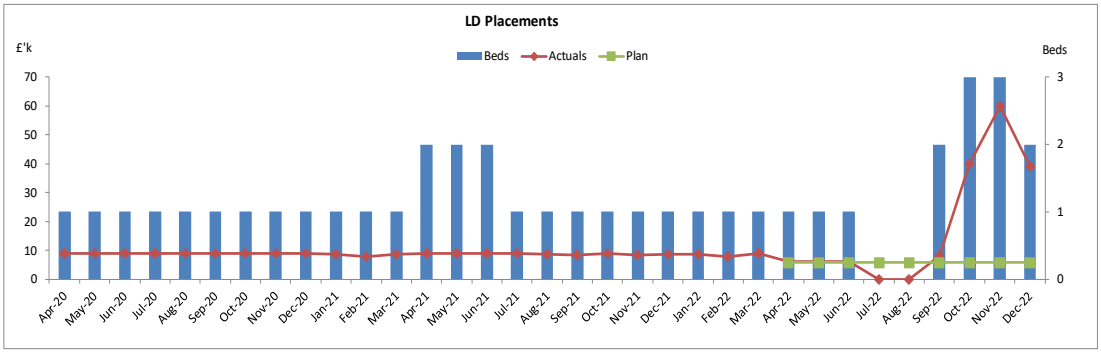
OAPs

YTD	£'m
2022/23	6.6
2021/22	5.2
▲	*27%*
Prior Yr	**£'m**
Dec-22	0.7
Dec-21	0.7
▼	*-8%*



Specialist Placements

YTD	£'m
2022/23	4.0
2021/22	5.7
▼	*-30%*
Prior Yr	**£'m**
Dec-22	0.4
Dec-21	0.5
▼	*-29%*



LD OAPs

YTD	£'k
2020/21	165.0
2021/22	79.2
▼	*-52%*
Prior Yr	**£'m**
Dec-22	39.0
Dec-21	8.8
▲	*345%*

Key Messages

Out of Area Placements. Expenditure on Out of Area Placements continues to be higher than planned although the average number of placements has decreased from 24 in November to 20 in December with the monthly costs decreasing from £0.9m to £0.7m. We have discharged several long stay patients during December which has contributed to improved flow. We also now have a dedicated clinical lead for the delivery of the bed optimisation programme, and this post has supported daily bed flow meetings, development of a new bed flow dashboard which has provided improved visibility and locality oversight of admission numbers and LOS and also improved identification and escalation of MOFD/CRFD patients.

We will continue to spot purchase PICU beds where they are clinically required. We continue to have significant demand for PICU beds including prison transfers, which whilst do not count as an inappropriate out of area bed against the OAPs trajectory we are seeing the financial impact. From the 13th November we have reduced our OAP acute overspill beds to 11 and will have an escalation to Director on Call if there is a request to admit to an additional bed.

Specialist Placements. The average number of placements was 24, which was the same as in the previous months with costs also remaining the same.

LD Placements: We have had an increase in LD placements and are monitoring this closely.

Cost Improvement Programme

Cost Improvement (Cash releasing) Scheme	In Month Act £'k	In Month Plan £'k	In Month Var £'k	YTD Act £'k	YTD Plan £'k	YTD Var £'k	Plan £'k
Trust Wide Schemes							
Out of Area Placements - Volume	0.0	221.6	(221.6)	0.0	943.8	(943.8)	1,821.4
Out of Area Placements - Price	0.0	40.9	(40.9)	0.0	199.3	(199.3)	354.0
Opt to Tax (Historic)	125.0	125.0	0.0	1,125.0	1,125.0	0.0	1,500.0
Opt to Tax (Recurrent)	37.0	37.0	0.0	333.0	333.0	0.0	444.0
Contribution from New Investments	12.0	8.0	4.0	74.1	72.0	2.1	96.0
EFM Recharge to NHSPS	0.0	41.0	(41.0)	0.0	609.0	(609.0)	732.0
Procurement / ICS Procurement	1.0	26.0	(25.0)	5.2	222.0	(216.8)	300.0
Medicines Optimisation	0.0	4.0	(4.0)	0.0	36.0	(36.0)	50.0
Interest Receivable	188.0	0.0	188.0	872.5	0.0	872.5	0.0
Long Term Placements	82.0	0.0	82.0	704.0	0.0	704.0	0.0
Recruitment Slippage	0.0	0.0	0.0	400.0	400.0	0.0	400.0
Division/Corp Schemes Local Delivery							
Total smaller value schemes	16.0	90.5	(74.5)	258.0	559.5	(301.5)	845.0
Corporate Schemes Trust Decision							
Corporate Schemes - FWH Vacating Early	0.0	21.0	(21.0)	0.0	42.0	(42.0)	105.0
Review of Management Structures	0.0	100.0	(100.0)	0.0	250.0	(250.0)	550.0
System Supported Schemes							
Agency - Price Cap Compliance (ICS Temporary Staffing Project)	0.0	25.0	(25.0)	0.0	75.0	(75.0)	150.0
Agency - Improved Procurement (ICS Temporary Staffing Project)	0.0	25.0	(25.0)	0.0	75.0	(75.0)	150.0
Unidentified	**0.0**	**341.8**	(341.8)	**0.0**	**1,833.1**	(1,833.1)	**2,597**
Total Cost Improvement	**461.0**	**1,106.7**	**(645.7)**	**3,771.7**	**6,774.7**	**(3,003.0)**	**10,094.0**

Key Messages

The Trust's initial financial plan for 22/23 included a requirement to deliver £9.7m of cost improvements in order to achieve the deficit plan was submitted. The requirement was increased by £0.4m in June when the Trust agreed to take a share of the BOB system deficit to bring the overall system plan back to breakeven.

There remains a £2.6m unallocated target which reflects the gap between our plan submission and the identified savings schemes. We continue to work to identify schemes in excess of this value to take account of slippage and to contribute to recurrent financial sustainability.

The CIP related to NHSPS has not been delivered in 2022/23 due to the complications related to the original business transfer agreement for the sites, but progress has been made with Frimley ICB in recent weeks and it is expected that this issue will be resolved for 2023/24.

The additional £0.4m CIP required for BOB ICS has been delivered through recruitment slippage from Q1.

The number of long term placements continues at a lower than planned level offsetting the underperformance on the OAPs CIP. This is in part due to the withdrawal from the contracted beds at Rosebank, which completed on 31/10/22 with further savings expected as a result.

The review of management structures is underway and this has created a cost pressure in year. The majority of savings are likely to impact into the following year.

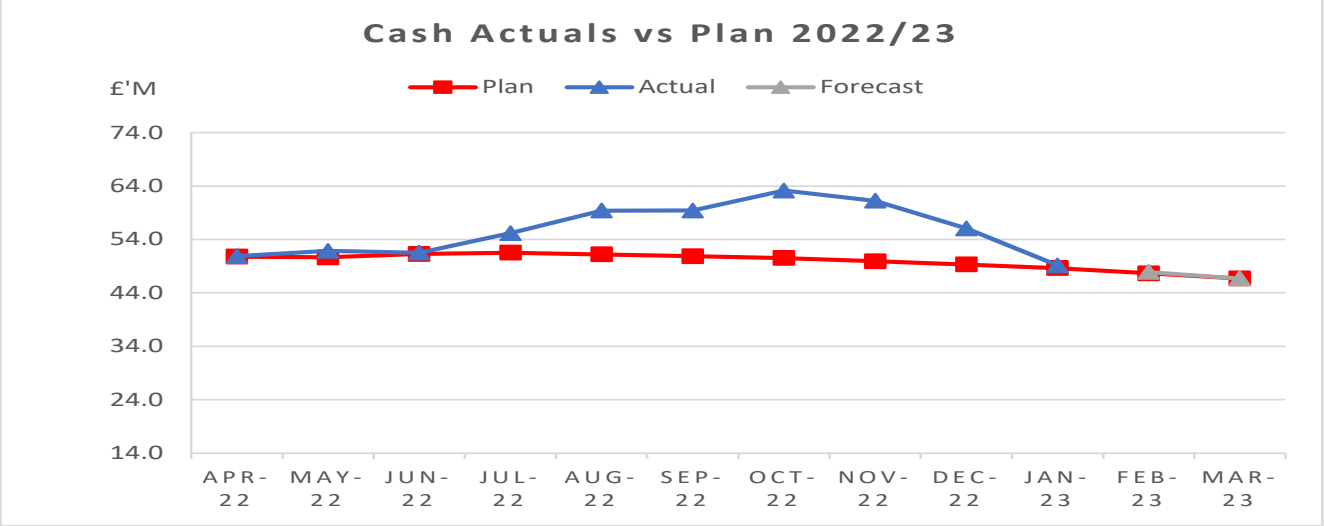
Given the historically low levels of usage and rates paid, there has been little identified through the ICS Temporary Staffing Programme in respect of in year benefit.

The under-delivery on CIPs, is being offset by the underspend on workforce and good performance on elective recovery with income not being clawed back as initially planned.

Planning for 2023/24 CIPs and cost avoidance schemes is well underway in clinical divisions and corporate directorates and this will be consolidated towards the end of January.

3.0 Cash

Cashflow	21/22 Actual £'m	Current Month Act £'m	Current Month Plan £'m	Current Month Var £'m	YTD Act £'m	YTD Plan £'m	YTD Var £'m
Reported Surplus / (Deficit)	1.7	0.2	(0.1)	0.3	0.3	(0.8)	1.1
Remove Finance Charges through SoCI	4.0	0.1	0.3	(0.2)	2.2	3.0	(0.8)
Remove PDC Dividend accrual through SoCI	0.9	0.2	0.1	0.1	1.5	1.0	0.5
Remove Profit on Disposal of Assets	(1.4)	0.2	0.1	0.1	1.5	1.0	0.5
Operating Surplus/(Deficit)	**5.2**	**0.5**	**0.4**	**0.1**	**4.0**	**3.2**	**0.8**
Depreciation and Impairments	9.4	0.9	0.9	(0.0)	8.3	8.3	0.0
Operating Cashflow	***14.6***	***1.4***	***1.3***	***0.1***	***12.3***	***11.5***	***0.8***
Net Working Capital Movements	***11.6***	***(5.2)***	***(0.1)***	***(5.1)***	***(1.2)***	***(4.6)***	***3.4***
Proceeds from Disposals	2.2	0.0	0.0	0.0	0.0	0.0	0.0
Donations to fund Capital Assets	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Donated Capital Assets	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Capital Expenditure (Net of Accruals)	(8.1)	(0.9)	(1.1)	0.2	(3.2)	(6.8)	3.6
Investments	***(5.8)***	***(0.9)***	***(1.1)***	***0.2***	***(3.2)***	***(6.8)***	***3.6***
PFI Finance Lease Repayment	(1.6)	(0.2)	(0.1)	(0.1)	(1.3)	(1.3)	0.0
RoU Asset Finance Lease Repayment	0.0	(0.2)	(0.2)	0.0	(1.9)	(1.9)	0.0
Net Interest	(3.9)	(0.1)	(0.3)	0.2	(2.2)	(3.0)	0.8
PDC Received	0.7	0.0	0.0	0.0	0.0	0.0	0.0
PDC Dividends Paid	(0.8)	0.0	0.0	0.0	(0.3)	0.0	(0.3)
Financing Costs	***(5.5)***	***(0.5)***	***(0.7)***	***0.2***	***(5.7)***	***(6.2)***	***0.5***
Other Movements	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Net Cash In/(Out)Flow	***14.8***	***(5.2)***	***(0.6)***	***(4.6)***	***2.2***	***(6.1)***	***8.3***
Opening Cash	39.1	61.3	49.9	11.4	53.9	55.4	(1.5)
Closing Cash	***53.9***	***56.1***	***49.3***	***6.8***	***56.1***	***49.3***	***6.8***



Key Messages

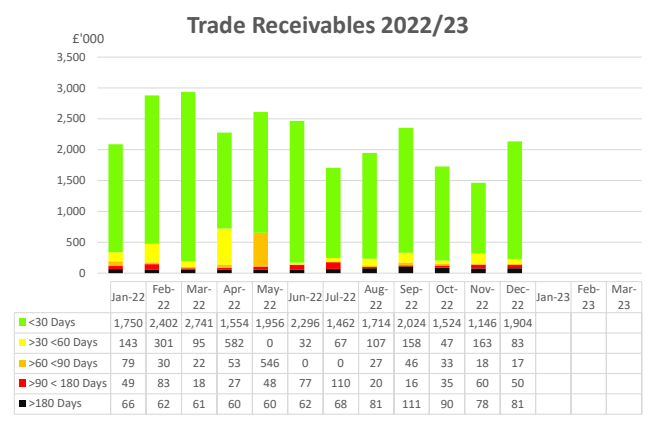
The closing cash balance for December was £56.1, which is £6.8m above the revised plan . The year to date operating surplus is £1.1m above plan contributing to increase in cash. The Trust continues to carry deferred income balances linked to SDF which has not been spent in line with the plan. It is also linked to the timing of payment runs which have been realigned to facilitate working day one reporting. This means that payment runs in the final week of the month are paid in the next financial reporting period resulting in a gain in cash over the period. Average daily cash balances have increased by £1.1m as a result, which will reduce PDC Dividend risk. The variance to plan is also the result of slippage on the capital programme (£4.2m). The Trust is benefiting from an increase in bank interest rates and has generated around £0.9m YTD in interest since April 2022.

3.0 Balance Sheet

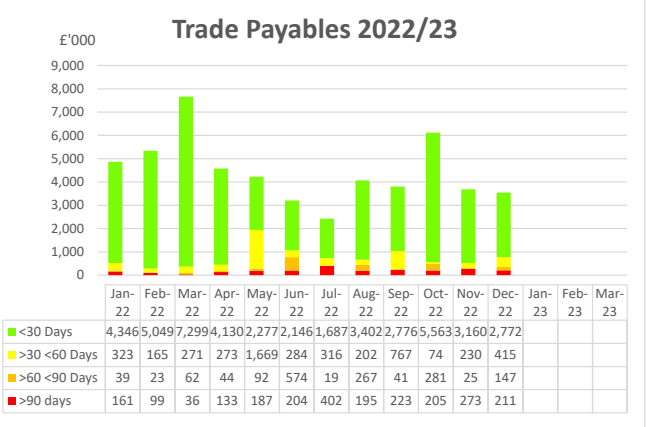
Balance Sheet	21/22 Actual £'m	Current Month Act £'m	Current Month Plan £'m	Current Month Var £'m	YTD Act £'m	YTD Plan £'m	YTD Var £'m
Intangibles	4.2	2.9	3.0	(0.1)	2.9	3.0	(0.1)
Property, Plant & Equipment (non PFI)	42.6	41.4	37.2	4.2	41.4	37.2	4.2
Property, Plant & Equipment (PFI)	70.2	68.7	57.6	11.1	68.7	57.6	11.1
Property, Plant & Equipment (RoU Asset)	0.0	14.7	12.2	2.5	14.7	12.2	2.5
Receivables	0.2	0.2	0.2	0.0	0.2	0.2	0.0
Total Non Current Assets	**117.2**	**127.9**	**110.2**	**17.7**	**127.9**	**110.2**	**17.7**
Trade Receivables & Accruals	8.9	12.6	8.8	3.8	12.6	8.8	3.9
Other Receivables	0.2	0.2	0.2	0.1	0.2	0.2	0.1
Cash	53.9	56.1	49.3	6.8	56.1	49.3	6.8
Trade Payables & Accruals	(35.4)	(34.3)	(32.7)	(1.6)	(34.3)	(32.7)	(1.6)
Current PFI Finance Lease	(1.7)	(1.7)	(1.7)	0.0	(1.7)	(1.7)	0.0
Current RoU Asset Finance Lease	0.0	(2.4)	(2.2)	(0.2)	(2.4)	(2.2)	(0.2)
Other Current Payables	(12.5)	(16.2)	(12.8)	(3.4)	(16.2)	(12.8)	(3.4)
Total Net Current Assets / (Liabilities)	**13.3**	**14.3**	**8.9**	**5.5**	**14.3**	**8.9**	**5.5**
Non Current PFI Finance Lease	(23.8)	(22.5)	(22.5)	0.0	(22.5)	(22.5)	0.0
Non Current RoU Finance Lease	0.0	(12.7)	(10.4)	(2.3)	(12.7)	(10.4)	(2.3)
Other Non Current Payables	(1.8)	(1.8)	(1.6)	(0.2)	(1.8)	(1.6)	(0.2)
Total Net Assets	***104.9***	***105.2***	***84.6***	***20.6***	***105.2***	***84.6***	***20.6***
Income & Expenditure Reserve	32.2	32.5	31.7	0.8	32.5	31.7	0.8
Public Dividend Capital Reserve	20.7	20.7	20.7	0.0	20.7	20.7	0.0
Revaluation Reserve	52.0	52.0	32.2	19.8	52.0	32.2	19.8
Total Taxpayers Equity	***104.9***	***105.2***	***84.6***	***20.6***	***105.2***	***84.6***	***20.6***

Key Messages

Following completion of year end audit for 2021/22 in October, the prior year fixed asset and revaluation reserve closing balances and subsequently in year balances have been updated to reflect the increase in Depreciated Replacement Cost valuations for the two PFIs and Greenham Trust Wing resulting in an increase in of c£20m.



	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
<30 Days	1,750	2,402	2,741	1,554	1,956	2,296	1,462	1,714	2,024	1,524	1,146	1,904			
>30 <60 Days	143	301	95	582	0	32	67	107	158	47	163	83			
>60 <90 Days	79	30	22	53	546	0	0	27	46	33	18	17			
>90 < 180 Days	49	83	18	27	48	77	110	20	16	35	60	50			
>180 Days	66	62	61	60	60	62	68	81	111	90	78	81			



	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
<30 Days	4,346	5,049	7,299	4,130	2,277	2,146	1,687	3,402	2,776	5,563	3,160	2,772			
>30 <60 Days	323	165	271	273	1,669	284	316	202	767	74	230	415			
>60 <90 Days	39	23	62	44	92	574	19	267	41	281	25	147			
>90 days	161	99	36	133	187	204	402	195	223	205	273	211			

Key Messages

Overall receivables balances increased by £0.7m due primarily to an increase in current aged debt (<30 days). All aged debt over 30 days decreased by £0.1m. Overall payables decreased by £0.1m. All aged payables over 30 days increased by £0.2m. There are a small number of high value invoices for placements that are not paid as we are awaiting credit notes.

4.0 Capital Expenditure

Schemes	Current Month			Year to Date			FY	Forecast
	Actual £'000	Plan £'000	Variance £'000	Actual £'000	Plan £'000	Variance £'000	Plan £'000	Outturn £'000
Estates Maintenance & Replacement Expenditure								
Erleigh road Change of Service - Phase 1 c/fwd	0	33	(33)	80	100	(20)	150	80
Extension for Clinical Space - CHH	0	3	(3)	0	15	(15)	450	0
Other Trust Owned Properties	(7)	17	(24)	(7)	50	(57)	70	0
Leased Non Commercial (NHSPS)	19	57	(39)	27	300	(273)	240	151
Head Office Relocation	278	217	61	779	1,300	(521)	1,300	1,566
MSK Relocation - AV	113	45	68	123	335	(212)	335	725
Leased Commercial Other	0	30	(30)	0	140	(140)	140	0
Leased Non Commercial (NHSPS)	0	0	0	0	0	0	0	0
Environment & Sustainability	4	6	(1)	17	33	(16)	50	24
Windsor Consolidation (Dedworth)	240	33	207	539	500	39	500	1,256
Various All Sites	1	83	(82)	1	370	(369)	616	142
Statutory Compliance	0	22	(21)	5	101	(97)	150	100
Subtotal Estates Maintenance & Replacement	**648**	**545**	**102**	**1,563**	**3,244**	**(1,681)**	**4,001**	**4,045**
IM&T Expenditure								
IM&T Business Intelligence and Reporting	52	0	52	52	0	52	120	120
IM&T Refresh & Replacement	60	347	(286)	147	1,552	(1,405)	2,782	2,782
IM&T System & Network Developments	54	19	35	566	168	398	260	566
IM&T GDE & Community Projects	12	18	(6)	153	213	(60)	242	242
IM&T Digital Strategy	0	106	(106)	118	956	(838)	1,275	1,060
Subtotal IM&T Expenditure	**178**	**489**	**(311)**	**1,036**	**2,888**	**(1,853)**	**4,679**	**4,770**
Subtotal CapEx Within Control Total	**826**	**1,034**	**(209)**	**2,599**	**6,133**	**(3,533)**	**8,680**	**8,814**
CapEx Expenditure Outside of Control Total								
PPH 'Place of Safety	0	33	(33)	1	100	(99)	1,600	150
PPH Zonal Heating Controls	0	42	(42)	0	250	(250)	250	0
Statuory Compliance	0	15	(15)	0	71	(71)	100	126
Environment & Sustainability / Zero Carbon	0	0	0	0	0	0	200	0
Other PFI projects	0	45	(45)	33	268	(235)	185	155
Health Bus (Donated)	0	0	0	0	0	0	0	34
Subtotal Capex Outside of Control Totals	**0**	**135**	**(135)**	**34**	**689**	**(655)**	**2,335**	**465**
Central Funding								
EOI Funding - CYPF Reading (25 Erleigh Road)	12	0	12	20	0	20	0	299
Sub Total Central Funding Outside of Control Totals	**12**	**0**	**12**	**20**	**0**	**20**	**0**	**299**
Total Capital Expenditure	**838**	**1,169**	**(333)**	**2,654**	**6,822**	**(4,168)**	**11,015**	**9,578**

Key Messages

Schemes within control total at month nine are underspent by £3.5m due in part to delays in Estates projects—Head Office Relocation, Windsor Consolidation (Dedworth/Fairacres) and MSK Relocation (Adam Villas). The Head Office Relocation is due to complete in February. The Windsor Consolidation and MSK Relocation projects are due to complete at the end of March. The forecast outturn on these projects is £1.4m higher than planned and is funded by rephasing and prioritising the existing Estates capital schemes with some planned slippage into 2023/24.

IM&T Digital Strategy (£0.8m) and IM&T Refresh & Replacement (£1.4m) are underspend offset in part by an overspend on Ad-hoc Locality (£0.4m).

The Trust was successful in bidding for UEC capital £0.3m and the project is in pre-planning stage with tenders received and under evaluation. The project will develop space at 25 Erleigh Road, Reading to help young people in crisis.

The Trust has five new leases starting in this financial year with Right of use Asset valued at £3.1m as per IFRS16 and we are waiting guidance from NHS England regarding additional CRL cover for these new in year leases.

The Trust has submitted a bid against the Public Sector Decarbonisation Scheme (Salix).

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper - Public

Board Meeting Date	14th February 2023
Title	**True North Performance Scorecard** **Month 9 (December 2022) 2022/23**
	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 2022/23.
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 9 2022/23 (December 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 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.
	
	Month 9
	
	Performance business rule exceptions, red rated with the True North domain in brackets:
	
	Breakthrough and Driver Metrics
	
	Context and update to driver performance to be provided in discussion of counter measure action and development:
	
	• Physical Health Checks – 7 Parameters for People with Severe Mental Illness (SMI) **(Harm Free Care) -** at 80% against a stretch target of 95%. This is to be revised to 85%, which is over the national target, but will account for caseload ebb and flow.
	• I Want Great Care Positive Score **(Patient Experience)** - at 91.6% against a 95% target.
	• I Want Great Care Compliance Rate **(Patient Experience)** - at 2.7% against a 10% target.
	• Physical Assaults on Staff **(Supporting Our Staff)** – 52 against a target of 44. The
	  ○ Campion unit was the highest contributor.
	  ○ The team are being supported with an incident on a member of staff where the Police have been involved.
	  ○ Looking at the correlation of length of stay and assaults. Patients that have assaulted staff have had a length of stay of over 150 days.
	• Staff turnover (including fixed-term posts) **(Supporting Our Staff)** – 16.52% against a 16% target. A challenging area which remains a focus for the organisation.

	• Variance from YTD NHSE efficiency plan (£'k) **(Money Matters) –** at -3003 against a target of 0. • Inappropriate Out of Area Placements **(Money Matters)** – 591 against a quarter 3 target of 276. There remain significant pressures on beds despite a number of pre-commissioned beds available. **Tracker 1 Metrics (where red for 1 month or more)** • Meticillin-resistant Staphylococcus Aureus (MSSA) Bacteraemias (Cumulative year to date) **(Regulatory Compliance)** – there were 0 incident in December, but the year-to-date total is 3 against a target of 0. • People with Common Mental Health Conditions Referred to IAPT Completing a Course of Treatment Moving to Recovery - **(Regulatory Compliance)** – at 48%, below the 50% target. • Proportion of Patients Referred for Diagnostic Tests who have been Waiting for Less than 6 weeks (DM01 – Audiology) **(Regulatory Compliance)** – at 82.8% against a target of 95%. Significant staffing issues are contributing to this breach position. Processes reviewed and recovery underway. An audit is scheduled to support a recovery position. • Sickness rate **(Regulatory Compliance)** – red at 4.59% against a target of 3.5%. This is not a "hard" compliance focus with NHSI but is tracked. Twelve months red. • 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 57.1% against a 95% target. This is a newly introduced national target that is challenging to achieve for trusts 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 83.3% against a 95% target. This is a newly introduced national target that is challenging to achieve for trusts as evidenced by regional and national benchmarking. **Tracker Metrics (where red for 4 months or more)** • Health Visiting: New Birth Visits within 14 days **(Patient Experience)** – at 79.1% against a 90% target. Staffing challenges in the Reading team are a significant factor in the distance from target. • Mental Health Delayed Transfers of Care **(Money Matters)** - at 12.2% against a target of 7.5%. A

	positive reporting shift is placing a focus on mental health delays in the systems. • Increase in Elective Care Activity from 2019/20 baseline (physical health only) – first appointment **(Money Matters)** - at 3.89% against a target of 4%. A challenging recovery target, with limited-service inclusion for the Trust. • Increase in Elective Care Activity from 2019/20 baseline (physical health only) – follow up appointment **(Money Matters)** - at -12% against a target of 4%. Red for 4 months for challenging recovery target, with limited-service inclusion for the Trust. • Community Inpatient Occupancy **(Money Matters)** – at 86.8% against a target of 85%. • Mental Health Non-Acute Occupancy rate **(Money Matters)** - at 80.2% against an 85% target. • Community Health Delayed Transfers of Care **(Money Matters)** - at 21.7% against a target of 7.5%. A positive reporting shift is placing a focus on mental health delays in the systems. • Mental Health Acute Occupancy rate **(Money Matters)** - at 89.7% against an 85% target. Red for 12 months. • Mental Health: Acute Average Length of Stay (bed days) **(Money Matters)** – reduced to 37 days against a target of 30 days. Pressures continue, and length of stay remains a focus for teams. An improvement project is underway.
Action	The Board is asked to note the 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**)

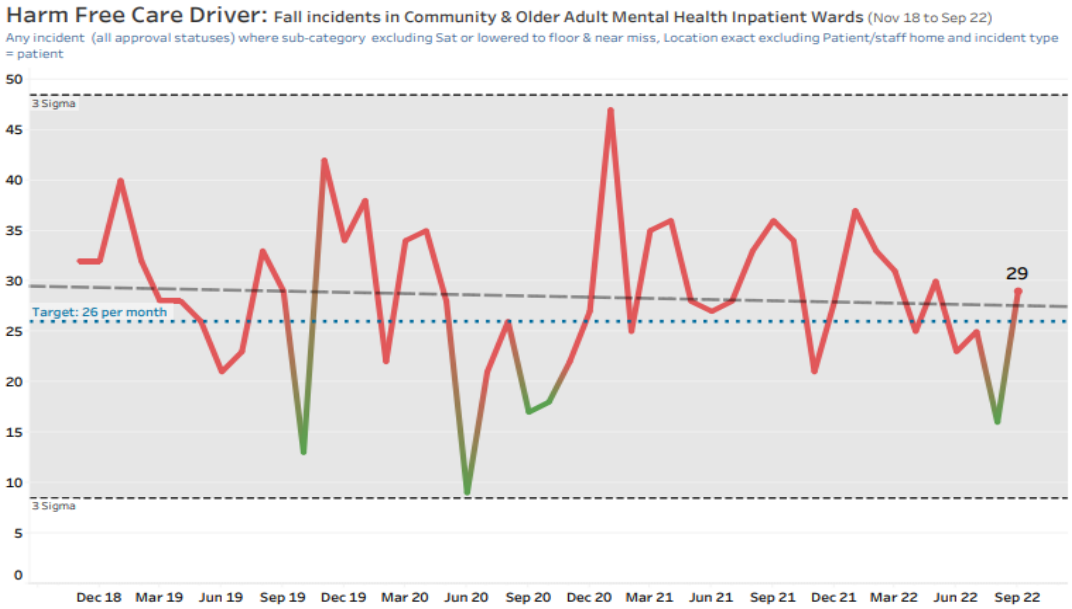
Business Rules for Statistical Process Control (SPC) Charts

Why Use SPC Charts

We intend to use SPC charts to gain a better understanding about what our data is telling us. We can use this understanding to support making improvements. It will ensure we don't overreact to normal variation within a system.

Components of an SPC Chart

The charts have the following components with an example below:



- A target line (the blue dotted line)
- A longer series of data points
- Upper Control Limit (UCL) to 3 Sigma
- Lower Control Limit (LCL) to 3 Sigma
    - These process limits (UCL & LCL) are defined by our data and calculated automatically. If nothing changes with the process, we can expect 99% of data points to be within these limits. They tell us what our system is capable of delivering. Our data will vary around these process limits. It provides a context for targeting improvement.

Variation

There are 2 types of variation:

1. Common cause variation, which is 'normal' variation (within the UCL & LCL)
2. Special cause variation (or unusual variation) which is something outside of the normal variation and outside of the process control limits (UCL & LCL)

Rules

- A series of 6 or more data points above or below the target is statistically relevant. It indicates that something in process has changed.
- A trend: either rising or falling of more than 6 data points – we should investigate what has happened.
    - We should reset baseline following a run of 6 data points (either up or down).
- Follow the True North Performance business rules for other metric actions.

Harm Free Care

Ref1	Metric1	Target	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
HFC1a	Falls incidents in Community & Older Adult Mental Health Inpatient Wards	26 per month	37	33	31	25	30	23	25	16	29	18	31	23
HFC2	Self-Harm Incidents on Mental Health Inpatient Wards (excluding LD)	42 per month	170	88	112	92	98	101	95	104	76	72	78	37
HFC12	Number of suicides (per month)	Equal to or less than 3 per month	1	2	2	1	3	2	3	3	0	2	1	3

		Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
Physical Health Checks 7 Parameters for people with severe mental illness (SMI)	90% to September 2022 then 95%	78%	81%	80%	78%	78%	79%	80%	79%	80%	79%	80%	80%

Patient Experience

IWGC Positive Score %	95% compliance from April 22	92%	79%	93.2%	94%	92.7%	95.2%	95.2%	94.1%	95.5%	93.3%	94.8%	91.5%
IWGC Compliance %	10% compliance	0.3%	0.4%	0.8%	0.6%	1.0%	1.3%	2.3%	2.2%	3.4%	3.6%	5.4%	2.7%

Performance Scorecard - True North Drivers (December 2022)

Supporting our Staff

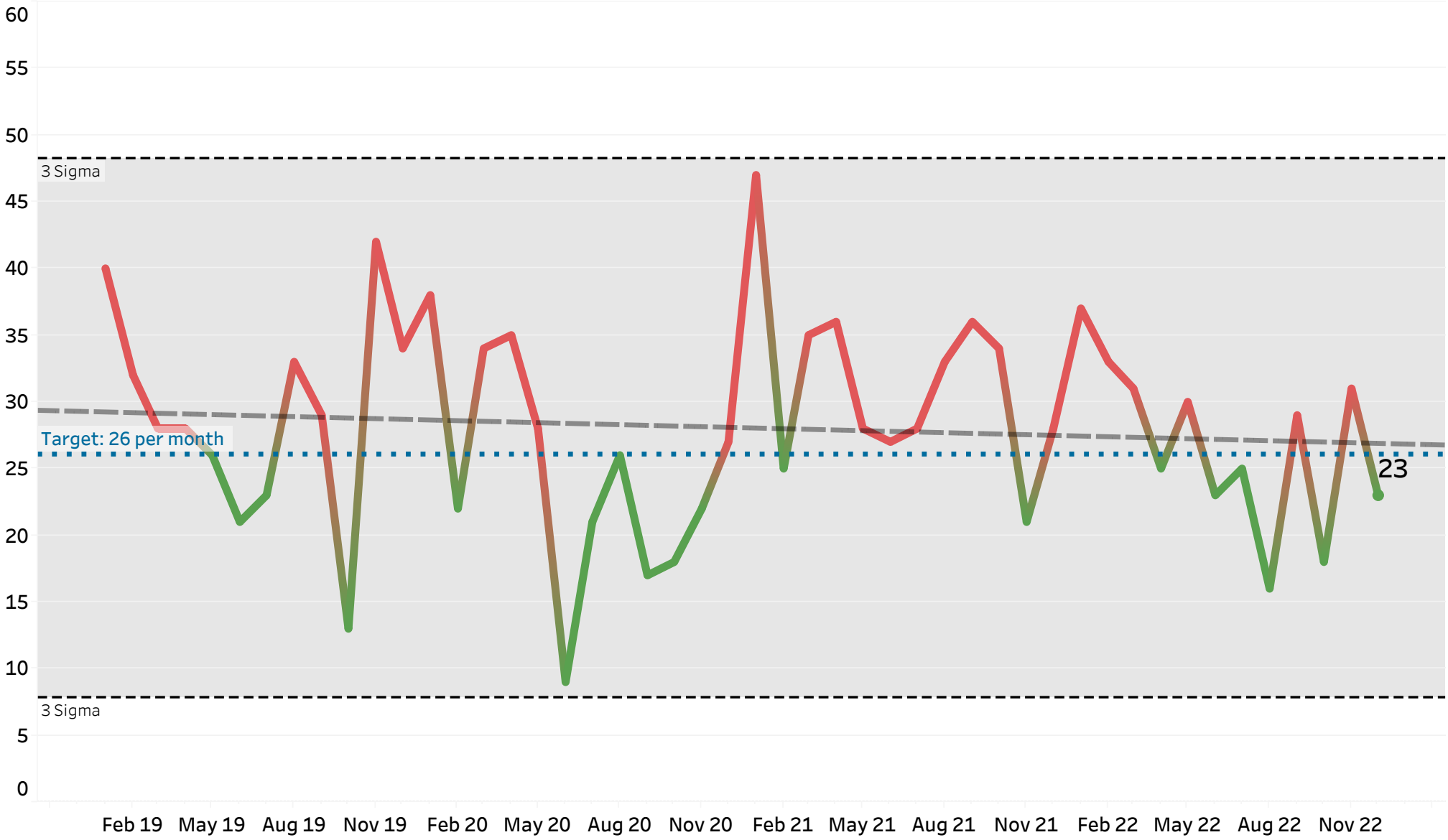
Metric1	Target1	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
Physical Assaults on Staff	44 per month	57	115	92	117	69	68	61	65	71	76	59	52
Staff turnover (excluding fixed term posts)	<=16% per month	15.32%	15.37%	15.93%	16.19%	16.71%	16.76%	16.89%	17.02%	16.98%	16.5%	16.32%	16.52%

Money Matters

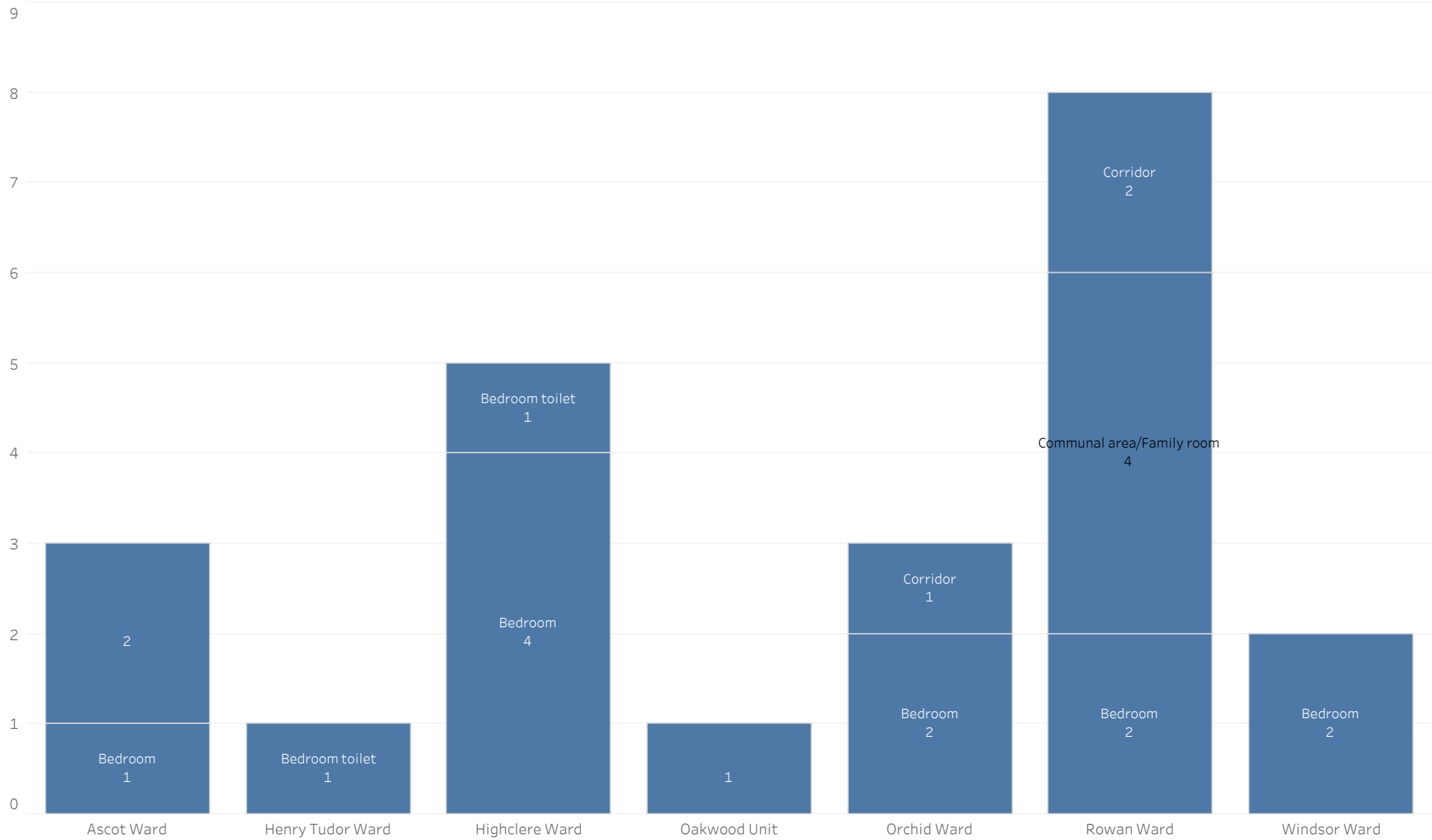
Variance from YTD NHSE financial control total (£'k)	<£0k				-3	32	-149	-400	-506	-714	-774	-822	-1092
Variance from YTD NHSE efficiency plan (£'k)	>£0k				112	134	490	183	-571	-1141	-1803	-2357	-3003
Inappropriate Out of Area Placements	276 Cumulative Total Q3 2022/23	92	191	363	69	114	226	144	329	524	266	484	591

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

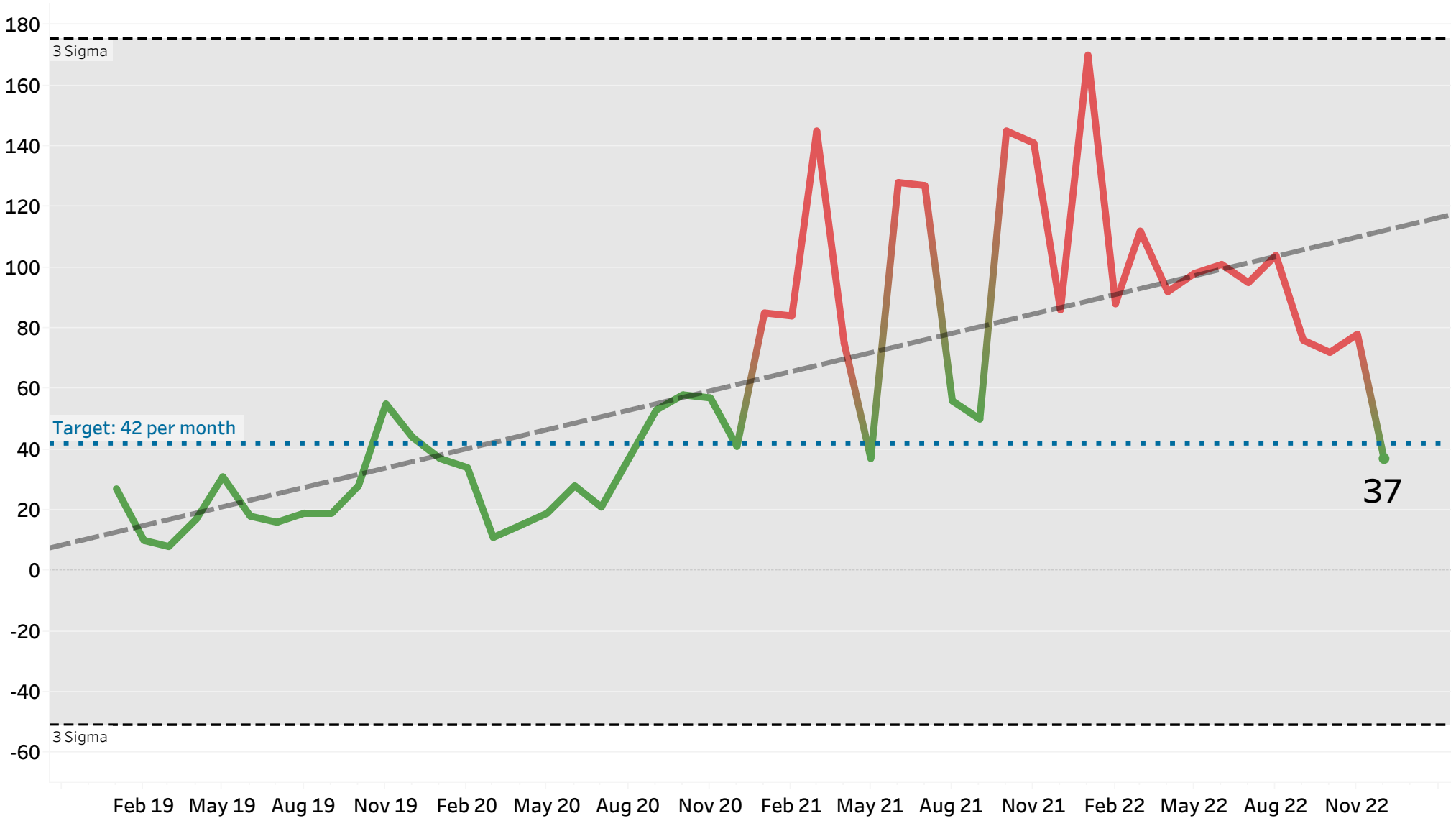


Harm Free Care Driver: Fall incidents in Community and Older Adult Mental Health Inpatient Wards (December 2022)

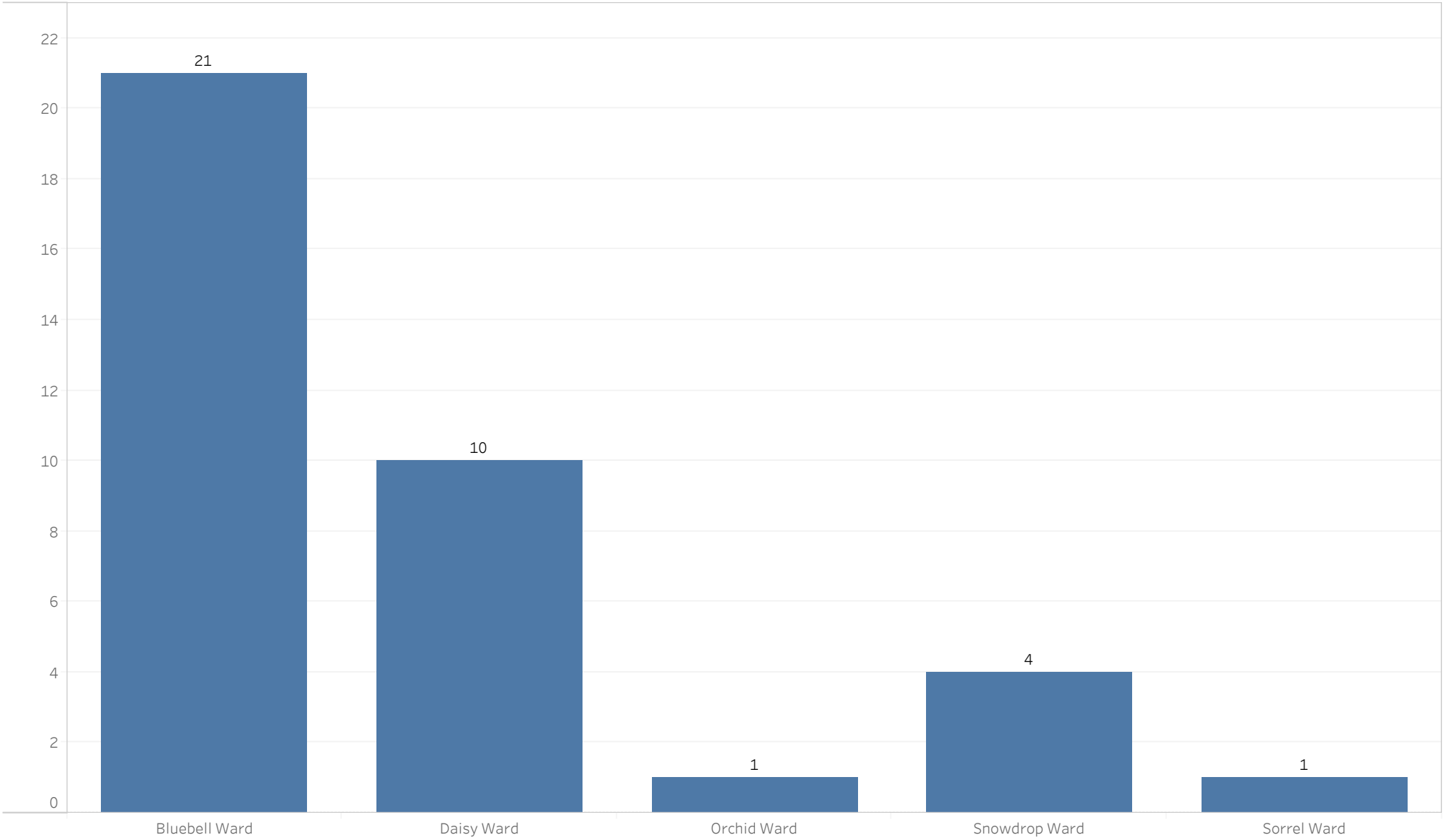


Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards (excluding LD) (Jan 19 to Dec 22)

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

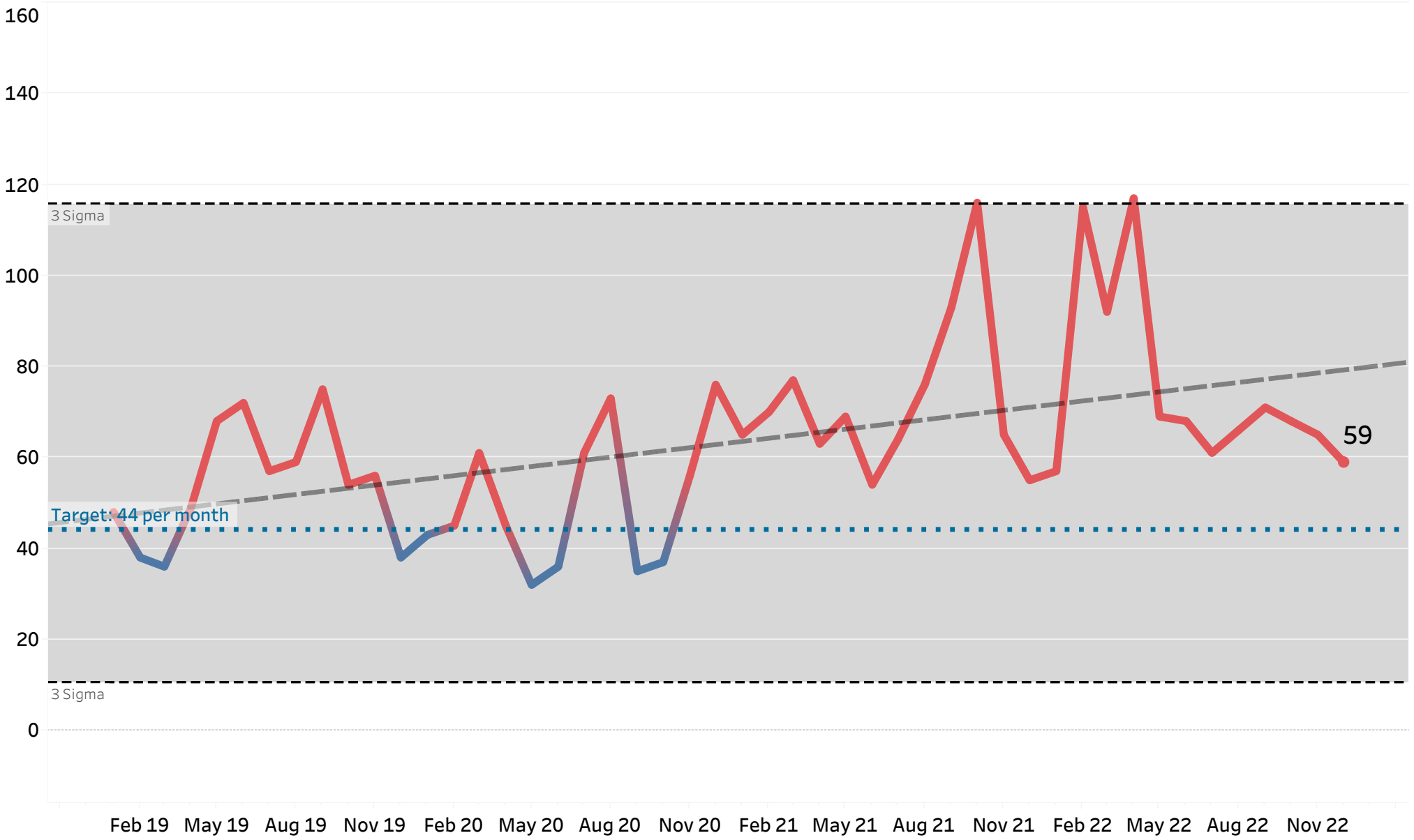


Harm Free Care Driver: Self-Harm incidents on Mental Health Inpatient Wards (excluding LD) by location (December 2022)

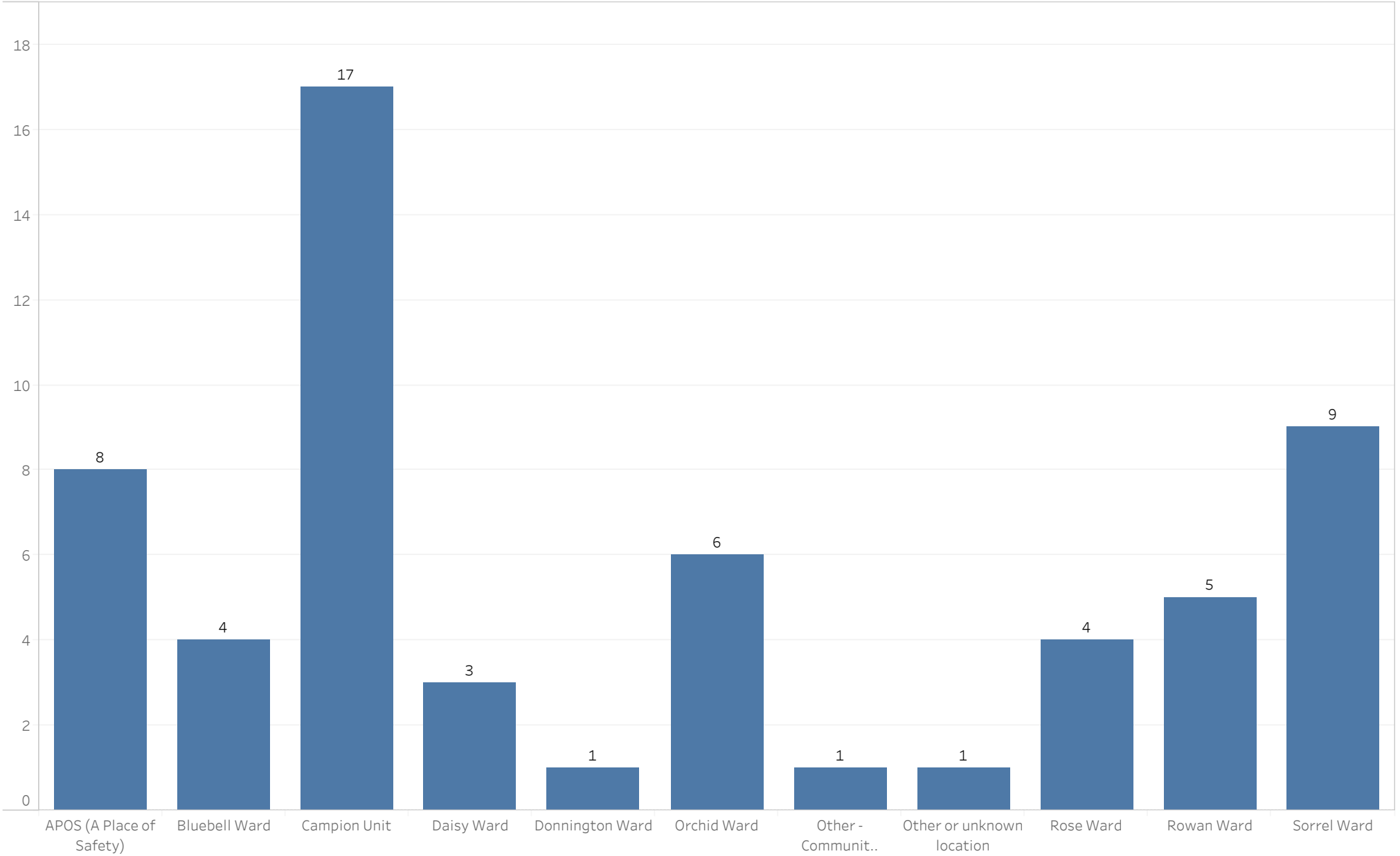


Supporting Our Staff Driver: Physical Assaults on Staff (Jan 19 to Dec 22)

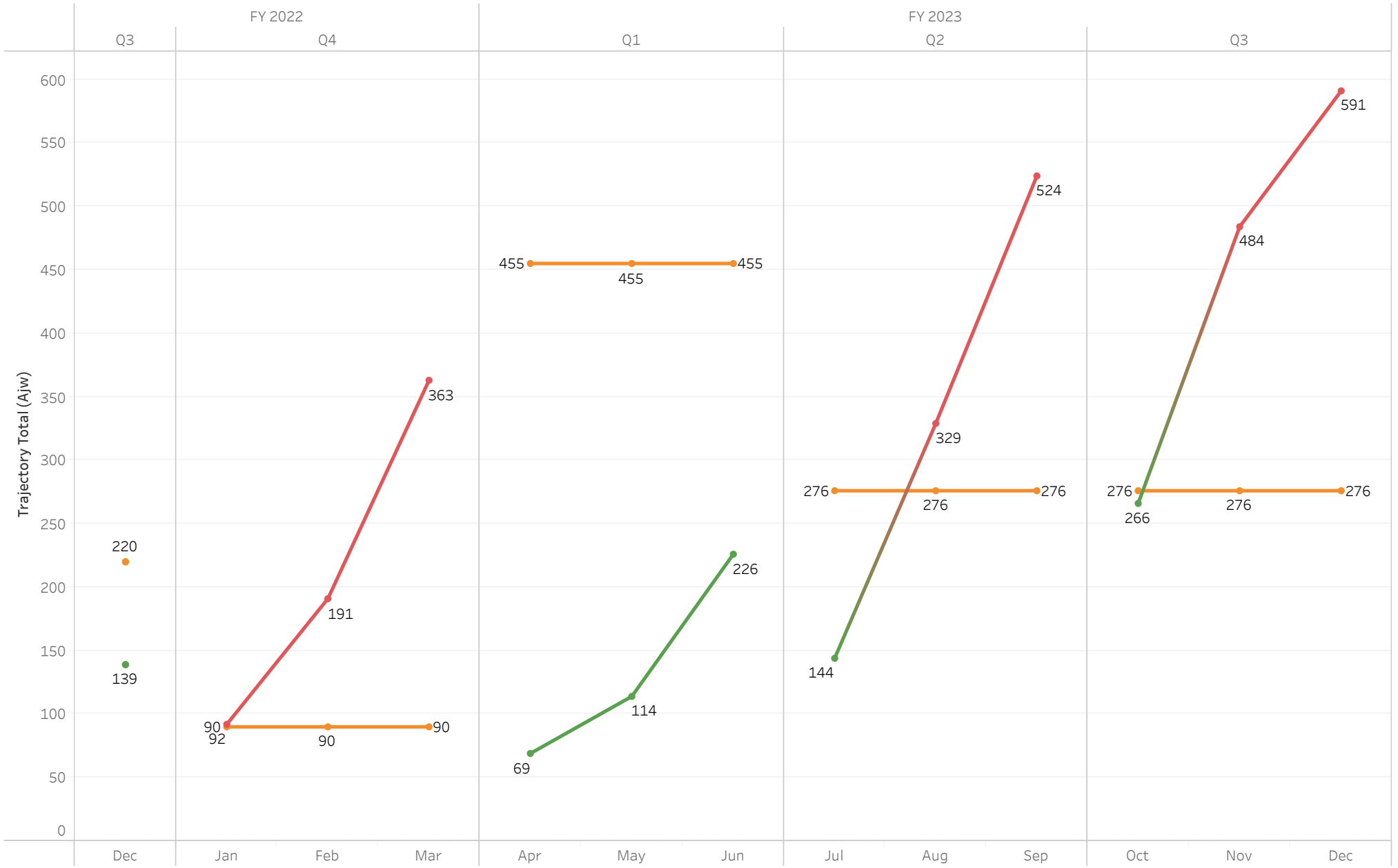
Any incident where sub-category = assault by patient and incident type = staff



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



Money Matters Driver: Inappropriate Out of Area Placements



True North Supporting Our Staff Summary

Tracker Metrics

		Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
Statutory Training: Fire: %	90% compliance	91.2%	92.5%	92.3%	92.0%	91.7%	91.8%	91.8%	91.1%	90.7%	89.6%	92.0%	96.2%
Statutory Training: Health & Safety: %	90% compliance	92.6%	95.3%	95.4%	95.5%	95.3%	95.5%	95.9%	95.9%	96.0%	96.1%	96.1%	96.1%
Statutory Training: Manual Handling: %	90% compliance	95.5%	91.0%	89.0%	88.9%	88.3%	90.2%	89.2%	90.8%	90.0%	91.4%	93.1%	93.2%
Mandatory Training: Information Governance: %	95% compliance from April 22	96.4%	95.0%	96.1%	95.9%	96.2%	95.8%	96.0%	95.9%	96.9%	96.5%	98.1%	93.2%
PDP (% of staff compliant) Appraisal: %	95% compliance by 31 May 2022	87.5%	86.1%	79.2%	12.7%	86.2%	98.2%	92.3%	91.4%	89.9%	88.1%	85.0%	85.0%

True North Patient Experience Summary

Tracker Metrics

			Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
PE1	Mental Health: Prone (Face Down) Restraint	4 per month	3	2	0	7	4	2	0	1	3	1	1	7
PE2	Patient on Patient Assaults (MH)	25 per month	10	25	7	15	20	12	17	14	21	21	20	25
PE5	Health Visiting: New Birth Visits Within 14 days: %	90% compliance	77.4%	87.4%	93.0%	95.0%	100%	85.1%	86.5%	87.2%	82.5%	69.8%	65%	79.1%
PE6	Mental Health: Uses of Seclusion	13 in month	19	10	11	6	6	5	9	6	7	6	6	13

		Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
Mental Health Clustering within target: %	80% compliance	77.2%	77%	78%	79%	80%	81%	79.0%	77.2%	80.4%	79.8%	78.9%	82.9%

True North Harm Free Care Summary

Tracker Metrics

Metric1	Threshold / Target	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
Pressure ulcers acquired due to lapse in (Inpatient Wards)	<10 incidents	0	0	0	0	0	0	0	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
Pressure ulcers acquired due to lapse in (Community West)	< 6 incidents	0	0	1	0	0	0	0	0	0	0	0	0
Mental Health: AWOLs on MHA Section	10 per month from April 2022	4	3	12	13	13	11	15	8	7	10	12	5
Mental Health: Absconsions on MHA section (Excl: Failure to return)	8 per month	7	1	7	14	7	3	1	8	0	1	0	2
Mental Health: Readmission Rate within 28 days: %	<8% per month	5.55	4.90	6.32	9.83	4	5.79	7.92	2.85	5.87	6.45	1.45	1.53
Patient on Patient Assaults (LD)	4 per month	1	18	1	9	1	1	0	2	2	2	2	0
Uptake of at least one patient outcome measure (ReQoL) in adult Mental Health for new referrals from April 2019	20% from June 2021	14.0%	14.3%	15.1%	14.6%	15%	14.6%	14.1%	13%	13.5%	13.3%	13.7%	13%
Suicides per 10,000 population in Mental Health Care (annual)	7.4 per 10,000	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7	5.7
Self-Harm Incidents within the Community	31 per month	15	19	3	2	12	25	32	36	8	21	51	37
Gram Negative Bacteraemia	1 per ward per year	0	0	0	0	0	0	0	0	0	0	0	0

True North Money Matters Summary

Tracker Metrics

		Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
Mental Health: Delayed Transfers of Care (NHSI target) Monthly and Quarterly)	7.50%	3.40%	4.01%	8.95%	10.8%	10.2%	9.49%	8.73%	10.1%	8.78%	9.64%	12.4%	12.2%
Increase in Elective Care Activity from 19/20 Baseline (Physical Health only) - First Appointment	4.00%				1.26%	5.75%	0.27%	-4.2%	-6.8%	-6.3%	-0.2%	-2.2%	3.89%
Increase in Elective Care Activity from 19/20 Baseline (Physical Health only) - Follow Up Appointment	4.00%				-6.9%	-4.9%	-4.0%	-7.5%	-15.%	-13.%	-13.%	-17.%	-12.%
Community Inpatient Occupancy	80-85% Occupancy	83.4%	74.7%	85%	86.5%	86.0%	82.5%	80.7%	83.6%	87.4%	88.1%	87.7%	86.8%
Mental Health: Non-Acute Occupancy rate (excluding Home Leave): %	80% Occupancy	80.90%	73.04%	81.02%	73.04%	88%	90.51%	80.82%	87.72%	87.90%	87.59%	85.75%	80.20%
DNA Rate: %	5% DNAs	4.73%	4.56%	4.71%	4.90%	5%	4.92%	1.02%	5.19%	5.24%	4.97%	5.22%	5.20%
Community: Delayed transfers of care Monthly and Quarterly: %	7.5% Delays	8.64%	11.7%	18.4%	12.6%	11.3%	2.91%	11.9%	10.3%	18.5%	17.1%	21.5%	21.7%
Mental Health: Acute Occupancy rate (excluding Home Leave):%	85% Occupancy	91.1%	86%	93.3%	86%	94.4%	95.9%	94.2%	97.2%	97.1%	96.3%	96.3%	89.7%
Mental Health: Acute Average Length of Stay (bed days)	30 days	37	45	49	50	38	47	43	35	50	38	62	37

Regulatory Compliance - Tracker Level 1 Summary

Metric1	Threshold / Target	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
C.Diff due to lapse in care (Cumulative YTD)	6	3	3	3	0	0	2	2	2	2	2	2	2
Escherichia coli (E. coli) bacteraemia bloodstream infection (BSI) infection rate	tbc	0	0	0	0	0	0	0	0	0	0	1	0
Meticillin-resistant Staphylococcus aureus (MRSA) bacteraemia infection rate per 100,000 bed days	0	0	0	0	0	0	0	0	0	0	0	0	0
Meticillin-susceptible Staphylococcus aureus (MSSA) bacteraemias (YTD)	0	1	1	1	0	1	1	1	1	2	2	3	3
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	85.7	66.7	100	100	80	100	86	100	100	83.3	92.8	85.7
A&E: maximum wait of four hours from arrival to admission/transfer /discharge: %	95% seen	99.5	98.8	99.1	98	98.9	99.0			99.5	99.2	99.5	99.6
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	97	98	97	97	96	96	95	96	94	95	93	94
People with common mental health conditions referred to IAPT completing a course of treatment moving to recovery: %	50% treated	52	52	52.5	52	52	56.0	51.8	49	49	47	52	48
Proportion of patients referred for diagnostic tests who have been waiting for less than 6 weeks (DM01 - Audiology): %	95% to March 2025	99.7	100	98.8	99.2	98.2	71.7	47.1	55.6	40.9	35	66.4	82.8
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	98.3	98	99.5	99.5	100	100	99.2	97.8	98.7	100	100
Sickness Rate: %	<3.5%	5.33	4.59	4.30	4.53	3.95	4.41	5.29	4.37	4.56	4.91	4.59	
CYP referred for an assessment or treatment of an ED will access NICE treatment <1 week (Urgents): %	95%	50%	50%	75%	83.3%	78%	50%	85.7%	50%	66.7%	66.7%	100%	57.1%
CYP referred for an assessment or treatment of an ED will access NICE treatment <4 weeks (Routines): %	95%	46%	50%	87.5%	80%	100%	100%	87.5%	100%	100%	100%	75%	83.3%
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

SYSOF

Metric1	Threshold / T..	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22
Community Health Services: 2 Hour Urgent Community Response %.	80%	80.4%	83.2%	81.3%	88.4%	88.2%	89.2%	90.2%	90.4%	88.2%	92.2%	88.9%	85.8%
E-Coli Number of Cases identified	Tbc	1	1	0	0	0	1	0	1	0	1	1	0
Mental Health 72 Hour Follow Up	80%	90.1%	87.5%	86.4%	96.4%	95.5%	98.4%	94.7%	98.5%	98.5%	96.5%	93.6%	87.2%
Adult Acute LOS over 60 days % of total discharges	TBC												21.8%
Older Adult Acute LOS over 90 days % of total discharges	TBC												55.5%

Executive Committee Paper

Committee –	Trust Board
Meeting Date	14th February 2023
Paper Title	Quarterly Status Report on Key Trust Initiatives
	ITEM FOR NOTING
Purpose	This document updates Board members on the current status of the Trust's key programmes and projects
Business Area	Corporate
Author	Director of Projects
Presented by	Alex Gild, Deputy Chief Executive
Relevant Strategic Objectives	The portfolio of initiatives addresses all the Trust's True North goals
CQC Registration/Patient Care Impacts	The portfolio of programmes and projects includes activities to maintain our CQC registration and improve standards of patient care, outcomes and experience.
Budget/Resource Impacts	As per individual projects
Equality, Diversity and Inclusion Implications	n/a
Brief Executive Summary	Paper to provide assurance and oversight of the Trusts Strategic initiatives and the projects that will deliver True North and strategic priorities. The report provides a status update on the Trust's combined programme, projects, and strategy implementation, highlighting new schemes, those moving to business as usual or recently closed, together with key risks of those in progress.
Recommendation/ Action Required	The Board is asked to note the status of the Trust's key initiatives.

Quarterly Status Report on Key Trust Initiatives

Author: Karen Watkins & Neil Murton, Director of Projects

Director: Alex Gild, Deputy Chief Executive

Date: 3rd February 2023

Purpose

This document has been prepared to update the Trust Board at its February 2023 meeting regarding the status of the organisation's portfolio of key programmes and projects prioritised as Mission Critical and Important, together with other priorities and initiatives to deliver the Trust's vision and Trust North Goals.

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

Document Control

Version	Date	Author	Comments
1	03.02.2023	Karen Watkins & Neil Murton	The document reflects the highlights of the Combined Projects/SIP Report submitted to the Business & Finance Executive on 30th January 2023

Distribution:

All Trust Board Members

Document References

Document Title	Date	Published By
Quarterly Status Report on Key Trust Initiatives	December 2022	Karen Watkins & Neil Murton Director of Projects
Quarterly Status Report on Key Trust Initiatives	August 2022	Karen Watkins & Neil Murton Director of Projects
Quarterly Status Report on Key Trust Initiatives	April 2022	Karen Watkins & Neil Murton Director of Projects
Quarterly Status Report on Key Trust Initiatives	Jan 2022	Karen Watkins Director of Projects
Status Report on Trust Strategic Initiatives	Sept 2021	Karen Watkins Director of Projects
Status Report of Trust Strategic Initiatives as impact by the COVID-19 Pandemic	May 2021	Karen Watkins, Director of Projects
Status Report of Trust Strategic Initiatives as impact by the COVID-19 Pandemic	Feb 2021	Neil Murton Director of Projects

CONTENTS

Purpose of Paper

To provide an update, assurance and oversight of the Trust's Strategic initiatives and the projects that will deliver True North and strategic priorities.

Introduction

The Trust identifies its significant strategic projects and programmes through a strategic prioritisation process which references a Strategic Filter. This process was established as part of the Trust's Quality Improvement (QI) Programme and provides the Trust with control over its programme and project portfolio, including assurance that it is focusing on the right priorities ("True North") and that there is best use of resource in the organisation.

Prioritised projects are included on the Trust's Strategic Prioritisation Board and progress of those projects is monitored at Executive level through a monthly Report to the Executive Business & Finance Group.

That report was provided to Board Members in May, September, and December 2021 to provide an update on the Trust's key schemes. It was then requested that an overview be provided for members, rather than the full report and the first of these was provided for the February 2022 Trust Board and most recently to the December 2022 meeting.

An overview is provided here of the projects and programmes on the Strategic Prioritisation Board, including the highlighting of newly established initiatives; those moving to business as usual; those recently closed, together with any initiatives currently reporting an Amber or Red RAG status along with associated implications and risks.

The report also references a selection of other current initiatives that - whilst they do not feature on the Prioritisation Board - are significant pieces of work for the organisation and are included here for information.

Trust prioritised projects

The current portfolio of prioritised programmes and projects included on the Strategic Prioritisation Board is listed below, against the True North goals they primarily support. Strategic initiatives (shown in coloured font) also now feature on the board. Larger scale projects will inevitably support more than one True North Goal and therefore the groupings below reflect the main True North goal the project supports.

Supporting True North Goal 1 – Harm Free Care (Providing safe services) • Community Hospitals ePMA (electronic prescribing and medicines administration) • Safety Strategy • CYPF Referral Management System	**Supporting True North Goal 3 – Good Patient Experience (improving outcomes)** • East Children's Therapies (currently paused) • Community Mental Health Transformation Programme (incorporating Frimley and BOB CMH transformation) • BHFT One Team [CMHT transformation and Alternative to the Care Programme Approach (CPA)] • Neurodiversity Strategy Implementation • Virtual Wards (Berkshire West Hospital at Home) • Community Rehabilitation Enhanced Support Team (CREST) • Op Courage • Digital Strategy • Access & Flow
Supporting True North Goal 2 – Supporting Our People (A great place to work) • Workforce (Our People Strategy) • EDI Strategy	**Supporting True North Goal 4 – Money matters (A financially sustainable organisation)** • PPH Bed Optimisation • Green Plan • Redevelopment of East Community Hospitals (Frimley Integrated Care Hub Programme) * • Reading Estates Review Part 2* • Replacement of Fitzwilliam House*

* These initiatives do not feature on the Prioritisation Board but are included with reports to the Business & Finance Executive Group.

Summary of Project progress - end of January 2023

The status of the Trust's key Programmes and Projects is summarised below:

Project	RAG Status	Comment (see report section below for further detail)
Children's Therapies East	Paused	Paused due to lack of progress and dependency on other organisations. Project due to be reactivated in January 2023.
People Strategy		Overall, Amber, but the Attraction & Retention workstream continues to report RED. Last two months have seen voluntary turnover decrease from a high of nearly 17%, but this is still above the target of 16%.
EDI Strategy		Organisation Anti-Racism commitment / impact being scoped alongside targeted community service action, building on success at Prospect Park Hospital in actively tackling discrimination against staff.
Community Mental Health Transformation Programme		This programme now incorporates the Frimley and BOB CMH transformations.
Berkshire Healthcare One Team		The scope of this initiative includes core CMHT provision and Alternative to CPA.
Prospect Park Bed Optimisation		Significant work being undertaken. Some reduction in average length of stay but remains well above target.
Community Rehabilitation Enhanced Support Team (CREST)		Following recruitment challenges, CREST is now planned to commence in April/May 23.
ePMA (electronic prescribing)		First Go Live in Feb 2023 with others completed by June 2023.
Safety Strategy		Overseen by the Quality Executive.
Green Plan		Progress impacted by challenges in recruiting Sustainability Manager (interim now appointed).
Neurodiversity Strategy Implementation		Strategy complete and implementation prioritised in November as Important.
CYPF Referral Management System		Amber due to uncertainty around resourcing.
Virtual Wards (Berkshire West Hospital at Home)		NHSE/I initiative to improve capacity and flow.
Redevelopment of East Community Hospitals		Red due to significant concerns about affordability and achievability.
Fitzwilliam House replacement		Now rated Green due to certainty around the future premises and associated timescales. Staff currently being consulted.

Project	RAG Status	Comment (see report section below for further detail)
Reading Estates Review Part 2		Strategic Outline Case approved. Outline Business Case development will commence when resources allow.
Southeast Op Courage veterans' MH/wellbeing services collaborative		The award of this contract with the Trust as lead provider has recently been confirmed. The mobilisation project to establish the new service arrangements is underway with commencement from April 2023.

Projects rated Red:

There are no Mission Critical or Important Projects currently reporting Red. However, please note the following:

Redevelopment of the East Berkshire Community Hospitals – This is a Frimley system initiative to establish Integrated Care Hubs across the ICS and include new build and refurbishments of NHS community estate. The Trust has been supporting the project team (particularly regarding financials) and outline business cases have been developed for all schemes and reviewed. However, there are significant concerns about affordability and achievability, particularly considering reduced access to central capital. In addition, the leadership at ICS has changed and meeting have been postponed due to winter pressure major incidents. Consideration of alternative schemes/approaches is likely to be required.

Six projects are rated Amber:

People Strategy - This includes several workstreams. A key determinant of the overall status of Amber relates to the work on attracting & retaining staff, which is reporting as Red. The voluntary turnover rate has reduced from a high of nearly 17%, but is still above the immediate target of 16%, reflecting continued pressures in the employment market and the number of leavers remaining high. Staff turnover remains a severe risk for the organisation. A programme of retention work has commenced, focussing on the five workstreams of Excessive Workload; Management Training; Flex in Recruitment; Talent and Career Pathways (including Apprenticeships).

EDI Strategy - Actions are continuing to progress in accordance with plans, yet these have not yielded the desired impact and the initiative is consequently reporting as Amber. Developing an Anti-Racism focus, commitment and intent in the organisation may help to break-through on WRES indicators in actively addressing staff experience of discrimination, based on positive action and impact noted by staff and patients at Prospect Park Hospital. Launch of the Anti-Racism Strategy is under way and a pilot of the new leadership programme is commencing in February.

Prospect Park Bed Optimisation project – This initiative is reporting as Amber as to date, its numerous work streams have yet to achieve a decisive impact in reducing length of stay and usage of overspill beds. The average length of stay in December 2022 had reduced to 39.5 days but remained well above the target of 32 days. The Trust continues to commission 11 acute overspill beds to manage bed demand of which 7 were reported as used in January 2023.

The national target date for the eradication of inappropriate out of area placements (OAPs) is March 2024.

Community Rehabilitation Enhanced Support Team (CREST) - Progress on the establishment of the team has been impacted by the absence of the Service Manager and due to the initial advertising of the key role of Team Leader failing to attract any applicants. Alternative arrangements have been progressed and it is now planned for a service offering to commence in April/May 2023. The initial focus of the team will be to bring people in specialist mental health placements back into Berkshire and support them in a community setting. The OAPs Team have identified patients who may be supported in this way and the medical staff who will be working within CREST are nearing completion of the work to review these individuals and triage them clinically.

Green Plan – This initiative previously reported as Amber due to the key post of Sustainability Manager remaining vacant and proving challenging to fill (with consequent impact on progress). An interim manager was recruited in October, with the implementation plan and associated required resources needing to be reviewed and prioritised. The outcome of a £2.8m bid for a Decarbonisation Project on the West Berkshire Community Hospital is due to be announced in March 2023.

CYPF Referral Management System - This project is to improve the effectiveness and efficiency of the referral process for all CYPF services, initially prioritising CAMHS and CYPIT. There has been a significant increase in demand since the current arrangements were established in 2017 and these are no longer fit for purpose. The initiative was previously reporting Red due to uncertainty around resourcing. Whilst this has improved – including enhanced input from the QI Team - the initiative is still reporting as Amber. There has been a shift in project scope, which is likely to require a review of the prioritisation status.

One project is Paused

Children's Therapies East – This initiative (previously Red) was paused due to associated risks, lack of progress and the dependency on other organisations. Following indication of support from the local authorities, the project is due to be reactivated in January 2023. Investment is to be sought from the ICB to make funding recurrent. Given the general NHS funding situation, the scope of this initiative may require review, including discussions with commissioners to confirm priorities. The overall priority status of this initiative within the Trust will require review.

Recent changes to the portfolio of Programmes and Projects

Since the last report to the Trust Board in December 2022, there have been no new projects presented for prioritisation.

The most recent initiative to undergo this process was the Neurodiversity Strategy Implementation. The implementation project was considered against the Strategic Filter in November and prioritised as **Important**.

Initiatives moving to business as usual:

The mobilisation project to establish the South-East- wide OpCourage Service with the Trust as the Lead Provider is planning for business as usual with commencement from 1st April 2023. There are currently no other initiatives moving to business as usual.

The following initiatives have been recently closed:

No major schemes have closed since the last report. The most recent was the Quality Improvement Programme, the Closure Report for which was presented in October 2022.

Other Key Initiatives

The following initiatives have not been designated as Mission Critical or Important and do not feature on the Prioritisation Board but are significant pieces of work for the organisation and are included here for information.

New Trust Headquarters -The new Trust Headquarters at is London House, London Road, Bracknell, RG12 2UT will open on 20th February 2023, replacing Fitzwilliam House. Prior to this, there is a bookable viewing day on 9th February.

Reading Estates Review (Part 2) – A Strategic Outline Case has been developed and approved. Outline Business Case work on options has commenced. Progress will be dependent on resource availability and the initiative is currently declaring Amber status.

Reducing Health Inequalities - This programme comprises five projects and the Trust Board is due updates on these initiatives at its February 2023 meeting (previous updates were provided last year in February and June). A summary is provided below.

Project	RAG	Comment
Improving Diabetes Outcomes for people with Type 1 Diabetes		Improvement in outcomes for people with Type 1 Diabetes is service DRIVER. Type 1 and Technology specific clinics commenced in July 2021 and duration of clinic slots increased.

Project	RAG	Comment
To understand the drivers of the variation in Mental Health Act detentions and recommend actions to address these variations.		Four elements: Case review of Section 2; Understanding the drivers leading to detentions; Mapping holistic Mental Health offerings across the localities; Community engagement and lived experience.
Improving outcomes for people with learning disabilities		Ongoing work with the Connected Care team about the wider developments to identify people with learning disabilities.
Physical Health Checks for people with Severe Mental Illness		Launched as a trust breakthrough objective on 1st June 2021, compliance for completion of all 7 parameters of the physical health check was 14%. Initial stretch target set to achieve 30% by September 2021 and 60% by March 2022. From April 2022 new targets set – 90% by September 2022 and 95% by March 2023. All localities except Slough above trajectory. Additional support being provided to Slough.
EDI - community engagement on access and outcomes		Voluntary, Community Social Enterprise (VCSE) currently being commissioned to support community-based engagement workshops in 23/24.

Provider Collaboratives -The current Provider Collaborative initiatives are summarised below.

Provider Collaborative	RAG	Comment
Frimley Integrated Chronic Pain pathway		Ambition to integrate services across community, acute and primary care into a Bio/social intervention model of pain mgmt., primary / community service first based service. PID agreed, programme operational and delivering. HR and analytics support being scoped.
Frimley MH Integrated Community Services (MHICS) East		Mental health and wellbeing support from MH practitioners and community connectors, referrals from primary care. Addressing primary care demand and mitigating escalation of MH issues. Pilot in East Berks with 4 PCNs, to be extended in 22/23/24. MHICS now also in West
Frimley MH Provider Collaborative		Ambition to establish a MH provider collaborative approved by ICB SLT. Design group 1st meeting Feb to agree implementation framework.
BOB MH Collaborative with Oxford Health		Work just commenced on establishing a partnership approach for BOB MH oversight and delivery.
South East OP Courage		Veterans MH and wellbeing service (Trust is prime contractor) – contract awarded by NHSE in November 2022

Conclusion

Overall, Trust continues to achieve steady progress in pursuit of its True North Goals. However, following the conclusion of several key initiatives earlier in the year, a number of schemes are encountering challenges, as detailed above. In the case of the EDI strategy and Prospect Park Optimisation, the significant activity devoted to priority areas has yet to yield the required improvements. For other schemes here is a clear theme of resource issues impacting on progress – e.g., the later timescale for ePMA and the Green Plan. Resource availability will influence progress for the CYPF Referral Management System and CREST. Availability of capital funding will determine what is possible for the Reading Estates Review and the redevelopment of the East Berkshire Community Hospitals.

Finally, the on-going efforts needed to address the continuing high rate of staff turnover – along with the associated risks - indicate that this will remain a major focus for the organisation for the foreseeable future.

Action

The Board is asked to note the progress of the strategic projects and initiatives.

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	14 February 2023
Title	Health & Safety Annual Report 2022
	ITEM FOR NOTING
Purpose	To provide the Board with the annual Health & Safety report for 2022
Business Area	Operations & Estates
Author	Chief Financial Officer
Relevant Strategic Objectives	To provide accessible and safe environments which keep patients safe, supports our staff, provides good patient experience and is cost effective.
CQC Registration/Patient Care Impacts	Supports maintenance of CQC registration and the delivery of safe and responsive care
Resource Impacts	None
Legal Implications	Report seeks to provide assurance of Trust's adherence to relevant legislation
Equalities, Diversity and Inclusion Implications	N/A
SUMMARY	The attached paper provides the Board with the Trust's annual Health & Safety report, highlighting key areas of performance and providing assurance on relevant internal processes. • The Trust received no Enforcement Notices from the HSE or the Local Authorities in 2022. • There were four incidents reported under the RIDDOR regulations in the year 2022, showing a decrease of four incidents compared to 2021.

	• During 2022 the Trust reported 930 physical assaults against staff. This is an increase of 69 (8%) compared to 2021. The Trust also reported 1077 non-physical assaults against staff, an increase of 110 (11%) on the previous year. There were 159 hate crime incidents reported during 2022. This is an increase of 19 (13.6%) from 2021. • During 2022 the Royal Berkshire Fire and Rescue Service undertook eight fire safety visits to ensure the Trust is compliant with the Regulatory Reform (Fire Safety) Order 2005. • There was one case of arson reported for 2022, and ten cases of a risk of fire being identified. • Compliancy in statutory fire awareness training increased with the number of staff trained throughout 2022 averaging 91.67%, a 2.5% increase from 2021. This falls short of the Trust's target of 95% compliance. • Compliancy in statutory training: Health & Safety The number of staff trained throughout 2022 averaged 95.78% a 1.25% increase on 2021. This is above the Trust's target of 90% compliance. • The overall sickness rate for 2022 was 4.68%, an increase from 4.26% in 2021. The most common reason for absence remains anxiety/stress/depression, accounting for 24.7% of all sickness in the 12-month period. Covid related sickness accounted for 21.9% of all sickness in 2022, an increase from 16.5% in 2021. • The total number of FTE days lost to sickness in 2022 has increased by 12.9% when compared to 2021. If Covid related sickness is excluded from the figures, the overall sickness rate for 2022 was 3.65%, a slight increase from 3.56% in 2021.
ACTION REQUIRED	To note the report and seek any clarification.

Berkshire Healthcare
Health & Safety - Annual Report 2022

Executive Summary

This report provides an update to the Board on Berkshire Healthcare's Health and Safety performance statistics for the calendar year 2022.

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

- The Trust received no Enforcement Notices from the HSE or the Local Authorities in 2022.

- There were 4 incidents reported under the RIDDOR regulations in the year 2022, (with no false reports) showing a decrease of 4 incidents compared to 2021. Manual Handling, Assaults, Struck by a Moving Object and Slips, Trips & Falls were the reportable incident category types.

- During 2022 the Trust reported 930 physical assaults against staff. This is an increase of 69 (8%) compared to 2021. The Trust also reported 1077 non-physical assaults against staff, an increase of 110 (11%) on the previous year. There were 159 hate crime incidents reported during 2022. This is an increase of 19 (13.6%) from 2021.

- During 2022 the Royal Berkshire Fire and Rescue Service undertook eight fire safety visits to ensure the Trust is compliant with the Regulatory Reform (Fire Safety) Order 2005.

- There was one case of arson reported for 2022, and ten cases of a risk of fire being identified. Five out of ten of the incidents were community based with the remainder being on Trust property. Three of the eleven incidents occurred at Prospect Park Hospital (PPH) which is a 50% reduction in PPH incidents for this category compared to the previous year.

- Compliancy in statutory training: Fire Awareness – The number of staff trained throughout 2022 has averaged 91.67%. This is a 2.5% increase from last year (2021 average = 89.15%). This falls short of the Trust's target of 95% compliance.

- Compliancy in statutory training: Health & Safety - The number of staff trained throughout 2022 has averaged 95.78 % (1.25% increase). This is above the Trust's target of 90% compliance.

- The overall sickness rate for 2022 was 4.68%, an increase from 4.26% in 2021. The most common reason for absence remains anxiety/stress/depression, accounting for 24.7% of all sickness in the 12-month period. Covid related sickness accounted for 21.9% of all sickness in 2022, an increase from 16.5% in 2021. Absences attributed to musculoskeletal/back problems have decreased from 15.7% to 10.9% of sickness in 2022.

- The total number of FTE days lost to sickness in 2022 has increased by 12.9% when compared to 2021. If Covid related sickness is excluded from the figures, the overall sickness rate for 2022 was 3.65%, a slight increase from 3.56% in 2021.

1. Key National Annual Figures

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

- **1.8 million** working people were suffering from a work-related illness (up from 1.7 million).
- **0.9 million** workers suffering from work-related stress, depression or anxiety.
- **123** workers were killed at work (down from 142 in 2021).
- **61,713** injuries to employees reported under RIDDOR (up from 51,211).
- **565,00** injuries occurred at work according to the Labour Force Survey (up from **441,000**).
- **6.0 million** working days lost due to non-fatal workplace injuries according to the Labour Force Survey 2021/2022
- **18.8 billion*** annual cost of work-related injury and ill health in 2019/20, excluding long latency illness such as cancer. (*estimates based on Labour Force Survey, RIDDOR and HSE Cost Model; referred to as 2019/20 cost estimate)

The coronavirus (COVID-19) pandemic has impacted health and safety statistics in 2021/22. Two new measures have been developed to explore the impact of coronavirus on work-related ill health in 2021/22:

- **123,000** (up from 93,000) workers suffering from COVID-19 in 2021/22 which they believe may have been from exposure to coronavirus at work (new or long-standing). Around 40% of those suffering were in human health and social work activities.
- **585,000*** (down from 645,00) workers suffering from a work-related illness caused or made worse by the effects of the coronavirus pandemic (new or long-standing) in 2021/22. Around 25% of those suffering were in human health and social work activities. (*Excludes the 123,000 workers in the first statistic).

2. Enforcement

There have been no enforcement actions from the Royal Berkshire Fire & Rescue Service or the Health & Safety Executive during 2022.

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

During 2022 there were 4 RIDDOR incidents which fell into the following categories:

RIDDOR Incident Type	2021	2022
Manual Handling	2	1
Assault	4	1
Injured during physical restraint	-	-
Slip, Trip or Fall	2	1
Sharps Injury	-	-
Collision Struck by moving object	-	1
Case of disease	-	-
Total	8	4

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

Health & Safety Training Compliancy 2022

All staff under-take statutory training in Health & Safety and Moving & Handling every 5 years.

The number of staff trained in Health & Safety throughout 2022 has averaged **95.78%.** This is above the training target of 90%.

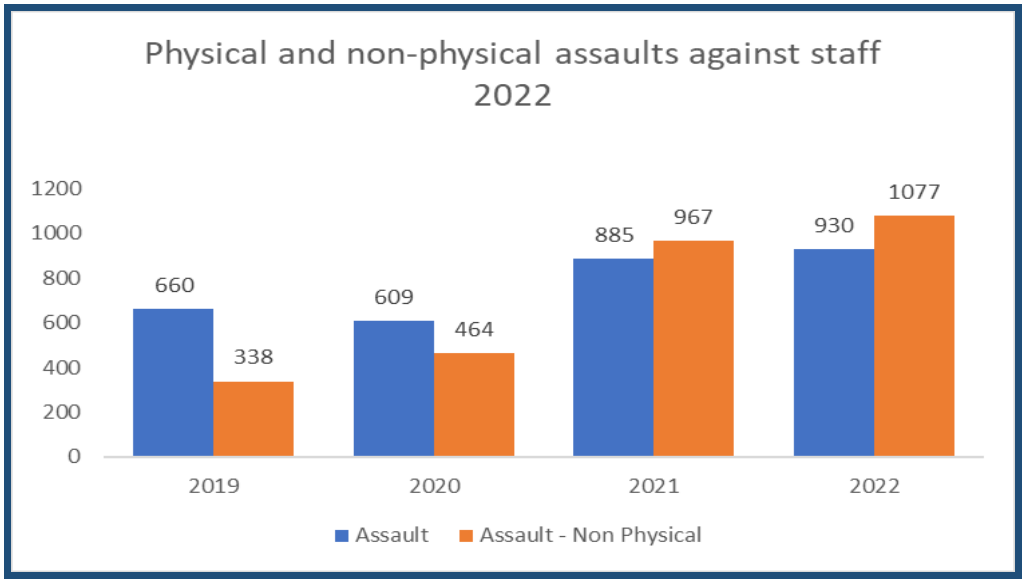
The number of staff trained in Moving & Handling throughout 2022 has averaged **92.11%**. This is above the training target of 90%.

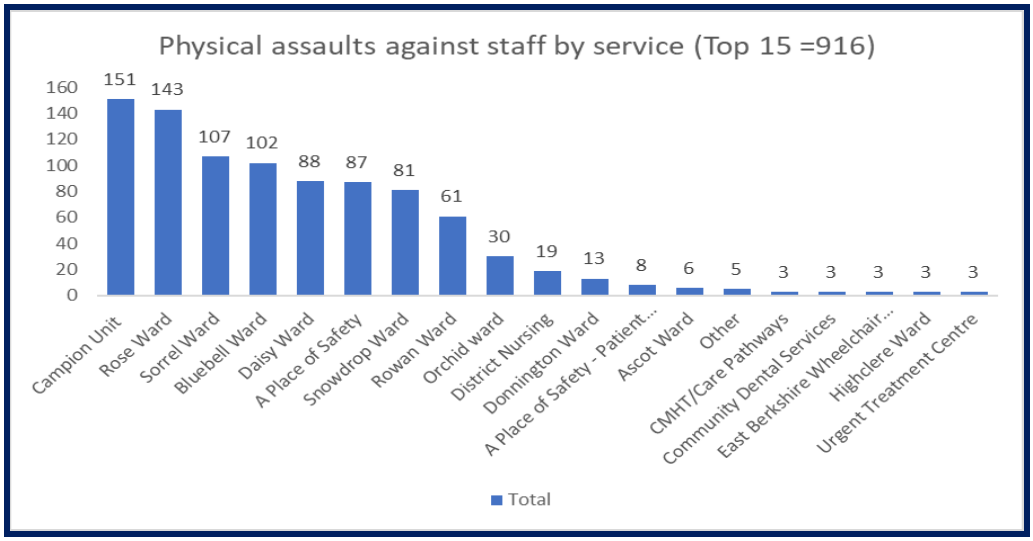
Health & Safety Training Compliancy 2022 (Statistics provided by Tableau Trust Summary Dashboard												
Statutory Training	**Jan 2022 %**	**Feb 2022 %**	**Mar 2022 %**	**Apr 2022 %**	**May 2022 %**	**Jun 2022 %**	**Jul 2022 %**	**Aug 2022 %**	**Sep 2022 %**	**Oct 2022 %**	**Nov 2022 %**	**Dec 2022 %**
Health & Safety	**95.59**	**95.36**	**95.47**	**95.50**	**95.40**	**95.59**	**95.95**	**95.97**	**96.04**	**96.19**	**96.16**	**96.16**
LR* Moving & Handling	**91.41**	**91.69**	**90.31**	**90.51**	**90.56**	**90.92**	**91.36**	**93.09**	**93.43**	**93.51**	**94.15**	**94.40**

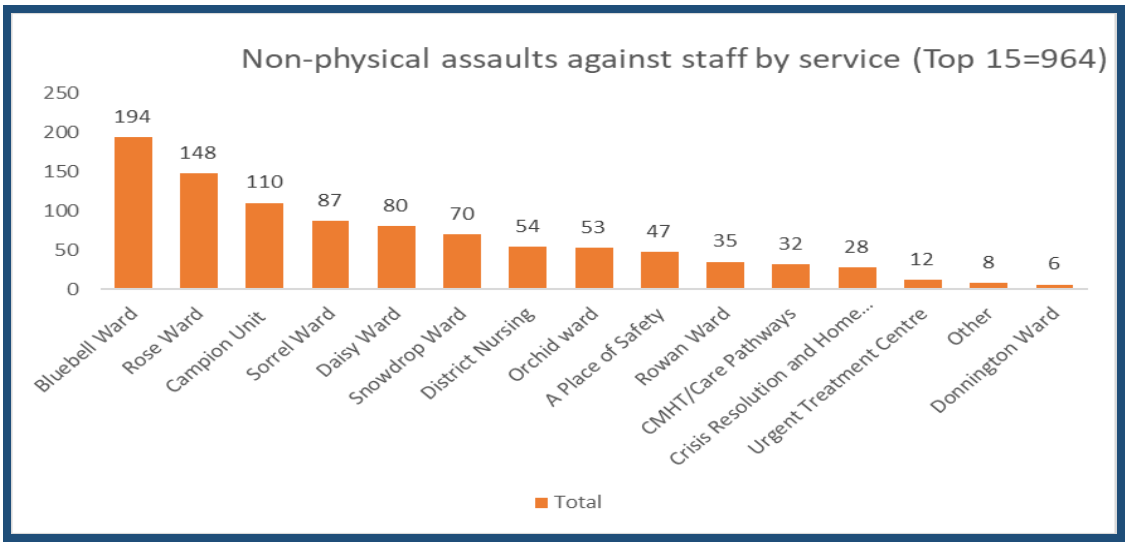
LR* = Low Risk Moving & Handling

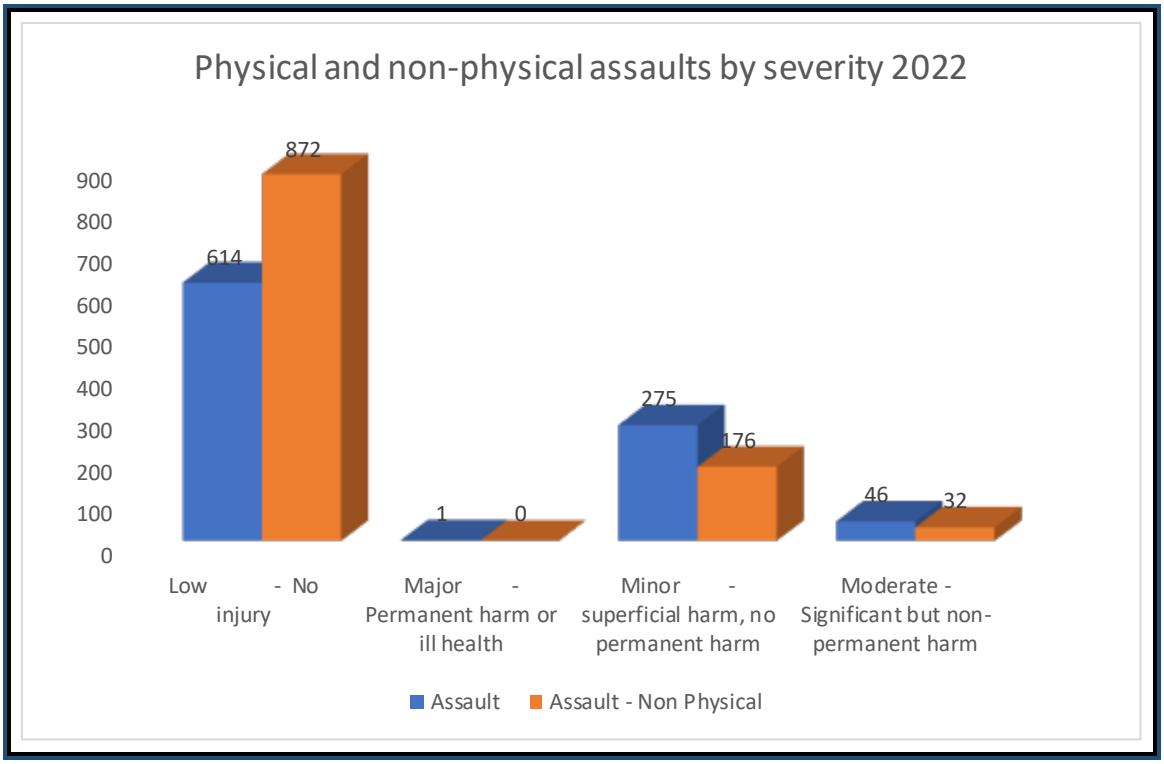
4. Violence and Aggression

- 930 physical assaults against staff were reported during the period, which is an increase of 69 (8%) compared to 2021.
- 768 (83%) of the assaults took place on the mental health adult admission wards, PICU and older persons MH wards which is a reduction of 12% on the previous year.
- The number of reported non-physical assaults has increased from 967 (2021) to 1077 (2022) which is an increase of 110 (11%) year on year. 954 of these incidents were carried out by patients (89%).
- 75% of the physical and non-physical assaults against staff were catagorised as “Low – no injury”.
- 4% of physical and non-physical assaults against staff were catagorised as Moderate – significant but non-permanent harm.



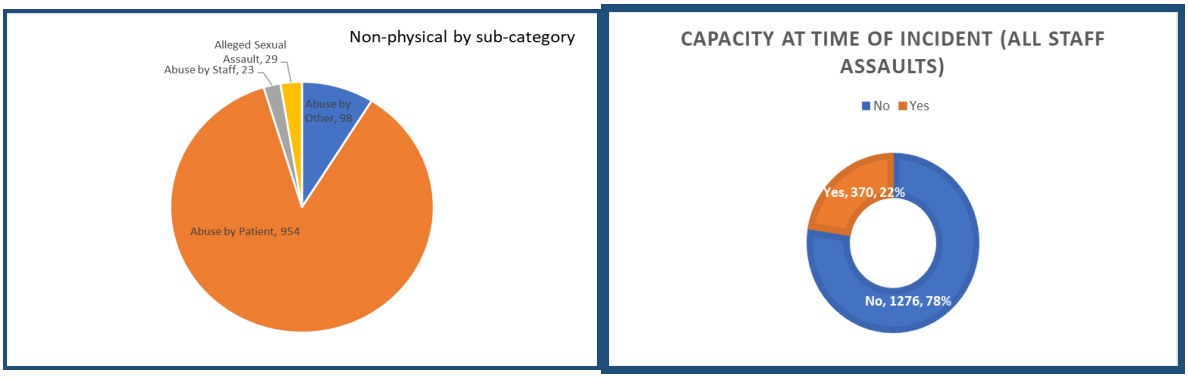






The Health, Safety & Security Management Specialists continue to raise the importance of reporting security-related incidents, particularly incidents of violence and aggression, via the Trust's incident reporting system.

The majority of physical and non-physical assaults are the result of a patient's mental health or medical condition, but it is important that this data continues to be captured to ensure that staff and patients affected are fully supported post event.



370 (22%) of all physical and non-physical assaults reported (a decrease of 11% on 2021) during the period were perpetrated by individuals (predominantly patients) where the indication is that they had capacity at the time of the incident. For incidents that are catagorised as crimes – such as property damage, physical assaults, hate crimes etc, there is potential for a sanction processes to be implemented and for police involvement and prosecution.

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

There is a significant body of work underway to support the Trust's Violence, Prevention and Reduction programme. Working Groups have been set up and the Trust are working effectively with our ICB colleagues to develop strategies, policies and training programmes to support the needs of the services. This involves targeted work at Prospect Park Hospital to address the high levels of racial abuse, and offering greater post incident support to all Trust staff to support their health and wellbeing.

Greater scrutiny of the Datix incident reports has been undertaken in 2022, with many events being recatagorisesed and incidents duplicated to capture all staff events. These incidents may originally have been reported as a patient only event and staff impact would not have been captured.

Following on from the Datix work, during 2022 further guidance for managers following an assault has been created, plus a flowchart for managing racial abuse.

Reducing violence and aggression | Nexus (berkshirehealthcare.nhs.uk)

Dealing with difficult behaviour support has also increased and there is an ongoing review of the training that the Trust provide to support staff post incident.

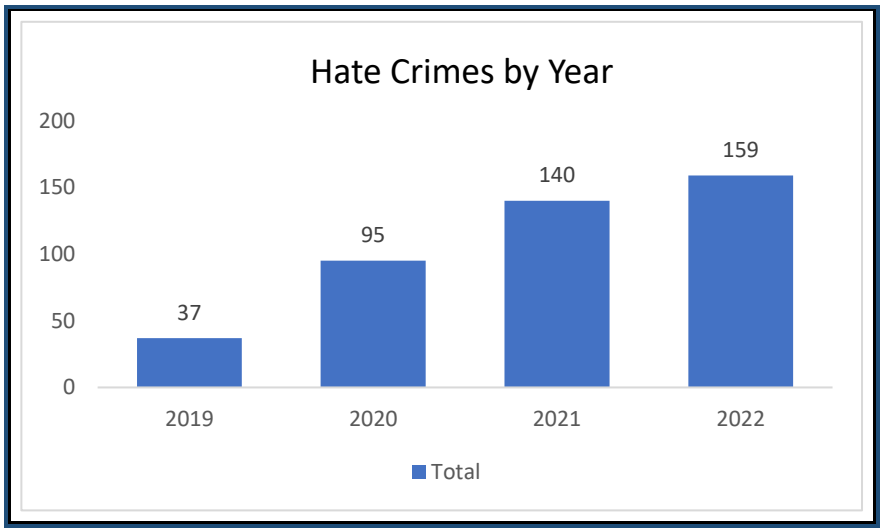
Long term sickness for work related injuries sustained as part of a physical or non-physical assault is under review. Currently the Health and Safety Executive definition of an "Industrial Injury" does not capture assaults. This Trust piece of work is ongoing, and will link into how we capture staff absences caused by assaults and how "Bradford Scores" are calculated for this sickness category.

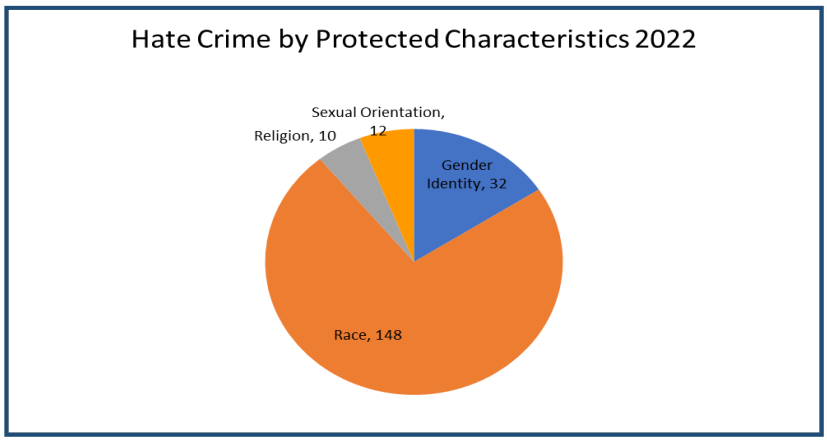
Hate Crimes

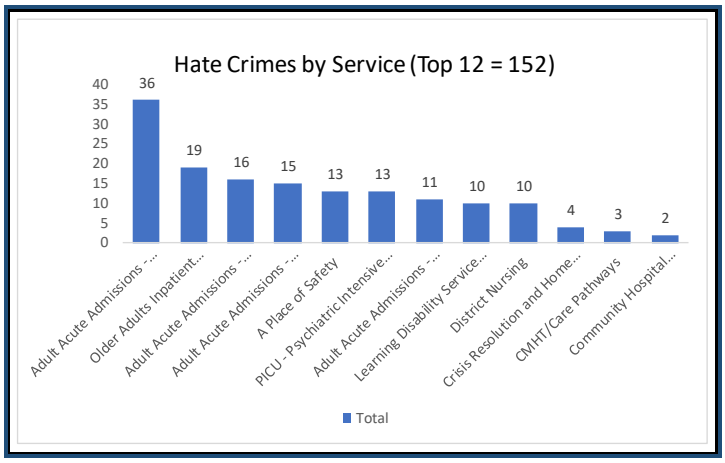
- There were 159 hate crime incidents reported during 2022. This is an increase of 19 (13.6%) from 2021. Hate crimes incidents can be reported by any of the 5 protected characteristics that

come under the definition, disability, race, religion, gender identity or sexual orientation (or any combination thereof). The category includes both “Hate Crimes” and “Hate Incidents”.

- Hate Crime Incidents can be reported alongside another category of incident e.g. “patient breaks door and is racially abusive to attending staff member”. This would be categorised as “Criminal Damage” with the racial element recorded in addition.
- Acute inpatient MH wards & PICU generated 86.2% of all hate crime incidents.
- 93 % of the reported hate crime incidents have an element of bias against race







5. Security Management

On the 1st October 2022 NHS Property Services handed back the Closed Circuit TV (CCTV) Systems to Berkshire Healthcare. This has subsequently resulted in CCTV reviews and security audit work on all NHS PS sites to ensure that signage, data sharing agreements and the appropriate Data Protection Impact Assessments (DPIA's) are fit for purpose.

Security reviews and CCTV reviews commenced on all Berkshire Healthcare sites in September 2022 and will be completed by the end of the financial year.

6. Personal Safety and Lone Working

- During 2022 a new contract for the lease of lone worker devices was agreed for 850 devices with the existing provider which will end in September 2023. The Compliance and Risk Team embarked on recovering 300 "unallocated" devices back from services, which resulted in 100 returned devices, 100 devices declared lost and 100 devices that were held onto by services with the future intention of allocating to staff.
- Reports show an average usage per month of approximately 38% over the year by all divisions for the 1,142 devices under contract up to September 2023 and the 850 devices from September to December 2023.
- A review of the Risk Assessment process for Lone Workers has been undertaken and a simplified process implemented, but further project work to streamline the process is underway.

7. Fire Safety

There have been no enforcement actions from the Royal Berkshire Fire and Rescue Service (RBFRS) during 2022, and the Compliance and Risk Team continue to work closely with the authority.

During 2022 the Royal Berkshire Fire and Rescue Service undertook eight visits to ensure the management of fire safety within Berkshire Healthcare and to update tactical response plans:

1. 05/04/2022 Jubilee Ward and Cedar House, Upton Hospital – Broadly Compliant.
2. 29/04/2022 Church Hill House – Broadly Compliant
3. 03/05/2022 Little Dragons Nursery, 57-59 Bath Road – Broadly Compliant, Informal Actions
4. 05/05/2022 Catering and Athena, Upton Hospital – Broadly Compliant with Improvements
5. 27/07/2022 Ascot & Windsor Wards, Wokingham – Broadly Compliant with Improvements
6. 02/11/2022 King Edward VII Hospital - Broadly Compliant
7. 14/07/2022 RBFRS Tactical Plan updated King Edward VII Hospital
8. 04/11/2022 RBFRS Tactical plan updated Prospect Park Hospital

NB – See below for Initial Enforcement Expectation gradings:

Compliance Level 1	Compliance Level 2	Compliance Level 3	Compliance Level 4	Compliance Level 5
Score of 0-25	Score of 26-35	Score of 36-45	Score of 46-55	Score of 56 plus
Broadly Compliant Inform & educate	Notification of Minor Deficiencies	Notification of Deficiencies	Enforcement Notice	Enforcement Notice 'Fast track'

The annual Fire Audit took place on Tuesday 15th November 2022, by the externally appointed Authorising Engineer (AE (Fire)), to ensure compliance with Health Technical Memorandum 05-01 and BS9997.

AE Conclusion summary: *Overall, the visited premises appeared to be well managed and kept in a tidy and safe condition, the Fire Safety Management System developed is excellent and the overall assessment of fire risk rating is LOW.*

9. Fire Incidents 2022

All incidents below were investigated, escalated where necessary and follow up actions implemented where required.

There was one case of arson reported:

- Patient set fire to bedding Prospect Park Hospital (No patient and staff harm. Fire extinguishers or Fire Brigade input not required, Managed and investigated locally)

There were ten cases of a risk of fire being identified:

- Community Staff reporting need for home assessment
- Staff left toaster unattended West Berkshire
- 2 X Patient unsupervised ADL Kitchen Prospect Park Hospital
- Community Staff, potential fire avoided
- Smoking Paraphernalia found in patients room Prospect Park Hospital
- Faulty Electrical Equipment the Old Forge
- 3 X Community Staff identifying patient smoking with Oxygen Cylinder present

There were ten cases of other fire incidents:

- Contractors not isolating alarms Upton Hospital
- Contractors not reinstating alarms following isolation Upton Hospital
- Report of patient intending to commit arson Prospect Park Hospital
- Alarm technician not notifying Alarm Receiving Centre of test Upton Hospital
- Alarm testing not notifying of change of day
- Fire Death of Ex-Patient - Community
- Fire Death of Patient in own home - Community
- Alarm call point activated, system could not be reset Wokingham Hospital
- Toaster left unattended by staff Prospect Park Hospital
- Alarm Call Point activated by unknown persons Prospect Park Hospital

There were six reports of false alarm other:

- Smoke detector not covered by contractors during works Upton Hospital
- Aerosol activated smoke detector Upton Hospital
- Unwanted fire alarms not reported Upton Hospital
- Manual call point activated system not reset Wokingham Hospital
- Patient vaping activated smoke alarm in room Prospect Park Hospital
- Alarm activation system fault Prospect Park Hospital

There were two cases of a false alarm due to accidental use of a call point:

- Activation of manual call point Britwell Clinic
- Alarm activation staff accommodation Upton Hospital

One case of equipment damage was reported:

- Patient damaged the manual call point Prospect Park Hospital

Six cases of accidental fire were reported:

- Unexpected death from unnatural causes Bracknell - Community
- Fumes from contractors activated alarms 25 Erleigh Road
- Patient unsupervised ADL Kitchen Prospect Park Hospital
- Community Staff reporting need for home assessment
- Patient unsupervised ADL Kitchen Prospect Park Hospital
- Staff left food cooking unattended

There were two cases of equipment failure:

- Retrospective Datix for keys failing Prospect Park Hospital
- Community Staff potential fire avoided

There was one case of malicious false alarm:

- Patient deliberately activated alarm call point Prospect Park Hospital

Fire Related Incidents by Directorates 2022:

Directorate	2020	2021	2022	Total
Mental Health Inpatients	10	24	10	**44**
Corporate	17	9	8	**34**
Community Physical Health West	2	6	12	**20**
Community Physical Health East	3	1	5	**9**
Community Mental Health West	5	2	1	**8**
Children, Young persons & Families	2	1	2	**5**
Community Mental Health East	0	2	1	**3**
Total	**39**	**45**	**39**	**123**

Fire Related Incidents by Type:

Incident Type	2020	2021	2022	Total
False Alarm Other	20	6	6	**32**
Risk of Fire Identified	5	10	10	**25**
Other Fire Incident	2	7	10	**19**
Arson	3	7	1	**11**
Equipment Damaged	1	8	1	**10**
False Alarm Accidental Use of Call Point	5	2	2	**9**
Accidental	1	1	6	**8**

Equipment Failure	2	2	2	**6**
False Alarm Malicious	0	2	1	**3**
Total	**39**	**45**	**39**	**123**

Smoking Incidents – Top 12 sub- categories by year 2020 – 2022

Smoking Sub Category	2020	2021	2022	Total
Smoking Policy Reinforced	66	92	121	**279**
Physical Assault by Patient	18	36	21	**75**
Abuse by Patient	0	34	24	**58**
Abuse of Drugs or Alcohol	8	6	16	**30**
Damaging Property/Criminal Damage	7	8	7	**22**
Threatening Behaviour - Deactivated	15	2	0	**17**
Inappropriate Behaviour	14	2	0	**16**
Failure to return from leave - Sectioned Patient	5	3	4	**12**
Attitude	0	7	5	**12**
Ligature	0	6	2	**8**
Ingestion	3	3	2	**8**
Arson	2	5	1	**8**
Total	**138**	**204**	**193**	**535**

Smoking related incidents by service: 2020 – 2022

Smoking related incidents by service	2020	2021	2022	Total
Mental Health Inpatients	139	241	216	**596**
Old code - Mental Health - Community or Inpatients	13	0	0	**13**
Children, Young persons & Families	0	0	4	**4**
Community Mental Health West	1	0	2	**3**
Total	**153**	**241**	**222**	**616**

Smoking related incidents for 2022 at Prospect Park Hospital are down by 11% on the previous year.

The e-cigarette used at PPH is currently under review. The Smoke Free Steering Group is working together to further promote the use of vapes, for patients, visitors and staff as we move into 2023.

Tight management of any vapes endorsed or used in the Trust by patients must be in place, to ensure the recharging of patient devices with controlled supervision of charging processes to minimise associated fire risks. This process will ensure that we do not create extra sources of ignition (or create ligature risks for patients with charging cables) on the wards, or further health and safety risks associated with oils or liquids used for refilling reusable vapes.

9. Fire Safety Improvements

The following projects commenced in 2022:

Location	Action required	Actions completed
London House New Trust HQ London Road, Bracknell. RG12 2UT New Site	Guidance on Fire Alarm System, fire fighting equipment, Fire Wardens, compartmentation etc. New Fire Alarm Panel New Fire Action Notices New Site Plans New Fire Assembly Point signage	Attendance at project meetings Site visits TBC - Commissioning of services and sign off. Preliminary Fire Risk Assessment
Adlam Villas MSK West 40 Greenham Road, Newbury, RG14 7HX New Site	Guidance on Fire Alarm System, fire fighting equipment, Fire Wardens, compartmentation etc. New Fire Alarm Panel New Fire Action Notices New Site Plans New Fire Assembly Point signage	Attendance at project meetings Site visits TBC - Commissioning of services and sign off. Preliminary Fire Risk Assessment
Fairacres MSK East Dedworth Road, Windsor. SL4 4LE New Site	Guidance on Fire Alarm System, fire fighting equipment, Fire Wardens, compartmentation etc. New Fire Alarm Panel New Fire Action Notices New Site Plans New Fire Assembly Point signage	Attendance at project meetings Site visits TBC - Commissioning of services and sign off. Preliminary Fire Risk Assessment
CAMHS **Rapid Response** 25 Erlegh Road, Reading. RG1 5LR Refurbishment of existing premise	Guidance on Fire Alarm System, fire fighting equipment, Fire Wardens, compartmentation etc.	Attendance at project meetings Site visits TBC - Commissioning of services and sign off. Preliminary Fire Risk Assessment

10. Fire training

All members of staff undergo statutory fire safety training every 12 months. Those not on wards have Fire Awareness Training but those who work with inpatients have Inpatient Fire Evacuation Training (IPFE) . Whichever course staff are required to complete, this counts as their annual statutory training.

The Trust sets an overall target of **95%** for Fire Training Compliance.

The table below shows the monthly training statistics for 2022:

Fire Safety Training Compliancy 2022 (Statistics provided by Tableau Trust Summary Dashboard												
Statutory Training	**Jan 2022 %**	**Feb 2022 %**	**Mar 2022 %**	**Apr 2022 %**	**May 2022 %**	**Jun 2022 %**	**Jul 2022 %**	**Aug 2022 %**	**Sep 2022 %**	**Oct 2022 %**	**Nov 2022 %**	**Dec 2022 %**
Fire Safety	**92.66**	**92.52**	**92.33**	**92.03**	**91.76**	**91.84**	**91.88**	**91.13**	**90.75**	**91.46**	**92.02**	**92.26**
IPFE*	**91.99**	**91.13**	**93.28**	**92.14**	**92.46**	**91.58**	**93.46**	**87.97**	**89.21**	**90.97**	**91.50**	**91.83**

IPFE*= Ward Based - Inpatient Fire Evacuation Training

The Trust continues to strive for 95% Fire Training compliance across all directorates, but ward areas, with current staffing and recruitment issues and the use of NHS P staff makes this task more complex. There has been a small improvement throughout the year on inpatient wards, with an average compliance per month now sitting above 90%. Targeted training and a more flexible approach to training delivery on the wards has enabled the training figures to slowly continue to rise.

90% of all staff access the e-learning Fire Awareness course to gain compliance on their annual training. A new and improved course has been developed this year, with the Fire Safety Specialist working with the e-learning provider (Skills for Health) to develop a more fit for purpose course.

2022 Averages: Fire Safety = **91.88%** IPFE = **91.46%** **Combined Average = 91.67%**

This is a **2.5% increase** on the 2021 combined average of 89.15%.

11. Days Lost through Sickness

12.

The total number of FTE days lost to sickness in 2022 has increased by 12.9% when compared to 2021. The most common reason for absence remains anxiety/stress/depression, accounting for 24.7% of all sickness in the 12-month period, a reduction from 28% in 2021, with fewer FTE days lost and fewer absence occurrences for this reason.

The overall sickness rate for 2022 was 4.68%, an increase from 4.26% in 2021. Analysis of the monthly sickness rates in the 12-month period shows a decrease in the sickness rate in the first five months of the year, to a low of 4.04% in May. The sickness rate rose sharply in July to a high of 5.27% and decreased again in August (4.27%). There has been an upward trend in the sickness rate since August, to 5.14% in December.

The following table shows the number of days lost through sickness, by sickness reason, for the calendar year January 2022 to December 2022.

Absence Reason	Headcount	Abs Occurrences	FTE Days Lost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	590	815	17,581.80	24.7
S15 Chest & respiratory problems	1943	2,405	15,606.16	21.9
S13 Cold, Cough, Flu - Influenza	1799	2,529	7,490.04	10.5
S12 Other musculoskeletal problems	324	413	5,384.23	7.6
S25 Gastrointestinal problems	1150	1,479	4,779.82	6.7
S28 Injury, fracture	180	196	3,586.87	5.0
S11 Back Problems	212	256	2,374.34	3.3
S26 Genitourinary & gynaecological disorders	245	331	2,342.98	3.3
S16 Headache / migraine	733	1,016	2,168.94	3.0
S17 Benign and malignant tumours, cancers	35	52	2,145.54	3.0
S30 Pregnancy related disorders	86	159	1,665.08	2.3
S21 Ear, nose, throat (ENT)	303	338	1,189.35	1.7
S19 Heart, cardiac & circulatory problems	69	81	966.90	1.4
S98 Other known causes - not elsewhere classified	79	102	919.63	1.3
S29 Nervous system disorders	36	57	594.92	0.8
S23 Eye problems	75	83	570.08	0.8
S27 Infectious diseases	38	40	403.73	0.6
S31 Skin disorders	41	43	379.88	0.5
S22 Dental and oral problems	113	132	347.19	0.5
S24 Endocrine / glandular problems	19	22	256.10	0.4
S99 Unknown causes / Not specified	25	27	226.97	0.3
S14 Asthma	20	23	179.05	0.3
S18 Blood disorders	11	13	54.20	0.1
S20 Burns, poisoning, frostbite, hypothermia	7	9	38.40	0.1
Total	8133	10621	71252	100

Covid related sickness accounted for 21.9% of all sickness in 2022, an increase from 16.5% in 2021. Absences attributed to musculoskeletal/back problems have decreased, accounting for 10.9% of sickness in 2022, compared with 15.7% in 2021.

The overall sickness rate for Covid related sickness for the year was 1.03%, an increase from 0.70% in 2021. Analysis of the monthly sickness due to Covid shows two sharp increases in Covid related sickness, in April (1.51%) and in (1.56%). Since August the sickness rate for this reason has been relatively stable with a slight upward trend towards the end of the year.

If Covid related sickness is excluded from the figures, the overall sickness rate for 2022 was 3.65%, a slight increase from 3.56% in 2021.

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	14 February 2023
Title	Trust Board Declarations of Interests and Fit and Proper Persons Assurance Report
	Item for Noting
Purpose	The purpose of the agenda item is to receive the Trust Board members individual declarations of interests and to provide assurance that the Trust has taken reasonable steps to provide on-going assurance that all members of the Trust Board (and staff on Very Senior Manager contracts) meet the requirements of the Fit and Proper Persons Test.
Business Area	Corporate
Author	Company Secretary
Relevant Strategic Objectives	All strategic objectives are relevant
CQC Registration/Patient Care Impacts	Supports the Well-Led Domain
Resource Impacts	None
Legal Implications	N/A
Equalities and Diversity implications	N/A
SUMMARY	The current schedule of Directors declarations of interest is provided for review and update as appropriate.
ACTION REQUIRED	The Trust Board is asked to: a) Note the Register of Individual Directors' Interests; b) Note the assurance provided that all Directors (and staff on Very Senior Manager contracts) are and remain "Fit and Proper Persons" as defined in regulation 5 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014) and do not meet the grounds of unfitness specified in Part 1 of Schedule 4 to the Registered Activities Regulations.

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

Section A

1. Declarations of Interests

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

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

Interests fall into the following categories:

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

2. Compliance with the Regulations

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

The Company Secretary writes to all members of the Board in January each year with a request that individuals confirm or amend their interests on the Register. As required by NHS England, the Trust Board Register of Interests is published on the Trust's website at: https://www.berkshirehealthcare.nhs.uk/media/109514522/board-declarations-of-interest-february-2023-berkshire-healthcare.pdf

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

Section B

1. Fit and Proper Persons Test

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

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

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

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

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

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

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

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

Appraisee	Appraiser	Fit and Proper Person Test Assurance
Chair	Senior Independent Director	The Senior Independent Director canvassed views on the Chair's performance from the Non-Executive Directors, Chief Executive, Executive Directors, the Governors, Staffside, Director of People, Freedom to Speak Up Guardian, Staff Network Chairs and the Chairs of the two Integrated Care Systems. The Senior Independent Director confirmed that there were no Fit and Proper Person Test issues. The Senior Independent Director attended a meeting of the Council of Governors Appointments and Remuneration Committee and presented the outcome of the Chair's appraisal. The Committee in turn provided assurance to the full Council at a private pre-meeting on 27 September 2022.

Appraisee	Appraiser	Fit and Proper Person Test Assurance
Non-Executive Directors	Chair	The Chair conducted appraisals with each of the Non-Executive Directors and confirmed that there were no Fit and Proper Person Test issues. The Chair presented the key points from his appraisals with each of the Non-Executive Directors to the Council of Governors' Appointments and Remuneration Committee on 30 May 2022. The Committee provided assurance to the Council of Governors at a private pre-meeting on 15 June 2022 that all the Non-Executive Directors were performing well.
Chief Executive	Chair	The Chair conducted the Chief Executive's appraisal and has confirmed that there were no Fit and Proper Person Test issues.
Executive Directors	Chief Executive	The Chief Executive conducted appraisals with each of the Executive Directors and has confirmed that there were no Fit and Proper Person Test issues.
Very Senior Managers		
a) Director of Finance	Chief Financial Officer	The Chief Financial Officer conducted the Director of Finance's appraisal and confirmed that there were no Fit and Proper Person Test issues.
b) Chief Information Officer	Deputy Chief Executive	The Deputy Chief Executive conducted the Chief Information Officer's appraisal and confirmed that were no Fit and Proper Person Test issues.
c) Director of People	Deputy Chief Executive	The Deputy Chief Executive conducted the Director of People's appraisal and confirmed that there were no Fit and Proper Person Test issues.

b) All Board members and staff appointed on Very Senior Manager contracts have made an annual (template attached at Appendix 3) to confirm that they continue to meet the requirements of the Fit and Proper Persons Test and do not meet any of the "unfit" criteria.

c) The Company Secretary has conducted the following on-going checks on each Board member and staff appointed on Very Senior Manager contracts:

i) Disclosure and Barring Service
ii) Individual Insolvency Register
iii) Insolvency Director Disqualification Register
iv) Bankruptcy or Debt Relief Restrictions Register
v) Company House Register of Disqualified Directors
vi) Company House Register of Directorships
vii) Charity Commission's Register of Removed Trustees

The searches did not flag any issues of concern.

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

Recommendations:

The Trust Board is asked to:

a) Note the Register of Individual Directors' Interests;
b) Note the assurance provided that all Directors (and staff on Very Senior Manager contracts) are and remain "Fit and Proper Persons" as defined in regulation 5 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014) and do not meet the grounds of unfitness specified in Part 1 of Schedule 4 to the Registered Activities Regulations.

Declarations of Director Interests 2023

Non-executive Directors

Date Appointed	Name	Position	Interest declared
13/12/17	Naomi Coxwell	Non-Executive Director	Trustee Hart Citizen Advice Bureau
			James Walker Group Ltd.
			Director of James Walker Pension Scheme
			Trustee of the First Walker Share Trust
			Director of James Walker Trustees Ltd.
			Director of James Walker Senior Executives Managed Pension Plan
			Arco Ltd (Arco is a safety specialist company based in Hull, UK)
01/10/2021	Rajiv Gatha	Non-Executive Director	None
01/11/19	Aileen Feeney	Non-Executive Director	Trustee of Oakleaf Enterprises (Mental Health Charity, Guildford)
			Chair of Member – Circle Trust (Wokingham Schools Trust)
			Justice of the Peace
			Lay Person for NHS Blood & Transplant Service
			Partner works for Frimley Health NHS Foundation Trust as Chief Information Officer (CiC) for the Berkshire & Surrey Pathology Services

Date Appointed	Name	Position	Interest declared
01/06/15	Mehmuda Mian	Non-Executive Director	Lay Member of the House of Commons Committee on Standards
01/09/16	Mark Day	Non-Executive Director	Director Chandlers Court (Southampton) Management Company Ltd
01/12/16	Martin Earwicker	Chair	Chair, Farnborough College of Technology
01/06/22	Sally Glen	Non-Executive Director	Non-Executive Director West London NHS Trust
			Trustee Certitude
			Registrant Member of Nursing and Midwifery Council's Fitness to Practice Committee
			Deputy Chair Morningside Community Primary School, Hackney
			Samaritan
			Chair of an educational institution called "Metanoia". Metanoia educates Psychotherapists and Counsellors and is based in West London

Executive Directors

Date	Name	Position	Interest declared
09/09/08	Julian Emms	Chief Executive	Brother is COO of Circassia pharmaceuticals PLC
			Wife works for Berkshire Healthcare NHS Foundation Trust
01/12/18	Debbie Fulton	Director of Nursing and Therapies	Trustee of Priors Court which is a charity run school/residential placement for young people with ASD in Newbury
03/09/09	Alex Gild	Deputy Chief Executive	Provider Partner Member of Frimley Integrated Care Board (representing Community Services sector
			Chair of Finance and Performance Committee of Frimley Integrated Care Board
01/11/15	Minoo Irani	Medical Director	• Wife is employed by NHSE & currently on secondment as Neonatal Programme Manager in the National team. • Oxford Academic Health Science Network Board member; Co-Chair, Community Involvement and Workforce Innovation Group; Chair Mental Health Steering Group clinical reviewer for the Royal College of Paediatrics and Child Health Invited Reviews Programme (from January 2023)
07/06/21	Paul Gray	Chief Financial Officer	Wife works for Berkshire Healthcare NHS Foundation Trust
16/05/22	Tehmeena Ajmal	Chief Operating Officer	• Trustee Age UK Oxfordshire

Date	Name	Position	Interest declared
			• School Governor at Bartons Park School, Oxford • Deputy Lieutenant, Oxfordshire

Appendix 2

Care Quality Commission's Fit and Proper Persons Test Requirements

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

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

(a) the individual is of good character;

(b) The individual has the qualifications, competence, skills and experience which are necessary for the relevant office or position or the work for which they are employed;

(c) The individual is able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed;

(d) The individual has not been responsible for, privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity; and

(e) None of the grounds of unfitness specified in Part 1 of Schedule 4 apply to the individual.

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

(f) The person is an undischarged bankrupt or a person whose estate has had sequestration awarded in respect of it and who has not been discharged;

(g) The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland;

(h) The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986;

(i) The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it;

(j) The person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland;

(k) The person is prohibited from holding the relevant office or position, or in the case of an individual carrying on the regulated

activity, by or under any enactment.

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

1.1. Have been convicted in the United Kingdom of any offence or been convicted elsewhere of any offence which, if committed in an part of the Unity Kingdom, would constitute an offence;

1.2. Have been erased, removed or struck off a register of professionals maintained by a regulator of health or social care.

Appendix 3

Berkshire Healthcare
NHS Foundation Trust

BERKSHIRE HEALTHCARE NHS FOUNDATION TRUST
VERY SENIOR MANAGER / BOARD DECLARATION

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

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

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

   NO ☐

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

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

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

   NO ☐

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

You are reminded that, if you are appointed, you have a continued responsibility to inform us immediately where you are charged with any new offence, criminal conviction or fitness to practise proceedings in the United Kingdom or in any other country that might arise in the future.
You do not need to tell us if you are charged with a parking offence.

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

NO ☐

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

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

NO ☐

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

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

NO ☐

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

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

NO □

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

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

NO □

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

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

NO □

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

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

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

NO ☐

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

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

NO ☐

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

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

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

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

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

11. Are you :

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

NO ☐

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

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

NO ☐

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

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

NO ☐

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

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

NO ☐

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

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

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

IMPORTANT - DECLARATION

The *GDPR/DPA18* requires us to advise you that we will be processing your personal data. Processing includes holding, obtaining, recording, using, sharing and deleting information. The *GDPR/DPA18* defines 'special category data' as racial or ethnic origin, political opinions, religious or other beliefs, trade union membership, physical or mental health, sexual life, criminal offences, criminal convictions, criminal proceedings, disposal or sentence. Where you are applying for a position which involves regulated activity, this will also include any barring decisions made by the Disclosure and Barring Service (DBS) against the Children's or Adults barred

lists under the terms of the *Safeguarding Vulnerable Groups Act 2006 (as amended by the Protection of Freedoms Act 2012).*

The information that you provide in this declaration form will be processed in accordance with the *GDPR/DPA18*. It will be used for the purpose of determining your application for this position. It will also be used for purposes of enquiries in relation to the prevention and detection of fraud.

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

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

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

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

Please sign and date this form.

SIGNATURE.....

NAME (in block capitals)

DATE....

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

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

Appendix 4

Berkshire Healthcare NHS
NHS Foundation Trust

Board of Directors Code of Conduct

1. Introduction

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

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

2. Principles of public life

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

- **Selflessness -** Holders of public office should act solely in terms of the public interest: they should not do so in order to gain financial or other benefits for themselves, their family or their friends.

- **Integrity -** Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

- **Objectivity -** In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

- **Accountability -** Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

- **Openness -** Holders of public office should be as open as possible about all the decisions and actions they take: they should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

- **Honesty -** Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

- **Leadership -** Holders of public office should promote and support these principles by leadership and example.

3. General principles

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

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

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

4. Trust Vision and Values

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

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

The Trust's Values are:

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

5. Confidentiality and Access to Information

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

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

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

6. Media, public speaking and use of social media

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

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

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

7. Fit and proper person

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

8. Register of interests

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

9. Conflicts of interest

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

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

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

10. Gifts and hospitality

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

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

11. Personal conduct

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

Specifically, directors must:

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

12. Compliance

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

Berkshire Healthcare
NHS Foundation Trust

Trust Board Paper

Board Meeting Date	14 February 2023
Title	**Audit Committee – 26 January 2023**
	Item For Noting
Purpose	To receive the unconfirmed minutes of the meeting of the Audit Committee of 26 January 2023
Business Area	Corporate
Author	Company Secretary for Rajiv Gatha, Audit Committee Chair
Relevant Strategic Objectives	4. – True North Goal: deliver services that are efficient and financially sustainable
CQC Registration/Patient Care Impacts	N/A
Resource Impacts	None
Legal Implications	Meeting requirements of terms of reference.
Equality and Diversity Implications	N//A
SUMMARY	The unconfirmed minutes of the Audit Committee meeting are attached.
ACTION REQUIRED	The Trust Board is asked: a) To receive the minutes and to seek any clarification on issues covered

Berkshire Healthcare
NHS Foundation Trust

Unconfirmed Draft Minutes

Minutes of the Audit Committee Meeting held on

Thursday, 26 January 2023

(Conducted via Microsoft Teams)

Present:	Rajiv Gatha, Non-Executive Director, Committee Chair Mehmuda Mian, Non-Executive Director Naomi Coxwell, Non-Executive Director
In attendance:	Paul Gray, Chief Financial Officer Graham Harrison, Head of Financial Services Debbie Fulton, Director of Nursing and Therapies Minoo Irani, Medical Director Amanda Mollett, Head of Clinical Effectiveness and Audit Sharonjeet Kaur, RSM, Internal Auditors Jenny Loganathan, TIAA Maria Grindley, Ernst and Young, External Auditors Alison Kennett, Ernst and Young, External Auditors Julie Hill, Company Secretary Mark Davison, Chief Information Officer *(present for agenda items 5 and 6)*
Observer:	Julia Bewsher, Graduate Trainee

Item		Action
1.A	**Chair's Welcome and Opening Remarks**	
	Rajiv Gatha, Chair welcomed everyone the meeting.	
1.B	**Apologies for Absence**	
	Apologies for absence were received from: Melanie Alflatt, TIAA, Clive Makombera, RSM and Rebecca Clegg, Director of Finance.	
2.	**Declaration of Interests,**	
	There were no declarations of interest.	
3.	**Minutes of the Previous Meeting held on 26 October 2022**	
	The Minutes of the meeting held on 26 October 2022 were confirmed as a true record of the proceedings.	
4.	**Action Log and Matters Arising**	

	The Action Log had been circulated. The Committee noted the Action Log.	
5.	**Annual Cyber Security Report**	
	The Chair welcomed Mark Davison, Chief Information Officer to the meeting. The Chief Information Officer presented the report and highlighted the following points: • The Trust had 10 Information Security incidents logged in 2022, down from 23 in 2021. Four of the incidents were classified as critical as clinical systems were taken offline because of issues with the suppliers. The longest outage (5 weeks) was for the Adastra clinical records system which was because of a cybersecurity breach • On 4 August 2022, Advanced, providers of Adastra and Carenotes clinical systems took all their systems offline following the identification of a cyber-attack on their systems. Adastra is used by WestCall, the Minor Injuries Unit, Urgent Care and the 111 Services. Carenotes is an Oxford Health NHS Foundation Trust system used by Trust's Criminal Justice Court Liaison and Diversion and Veterans services when accessing Oxfordshire patients' historic records • This was a national, not localised incident and as a large number of NHS organisations were affected, the incident was managed at a national level. Local business continuity plans were activated and a manual process was quickly put in place • Advanced worked with Microsoft, the National Cyber Security Centre and a third party security supplier to recover their systems and to ensure that their systems were secure • Following the incident, the Trust's assurance process for new clinical systems has been changed to add more onus on suppliers to prove that they had adequate measures in place to protect their environment and the capability to recover them quickly from incidents • The Trust had implemented multi factorial authentication which should reduce the incidence of phishing The Chair referred to the results of the Trust's Mock Phishing Exercise in July 2022 (page 26 of the agenda pack) which included 8% of staff clicking on the link in an email and asked whether the results were better than in previous exercises. The Chief Information Officer said that the results were better than in the past and showed there was greater awareness. The Chief Information Officer added that there was a function on Outlook where staff could report a suspected phishing email to the IT Department and said that the number of staff reporting phishing emails had increased. The Chair referred to section 3.39 of the report (page 28 of the agenda pack) and noted that there was no ongoing funding after March 2023 for the temporary member of staff employed to investigate and fix vulnerabilities on Trust devices. The Chair advised that funding was found to ensure that the Trust maintained its vulnerability management function. The Committee noted the report.	**MD**

6.	**Annual Information Governance Report**	
	The Chair welcomed Mark Davison, Chief Information Officer to the meeting. The Chief Information Officer presented the report and highlighted the following points: • The 2022 Data Security and Protection Toolkit (DSPT) return of Standards was exceeded • Of the 1,250 Subject Access Requests, the Trust received, only 5 exceeded the 30-day timeframe for response • Of the 356 reported Information Governance incidents, 2 met the threshold of a reportable breach to the Information Commissioner's Office (ICO) • Key areas of development in 2023 included supporting delivery of the Trust's Digital Strategy and working with system partners to ensure that data protection considerations and obligations had been met for Integrated Care System initiatives • There was an increase in the number of staff accessing clinical records inappropriately and the Trust was reviewing its communications to ensure that all staff, including Temporary and Bank staff understood the requirements around accessing clinical records The Chair referred to the breakdown of information governance incidents (page 60 of the agenda pack) and noted that the biggest area related to data sent by email to the incorrect recipient and asked for more information. The Chief Information Officer said that this was usually down to human error and was sometimes due to the fact that the patient's email was not up to date. Naomi Coxwell, Non-Executive Director asked about the processes in place to protect patient information when dealing with third party organisations. The Chief Information Officer explained that every NHS organisation had to complete the annual Data Security and Protection Toolkit submission and to meet the minimum standards. The Chief Information Officer said that issues can arise when third party organisations profess to meet all the NHS standards but upon further security, it transpired that they did not meet the requirements of the Data Security and Protection Toolkit. It was noted that there was a balance of risk around whether or not to contract with these third sector organisations and pointed out that in some cases, a decision was made to contract with these organisations whilst they got their appropriate certification in place. The Chief Information Officer also pointed out the staff working in the acute sector had unfettered access to patient records whilst patients were on the wards but said that this was very different for staff working in the community. It was noted that the Trust needed to ensure that staff working in the community understood when it was appropriate to access patient records. Jenny Loganathan, Anti-Crime Specialist, TIAA welcomed the Trust's focus on raising awareness around the importance of accessing patient records appropriately and commented that the abuse of records and inappropriate sharing data was an element in one of TIAA's investigations.	

	Mehmuda Mian, Non-Executive Director referred to page 60 of the agenda pack and pointed out the key learning from Information Governance Incidents was referred to but was not included in the report. The Chief Information Officer apologised for the omission and agreed to circulate the missing information. Naomi Coxwell, Non-Executive Director congratulated the Chief Information Officer and his team for providing high levels of assurance on information governance, data protection and cyber security. The Committee noted the report.	**MD**
7.A	**Board Assurance Framework**	
	The latest Board Assurance Framework had been circulated. The Chief Financial Officer presented the report and highlighted the following points: • Risk 1 (Workforce) had been updated to include six workforce deep dives commissioned using Integrated Care System monies to support better workforce planning. The Trust was also developing a Reservists' Pipeline to provide additional resources to support peak workforce needs. The Trust was progressing actions identified at the Staff Retention Rapid Improvement Event on reducing staff turnover • Risk 2 (Finance) had been updated to reflect the publication of national Planning Guidance 2023-24 • Risk 7 (Cyber Security) had been updated with the information that the final national assurance statements had been received from the South East Region Operations Centre giving all Advanced Health and Care products high assurance The Committee noted the report.	
7.B	**Corporate Risk Register**	
	The Corporate Risk Register had been circulated. The Chief Financial Officer reported that the Deputy Chief Executive (risk owner) had proposed that the Agency Spend risk be closed on the basis of the Trust's robust controls on agency spend The Trust was the lowest user of agency staff within the local Integrated Care Systems. The Trust's usage of agency staff was 3.2% which was already below the national target of 3.7%. It was noted that the Trust's Chief Executive chaired the Regional Temporary Workforce Programme and therefore there was a clear line of sight in relation to the Trust's use of agency staff. The Chief Financial Officer reported that the description of the "Near Miss" risk had been amended to include the risk around not recognising the significance of a near miss in relation to mitigating future incidents. The risk description had been updated following an incident a Prospect Park Hospital. Members of the Committee supported the proposal to close the Agency Spend risk on the Corporate Risk Register.	

	The Committee: a) Noted the report b) Agreed to close the Agency Risk	
8.	**Single Waiver Tenders Report**	
	A paper setting out the Trust's single waivers approved from October 2022 to the end of December 2022 had been circulated. The Chief Financial Officer presented the paper and reported that the Trust had received some unexpected non-recurrent funding as part of the Elective Recovery Fund and had used this to purchase additional capacity to reduce waiting lists, for example, Podiatry and Autism and Attention Deficit Hyperactivity Disorder diagnosis. The Chief Financial Officer confirmed that in accordance with the Trust's policy, the Audit Committee Chair had been informed about any high value since waiver tenders. The Chief Financial Officer reminded the meeting that Carter Jonas, Property Valuers had been appointed under a single waiver to provide a second independent valuation of the Trust's properties as part of Trust's External Audit 2021-22. It was noted that the Trust had subsequently contracted with Carter Jonas for the duration of the contract with E&Y to ensure continuity of approach in terms of the valuation of the Trust's properties. The Chair referred to two six month contract extensions due to delays in the tendering process and asked for further information. The Chief Financial Officer explained that the Trust hosted the Regional Procurement Network for Pharmacy which included around 20 other organisations and said that it took time to finalise the tender documentation. Naomi Coxwell, Non-Executive Director asked whether there would be a rolling programme of contract extensions or whether the intention was to tender both services. The Chief Financial Officer confirmed that the six month extensions would give the Trust time to prepare the tender documentation and said that both services would be re-tendered. The Committee noted the report.	
9.	**Information Assurance Framework Update Report**	

	The Chief Financial Officer presented the paper and highlighted the following points:
	
	• A total of 4 indicators were audited during Quarter 3:
	  ○ Mental Health 72 Hour Follow-Up (amber for data assurance and red for data quality)
	  ○ Mental Health Clustering (green for data assurance and amber	

	for data quality) ○ Mental Health Acute Average Length of Stay (green for data assurance and amber for data quality) ○ Mental Health Readmission Rate within 28 days (green for data assurance and amber for data quality) • Action plans had been put in place to address the identified issues and previous actions were tracked in the report. The Chair asked about the timescale for moving out of the red rating in respect of data quality for the 72 hour follow-up indicator. The Chief Financial Officer reminded the meeting that it was challenging to improve performance in relation to the 72 hour follow-up indicator because every 72 hour follow-up was audited. The Chief Financial Officer confirmed that additional actions had been implemented to improve record keeping and work had been taking place with the Inpatient wards to ensure discharge letters were timely to enable accurate coding within the timeframe. The Chair referred to section 5.4 of the report (page 118 of the agenda pack) and asked for more information about the clinical coding issues. The Chief Financial Officer explained that the clinical coding process had recently changed within the Trust to ensure that the monthly inpatient discharges were coded in line with the Mental Health Services Data set and national submission deadlines. The Chief Financial Officer agreed to provide more information to the Committee about the clinical coding issues. The Committee noted the report.	**PG**
10.	**Losses and Special Payments Report**	
	The Chief Financial Officer presented the paper which provided a list of the Trust's losses and special payments made during the period October 2022 to December 2022. The Committee approved the losses and special payments made during October 2022 to December 2022.	
11.	**Clinical Claims and Litigation Report**	
	The Director of Nursing and Therapies presented the paper and reported that during Quarter 3 there was one new claim opened which related to Employer Liability and one claim had been closed. The Committee noted the report.	
12.	**Clinical Audit Report**	
	The Medical Director presented the paper and highlighted the following points: • The Clinical Audit Annual Plan 2022-23 included 23 national Quality Account reportable projects and one Quality Assurance Committee requested audit due to the outlier status identified in the original	

	national report on Early Intervention in Psychosis
	• The following Clinical Audit action plans would be presented to the February 2023 Quality:
	  ○ National Audit of Dementia Services Spotlight Audit Report
	  ○ National Audit of Inpatient Falls Annual Summary Report
	  ○ SSNAP Sentinel Stroke Annual Report
	  ○ POMH Prescribing High-dose and Combined Antipsychotics
	  ○ Internal Quality Assurance Committee report on Early Intervention in Psychosis
	• The report provided assurance to the Audit Committee that the Clinical Audit Plan was on track.
	
	The Committee noted the report.	

13.	**Anti-Crime Service Progress Report**	
	Jenny Loganathan, TIAA presented the report and highlighted the following points: • As part of international Fraud Awareness Week (13-19 November 2022, the Anti-Crime Specialist had provided a number of items to the Trust's Communications team which were publicised to staff. • The Anti-Crime Specialist had also attended Fraud Awareness stands at West Berkshire Community Hospital and Prospect Park Hospital and had give a Fraud Awareness Presentation to the West Berkshire Intermediate Care Team. The Anti-Crime Specialist was planning to continue holding in person events on Trust sites every six months • The Anti-Crime Specialist had completed their Fraud Risk Assessment and had met with the Chief Financial Officer to discuss issues further actions to mitigate risks relating to agency spend and payment fraud etc • The Anti-Crime Specialist had attended a Mental Health Forum meeting with representatives from different Counter Fraud Specialists. The Anti-Crime Specialist had shared intelligence from the event with the Chief Financial Officer • There were currently three open investigations and the Anti-Crime Specialist was working closely with the Trust's Human Resources team. The Anti-Crime Specialist had received a new referral last week. Mehmuda Mian. Non-Executive Director whether staff had communicated anything which caused any concerns at the in person Fraud Awareness events. Jenny Loganathan said that there had been no referrals made following the events. Ms Loganathan said that the Fraud Awareness events were useful in ensuring that staff were confident around how to raise concerns about fraud etc. The Chair asked whether the Anti-Crime Specialist was receiving the support they required from the Trust. Jenny Loganathan confirmed that that was the case. The Committee noted the report.	

14.	Internal Audit Progress Report	

a) Internal Audit Progress Report

Sharonjeet Kaur, RSM, Internal Auditors presented the paper and highlighted the following points:

- Since the last meeting, three audit reports had been finalised:
  - Application Review (Reasonable Assurance)
  - Risk Management (Reasonable Assurance)
  - Financial Sustainability (HFMA Advisory)
- Draft reports had been issued in relation to New Models of Care and Health and Safety and Staff Wellbeing
- The two remaining reviews for 2022-23 (Bed Management – Out of Area Placements and Environment, Sustainability and Governance were in progress
- There were no open actions (as had been the case for the previous two meetings)
- The report also included an NHS News Briefing, a report on Data Security and Protection Toolkit 2022-23, Procurement and Contract Management Newsletter and Technical Briefing and Review of 2021-22 internal audit high priority management actions

The Committee noted the report.

b) Internal Audit Strategy 2023-28 and Internal Audit Plan 2023-24

Sharonjeet Kaur, RSM, Internal Auditors presented the paper and highlighted the following points:

- The 2023-24 proposed Internal Audit activity was based on analysing the Trust's corporate objectives, risk profile, board assurance framework and rolling internal audit strategy as well as other factors affecting the Trust in the year ahead, including changes within the sector
- In preparing the 2023-24 Internal Audit Plan, the Internal Auditors had consulted with the Chief Financial Officer and the Executive Team. Members of the Committee were invited to forward any comments on the draft plan which would be finalised for approval at the April 2023 Audit Committee meeting

The Chair asked the Chief Financial Officer for his view of the draft Internal Audit Plan 2023-24.

The Chief Financial Officer confirmed that the draft plan had good coverage across the Trust and included some of the key challenges moving into 2023-24, including managing sickness absence, staff morale and well-being, the use of temporary staff and the staff rostering system. The Chief Financial Officer said that the HFMA Checklist on Grip and Control had identified that further work was required around the Trust's Cost Improvement Programme so it made sense to include the Cost Improvement Programme in the Internal Audit Plan 2023-24.

The Chair commented that he was particularly pleased that the Cost Improvement Plan process had been included in the Internal Audit Plan 2023-24.

	Naomi Coxwell, Non-Executive added that the Finance, Investment and Performance Committee which had met earlier in the day had discussed the need to generate more Cost Improvement Programme schemes to meet the financial challenges in the year ahead. Ms Coxwell said that it was important to ensure that the Trust had an effective end to end Cost Improvement Programme. The Committee noted the report. **c) HFMA Checklist on Grip and Control – Action Plan** The Chief Financial Officer presented the Trust's HFMA Checklist on Grip and Control Action Plan and highlighted the following points: • Earlier in the year, Julian Kelly, Chief Financial Officer, NHS England had asked all Internal Auditors of NHS Provider organisations to assess trusts against the HFMA Checklist on Grip and Control and to identify any areas for improvement • The Trust identified two areas for further improvement: Cost Improvement Programme and Culture, Training and Development. The action plan set out the plans in place to address improve the Trust's performance in the two areas Naomi Coxwell, Non-Executive Director said that she welcomed the transparency around the need to make improvements to the Cost Improvement Programme systems and processes. Ms Coxwell asked whether it would be appropriate to include a review of the Trust's Culture, Training and Development as part of the Internal Audit Plan 2023-24 as this was an area identified as requiring further work. The Chief Financial Officer suggested that it may be more appropriate to include Culture, Training and Development in the Internal Audit Plan 2024-25. This would give the Trust sufficient time to implement the improvement actions. The Chief Financial Officer said that an update paper on Trust's work around Culture, Training and Development would be presented to the Audit Committee in the autumn. The Chair asked Sharonjeet Kaur whether the Internal Auditors were receiving the support they required from the Trust. Ms Kaur confirmed that that was the case. The Committee noted the report.	**PG/CM** **PG**
15.	**External Audit Report**	
	A) Charitable Funds Accounts 2021-22 and Management Representation Letter Alison Kennett, E&Y External Auditors reported that the Auditors had completed their independent review of the Trust's Charitable Funds Accounts 2021-22. Naomi Coxwell, Non-Executive Director referred to page 278 of the agenda pack and commented that the Non-Executive Directors' terms of office needed	**GH**

	to be updated because a number of Non-Executive Directors' terms of office had been extended. The Head of Financial Services agreed to review the Non-Executive Directors' terms of office. The Committee approved the Charitable Funds Accounts 2021-22 and the Management Representation Letter. **B) External Audit 2022-23 – Timetable** Maria Grindley, E&Y External Auditors presented the paper and referred to page 302 of the agenda pack which set out a summary of the key risks and areas of focus for the 2022-23 external audit. Ms Grindley explained that the fraud risks around "misstatement due to fraud or error" and "manipulation of reported financial performance" were generic and were included in all external audits of NHS provider organisations due to the additional financial and reporting pressures following the new financial regime which operated during COVID-19. It was noted that the "valuation of property plant and equipment, land and building assets" was a significant risk area, "going concern", "remuneration report – pension benefit disclosures" and 'IFRS16' would be areas of focus for the forthcoming audit and they would also complete the commentary on "value for money". Ms Grindley reported that the "Implementation of IFRS 16" was not expected to have any significant impact on the Trust and pointed out that the Trust had already done some work around the implementation of the new financial standard. Maria Grindley reported that the planning materiality had been set at £6.2m which represented 2% of the Trust's 2021-22 audited gross revenue expenditure (the same percentage used in 2021-22). The performance materiality for the financial statements had been set at £3.1m which represented 50% of the planning materiality (the same percentage used in 2021-22). The External Auditors would report all uncorrected misstatements relating to the Statement of Comprehensive Income and Statement of Financial Position over £300k. Other misstatements would be communicated to the extent that they merit the attention of the Audit Committee. Naomi Coxwell, Non-Executive Director asked about the audit fee for 2022-23. Maria Grindley reported that the audit fee would be the same as last year plus 5%. Ms Grindley explained that the audit fees for 2021-22 and 2022-23 would be set out in the ISA 260 report on completion of the audit The Chair referred to page 341 of the agenda pack and asked for more information about the impact of the auditing standard ISA 315. Maria Grindley explained that the new auditing standard meant that auditors needed to understand the controls environment in more depth. Ms Grindley said that the Auditors did this as part of their walkthroughs of the Trust's financial systems but for forthcoming audit, this would also include talking to people who oversaw the controls etc. Ms Grindley said that the Auditors would set out what they had done to meet the requirements of the ISA 315 auditing standard in their ISA 260 report. The Chair asked the External Auditors whether they were receiving the support they needed from the Trust. Ms Grindley confirmed that she was happy with the support the External Auditors received from the Trust and mentioned that	**MG**

	E&Y were meeting with the Trust to discuss the feedback and any lessons learnt from last year's audit. The Committee noted the reports.	
16.	**Minutes of the Finance, Investment and Performance Committee meeting held on 27 October 2022**	
	The minutes of the Finance, Investment and Performance Committee meeting held on 27 October 2022 were received and noted.	
17.	**Minutes of the Quality Assurance Committee held on 29 November 2022**	
	The minutes of the Quality Assurance Committee meetings held on 29 November 2022 were received and noted.	
18.	**Minutes of the Quality Executive Committee Minutes – 17 October 2022, 21 November 2022 and 19 December 2022**	
	The minutes of the Quality Executive Committee meetings held on 17 October 2022, 21 November 2022 and 19 December 2022 were received and noted.	
19.	**Annual Work Plan**	
	The Audit Committee's work programme had been circulated. The Committee's Annual Work Plan was noted.	
20.	**Any Other Business**	
	In Person Meetings Naomi Coxwell, Non-Executive Director mentioned that the Finance, Investment and Performance Committee had agreed to hold their next meeting in person at the Trust's new Head Quarters, London House. The Chair suggested that members of the Committee and regular attendees contact him about whether or not they would like to meet in person or continue to meet virtually.	**All**
21.	**Date of Next Meeting**	
	The next meeting of the Committee was scheduled for 27 April 2023.	
22.	**Private Meeting with the Auditors**	
	Members of the Committee met with the External Auditors.	

The minutes are an accurate record of the Audit Committee meeting held on 26 January 2023.

Signed: - _____

Date: - 27 April 2023

Berkshire Healthcare NHS Foundation Trust

Rolling Annual Trust Board Planner for 2023– Non-Standing Agenda Items

January 2023 – Discursive Meeting	**Lead**
• Quality Improvement Programme Update	Alex Gild
• National Patient Safety Strategy Update	Debbie Fulton/Daniel Badman
• Financial Planning 2023-24 Update	Paul Gray
• Strategy Refresh Update	Alex Gild
February 2023	**Executive Lead**
• Patient Experience Report Qtr 3 (inc NHS Community Mental Survey Report)	Debbie Fulton
• Annual Fit and Proper Person Test and Declarations of Interest Report	Julie Hill
• Annual Health and Safety Report	Paul Gray
• Combined Projects and Strategy Implementation Plan Update Report	Alex Gild
• Annual Board Planner	Julie Hill
• Draft Annual Plan on a Page (In Committee)	Alex Gild
• Draft Financial Plan 2023-23 (In Committee)	Paul Gray
• Integrated Care System Update Report	Julian Emms
• Strategy Review Outcome Report (In Committee)	Alex Gild
• TB Discursive Notes (In Committee)	Julie Hill
March 2023 – Discursive Meeting	
• Virtual Wards Presentation	Tehmeena Ajmal
• Bed Modelling Paper	Tehmeena Ajmal
• CMHT Improvement Programme	Tehmeena Ajmal
• Joint Parliamentary Committee Report on the Draft Mental Health Bill	Minoo Irani
April 2023	
• Health and Wellbeing Update	Jane Nicholson
• Guardians of Safe Working Report Quarterly Report* • Learning from Deaths Quarterly Report* *included as part of the QAC minutes	Minoo Irani
• Annual Financial Plan	Paul Gray
• Annual Green Plan Update Report	Paul Gray
• NHS Staff Survey Results	Alex Gild/Jane Nicholson
• Quality Concerns (In Committee)	Debbie Fulton
May 2023	
• Quality Accounts	Minoo Irani
• Annual Report (*circulated to members of the Board but not published until the Annual Report is laid before Parliament)*	Julian Emms
• Gender Pay Gap Report	Alex Gild/Jane Nicholson
• Combined Projects and Strategy Implementation Plan Update Report	Alex Gild

• Patient Experience – Qtr 4 Report	Debbie Fulton
• Six monthly Safe Staffing Report	Debbie Fulton
• HR Case Work Report (In Committee)	Alex Gild/Jane Nicholson
June 2023 – Discursive Meeting	
• TBC	
July 2023	
• Estates Strategy - Update Report	Paul Gray
• Annual Complaints Report	Debbie Fulton
• Medical Appraisal and Revalidation Annual Report	Minoo Irani
• EDI Update Report	Alex Gild/Jane Nicholson
• People Strategy Update Report	Alex Gild/Jane Nicholson
• Annual Freedom to Speak Up Guardian Report	FTSU Guardian
• Guardians of Safe Working Report Quarterly Report* • Learning from Deaths Quarterly Report* *included as part of the QAC minutes	Minoo Irani
• Digital Strategy Update Report (In Committee)	Alex Gild/Mark Davison
• Quality Concerns (In Committee)	Debbie Fulton
• Provider Collaboratives Update Report (In Committee)	Alex Gild
September 2023	
• Patient Experience Report – Qtr 1	Debbie Fulton
• Combined Projects and Strategy Implementation Plan Update Report	Alex Gild
• Workforce Disability Equality Standard Report	Alex Gild/Jane Nicholson
• Race Equality Standard Report	Alex Gild/Jane Nicholson
• National Patient Safety Strategy	Debbie Fulton
• Guardians of Safe Working Report Quarterly Report* • Learning from Deaths Quarterly Report* *included as part of the QAC minutes	Minoo Irani
• Quality Concerns (In Committee)	Debbie Fulton
• Trust Board Away Day Agenda (In Committee)	Chair/Julie Hill
October 2023 – Annual Strategic Planning Away Day	
• Strategic Planning	Alex Gild
• Board Assurance Framework Risks	Paul Gray/Julie Hill
November 2023	
• Patient Experience – Qtr 2	Debbie Fulton
• Research and Development Annual Report	Minoo Irani
• EDI Strategy Update	Alex Gild/Jane Nicholson
• Health and Welling Update Report	Alex Gild/Jane Nicholson
• Six Monthly Safe Staffing Report	Debbie Fulton
• Board Assurance Framework and Corporate Risk Register Annual Review (in Committee)	Paul Gray/Julie Hill
• TB Away Day – Notes and Actions (in Committee)	Julie Hill
December 2023	
• Guardians of Safe Working Report Quarterly Report* • Learning from Deaths Quarterly Report* *included as part of the QAC minutes	Minoo Irani
• Freedom to Speak Up Six monthly Report	FTSU Guardian
• People Strategy Update Report	Alex Gild/Jane Nicholson

• Combined Projects and Strategy Implementation Plan Update Report	Alex Gild
• Quality Concerns (In Committee)	Debbie Fulton
• Provider Collaboratives Update Report (six monthly) (In Committee)	Alex Gild

Board Reporting Frequency

Report	Frequency
Patient Experience	4 times a year
Quality Concerns	4 times a year
Learning from Deaths Report	4 times a year
Guardians of Safe Working Practices Report	4 times a year
Strategy Implementation Programme Report	4 times year
Board Vision Metrics	3 times a year
Health and Wellbeing Report	2 times a year
Safe Staffing Report	2 times a year
Equalities, Diversity and Inclusion Strategy Update Report	2 times a year
Freedom to Speak Up Guardian's Report	2 times a year
Staff Wellbeing Report	2 times a year
People Strategy Update Report	2 times a year
Fit and Proper Persons Assurance Report	Annually
Health and Safety Report	Annually
Trust Board Report Planner	Annually
Community Mental Health Survey Report	Annually
Trust Annual Plan on a Page	Annually
Financial Plan	Annually
Quality Accounts	Annually
Trust's Annual Report and Accounts	Annually
Gender Pay Gap Report	Annually
National NHS Staff Survey Results Report	Annually
Estates Strategy Update Report	Annually
Annual Complaints Report	Annually
Medical Revalidation Report	Annually
Research and Development Annual Report	Annually
Workforce Race Equality Standard Report	Annually
Workforce Disability Standard Report	Annually
Board Assurance Framework and Corporate Risk Register Report	Annually
Digital Strategy Update Report	Annually
Equalities Delivery System 2 Report	Annually
Talent Management and Succession Planning Report	Annually
Green Plan Report	Annually